



Consolidated Public Retirement Board

4101 MacCorkle Avenue, SE
Charleston, WV 25304
304-558-3570 or 800-654-4406
www.wvretirement.com



Deputy Sheriff Retirement System (DSRS) Enrollment Form

All Deputy Sheriffs and Chief Deputy Sheriffs employed on or after July 1, 1998 must become participating members 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.

Section 1: Employee Information

Full Name		SSN	Telephone Number	
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Email	Job Position <input type="checkbox"/> Deputy Sheriff <input type="checkbox"/> Chief Deputy <input type="checkbox"/> Sheriff		
Employer Name JACKSON COUNTY COMMISSION		Employer Number D01800	Position Status <input type="checkbox"/> Partime <input type="checkbox"/> Elected <input type="checkbox"/> Regular <input type="checkbox"/> Temporary	
Employer Mailing Address		City	State	Zip
Employment Begin Date		Do you have previous Military Service - A copy of your DD-214 must be sent to CPRB to receive credit <input type="checkbox"/> Yes <input type="checkbox"/> No		Scheduled Hours Per Day
Type of Rate of Pay <input type="checkbox"/> Daily <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly		Payroll Frequency <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Weekly		Rate of Pay
Are you currently retired under any of the State's Retirement System? If so please provide below <input type="checkbox"/> Yes <input type="checkbox"/> No				

Section 2: Dependent Information: For additional dependent listings please attach a sheet of paper

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: Authorization

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.

Signature _____ Date _____

Section 4: Internal CPRB Use Only

Pre-Retirement Beneficiary form received? Yes No Comment _____

For CPRB use only: CPRB Staff Name _____