



**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

**West Virginia State Police  
Trooper Plan B (WVSP-B)**

**Membership Enrollment**

**Section 1: Employee Information**

Employee Full 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 West Virginia State Police		Official Starting Date of Active Duty	Job Position	
Type of Rate of Pay Daily Hourly Monthly Yearly	Rate of Pay \$	Scheduled Hours Per Day	Enrollment Status New Re-enlistment	
Are you currently retired under any of the State's Retirement Systems? Yes No If yes, please list the retirement system: _____		Have you previously contributed to the Public Employees Retirement System? Yes No		
Do you have previous Military Service? Yes No If Yes, submit a copy of your DD-214 to CPRB.				

**List previous employment with the Department of Public Safety**

	Date Employment Began (M/D/Y)	Date Employment Ended (M/D/Y)
1.		
2.		
3.		

**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

**Section 3: Signature**

Employee Signature	Date
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**Section 4: CPRB Internal Use Only**

Pre-Retirement Beneficiary form received? Yes No

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_