

**PUBLIC EMPLOYEES RETIREMENT SYSTEM (PERS)
 MEMBERSHIP ENROLLMENT FORM**

All full-time employees, as defined in WV Code §5-10-2 and WVCSR §162-5-2, of the State of West Virginia or of a participating political subdivision are required to participate in the Public Employees Retirement System (PERS) as a condition of employment. (**Please see item 16 below for exceptions to this rule.***) This form should be completed in **BLUE INK** only.

1. Full Name _____ 2. SSN _____
 (Please Print)

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

4. Sex Male Female 5. Date of Birth _____ 6. Email Address _____

7. Home Telephone _____ 8. Work Telephone _____

9. Name of Spouse _____ 10. Spouse Date of Birth _____

11. Name of Your Employer _____
 (Do Not Abbreviate Employer Name)

12. Date of Hire with Current Employer _____ 13. Job Title _____

14. Have you previously contributed to the Public Employees Retirement System (PERS)? Yes No

15. Are you currently WORKING or RETIRED under any of the State's retirement systems? Yes No
 (If yes, select the plan or plans for which you are currently working or from which you are retired.)

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|---|---|
| <input type="checkbox"/> Public Employees Retirement System (PERS) | <input type="checkbox"/> Deputy Sheriff Retirement System (DSRS) |
| <input type="checkbox"/> Teachers' Retirement System (TRS) | <input type="checkbox"/> Death, Disability and Retirement Fund (Plan A) |
| <input type="checkbox"/> Teachers' Defined Contribution System (TDC) | <input type="checkbox"/> State Police Retirement System (Plan B) |
| <input type="checkbox"/> Judges' Retirement System (JRS) | <input type="checkbox"/> Emergency Medical Services Retirement System (EMSRS) |
| <input type="checkbox"/> Municipal Police Officers and Firefighters Retirement System (MPFRS) | |

16. IF YOU ARE AN ELECTED OFFICIAL OR A RETIRED MEMBER OF THE WV STATE POLICE DEATH, DISABILITY AND RETIREMENT SYSTEM (PLAN A), WV STATE POLICE RETIREMENT SYSTEM (PLAN B), WV DEPUTY SHERIFF RETIREMENT SYSTEM (DSRS), OR ANY MUNICIPAL POLICE OR FIREFIGHTER RETIREMENT SYSTEM, YOU HAVE THE OPTION TO ELECT NOT TO PARTICIPATE IN PERS.

Please select the box below if you fall under these criteria and you VOLUNTARILY ELECT to participate in PERS.
NOTE: YOUR DECISION TO PARTICIPATE IN PERS IS IRREVOCABLE ONCE CPRB RECEIVES YOUR FIRST CONTRIBUTION.

I wish to participate in PERS

List previous employment with employers who participate in the Public Employees Retirement System or the Teachers' Retirement System	Date Employment Began (M/D/Y)	Date Employment Ended (M/D/Y)	Did you withdraw your retirement contributions upon termination of employment?*
1.			
2.			

*Any member of PERS who has been re-employed for one full year by a participating PERS employer may purchase previously withdrawn PERS service, provided that they redeposit the withdrawn funds plus interest. Reinstatement payments must begin within two years of the return to employment and the full amount repaid (in a lump sum or payments) within five years of the return to employment.

Employee Signature _____ Date _____

For Employer Use Only:	Payroll Clerk's Name _____
<input type="checkbox"/> PERS – Tier I – 4.5% Employee Contribution (First became a member of PERS prior to July 1, 2015)	
<input type="checkbox"/> PERS – Tier II – 6.0% Employee Contribution (Hired for first time and first became a PERS member on or after July 1, 2015)	

For CPRB use only:	<input type="checkbox"/> TE83 Records Found? _____	<input type="checkbox"/> AppX	CPRB Staff Name _____
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