

MEMBERSHIP ENROLLMENT FORM DEPUTY SHERIFF RETIREMENT SYSTEM (DSRS)

All Deputy Sheriffs hired on or after July 1, 1998 must become a participating member of DSRS. Membership in this retirement system is a condition of employment. Elected Sheriffs may participate in DSRS if certain criteria are met. (Contact CPRB for details.)

1. Name _____
(Please print) Last First Middle

2. Mailing Address _____
 Street/P. O. Box/Route City/Town State Zip Code

3. Date of Birth _____ 4. Social Security Number _____

5. Home Telephone _____ 6. Work Telephone _____

7. Job Title ☐ Deputy Sheriff ☐ Chief Deputy ☐ Sheriff 8. Gender ☐ Male ☐ Female

9. Dependent Information: (For additional dependent listings, please attach a sheet of paper with your SSN and all dependent information.)

Name of Spouse _____ SSN _____ Date of Birth _____

Name of Child _____ SSN _____ Date of Birth _____

Name of Child _____ SSN _____ Date of Birth _____

Name of Child _____ SSN _____ Date of Birth _____

10. County of Your Employer _____ 11. Employer Number _____

12. Employer Mailing Address _____
 Street/P. O. Box/Route City/Town State Zip Code

13. OFFICIAL Date of Hire with Current Employer _____
(Must be on or after July 1, 1998)

14. Are you currently retired under any of the State's Retirement Systems? ☐ Yes ☐ No
If yes, which one?

15. Military service ☐ Yes ☐ No A copy of your DD-214 must be sent to CPRB in order to receive credit

I understand that 8.5% of my salary will be deducted each pay period and these funds will be forwarded to the Consolidated Public Retirement Board and contributed to the Deputy Sheriff Retirement System on my behalf.

Employee Signature _____ Date _____