



**West Virginia
Consolidated Public Retirement Board (CPRB)**

601 57th Street SE, Suite 5
Charleston, WV 25304
304-558-3570 or 800-654-4406
www.wvretirement.com

**Municipal Police Officers
and Firefighters
Retirement System (MPFRS)**

Membership Enrollment

All Municipal Police Officers and Paid Professional Firefighters first hired into full time covered employment after a municipality becomes a participating employer with MPFRS must become participating members of MPFRS. Full-time employment means permanent employment which normally requires 12 months per year and at least 1,040 hours per year service in that position. Covered employment means employment as a full-time municipal police officer or firefighter and the performance of the duties required of that employment.

Section 1: Employee Information

Employee Name		SSN	Date of Birth	Gender Female Male
Employee Mailing Address		City	State	Zip Code
Employee Email Address		Home Telephone Number	Mobile Telephone Number	
Employer Name		Employment Begin Date	Job Position	
Position Status Part Time Full Time Temporary	Scheduled Hours Per Day	Payroll Frequency Weekly Bi-Weekly Semi-Monthly Monthly		
Type of Rate of Pay Daily Hourly Monthly Yearly	Rate of Pay \$	Do you have previous Military Service? Yes No If Yes, submit a copy of your DD-214 to CPRB.		
Are you currently retired under any of the State's Retirement Systems? Yes No If Yes, please list the retirement system: _____				

Section 2: Dependent Information (If more space is needed for dependent listings, attach a sheet of paper with information)

Spouse Name	SSN	Date of Birth
Child Name	SSN	Date of Birth
Child Name	SSN	Date of Birth
Child Name	SSN	Date of Birth
Child Name	SSN	Date of Birth

Section 3: Acknowledgment and Signature

I understand that 8½% of my salary will be deducted each pay period and these funds will be forwarded to the CPRB and contributed to MPFRS on my behalf.

Employee Signature	Date
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Section 4: CPRB Internal Use Only

Pre-Retirement Beneficiary form received? Yes No Comments _____
Reviewed by: _____ Date: _____