



**West Virginia
Consolidated Public Retirement Board (CPRB)**

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

**Emergency Medical Services
Retirement System (EMSRS)**

Membership Enrollment

All Emergency Medical Services Officers hired into full time covered employment after January 1, 2008 by an EMSRS participating employer must become participating members of EMSRS. All 911 personnel hired into full-time employment on or after July 1, 2022 by an EMSRS participating employer must become participating members of EMSRS. Full-time employment means permanent employment which normally requires 12 months per year service and at least 1040 hours per year service in that position. Covered employment means employment as a full-time EMT, EMT/Paramedic, or EMT/RN and the active performance of duties required of an emergency medical services officer or 911 personnel at a 911 public safety answering point.

Section 1: Employee Information:

Full Name	SSN	Date of Birth	Telephone Number
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Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Member Mailing Address	City	State	Zip Code
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Employer Name JACKSON COUNTY COMMISSION	Date of Hire with Current Employer	Job Position
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Position Status <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Temporary	Payroll Frequency <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly	Scheduled Hours Per Day
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Type of Rate of Pay <input type="checkbox"/> Daily <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	Rate of Pay \$	Do you have previous Military Service? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, a copy of your DD-214 must be sent to CPRB to receive credit
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Have you ever previously worked as an Emergency Medical Services Officer? Yes No
If yes, please list the employer: _____

Are you currently retired under any of the State's Retirement Systems? Yes No
If Yes, please list the retirement system: _____

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

Spouse Name	SSN	Date of Birth
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Child Name	SSN	Date of Birth
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Child Name	SSN	Date of Birth
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Child Name	SSN	Date of Birth
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Child Name	SSN	Date of Birth
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Section 3: Authorization

I understand that 8½% 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 Emergency Medical Services Retirement System on my behalf.

Signature	Date
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