State of West Virginia
Consolidated Public Retirement Board
Internet Form (Signature in Blue Ink Only)
4101 MacCorkle Avenue SE, Charleston, West Virginia 25304-1636
Telephone: 304-558-3570 or 800-654-4406 Fax: 304-558-1394

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.)

☐ Public Employees Retirement System (PERS)
☐ Teachers' Retirement System (TRS)
☐ Teachers' Defined Contribution System (TDC)
☐ Judges' Retirement System (JRS)
☐ Municipal Police Officers and Firefighters Retirement System (MPFRS)
☐ Deputy Sheriff Retirement System (DSRS)
☐ Death, Disability and Retirement Fund (Plan A)
☐ State Police Retirement System (Plan B)
☐ Emergency Medical Services Retirement System (EMSRS)

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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** _____

☐ PERS – **Tier I** – 4.5% Employee Contribution (First became a member of PERS prior to July 1, 2015)

☐ 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: ☐ TE83 Records Found? _____ ☐ AppX CPRB Staff Name _____