Consolidated Public Retirement Board

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

Teachers' Retirement System (TRS) Enrollment Form

Section 1: Employee Information

Full Name		SSN	Telephone Number

Date of Birth	Gender Female Male	Mailing Address	

City	State	Zip Code	Employer Name	Job Position Teacher Admin Service Personnel

Date of Hire	Position Status Partime Elected Regular Temporary	Payroll Frequency Weekly Bi-Weekly Semi-Monthly Monthly

Type of Rate of Pay ☐ Daily Hourly Monthly Yearly	Rate of Pay	Scheduled Hours Per Day	Contract Days

Have you previously contributed to the Teachers Retirement System? Yes No	Have you previously contributed to the Teachers' Defined Contribution (TDC) Retirement System? Yes No

Are you currently a member of or have you retired from the Public Employees Retirement System, Teachers' Retirement System, State Police Plan B or a Higher Education Retirement Plan?   Yes   No

If yes, please check the retirement system.

PERS   TRS   SPTB

List previous employment with employers who participate in 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.			
3.			

Signature _____   Date _____

Section 2: Employer Use Only

For Board of Education use Only: Payroll Clerk's Name _____

TRS – Plan 1 (6.0 % EE & 15.0 % ER) (First became a member of TRS prior to July 1, 2015)

TRS – Plan 3 (6.0 % EE & 7.5 % ER) (First became a member of TRS prior to July 1, 2015)

TRS – Plan 9 (6.0 % EE & 7.5 % ER) (Hired for **First** time and **First** became a TRS member on or after July 1, 2015)

For CPRB use only:	**Current TDC Member**	**AppX/Microfilm Checked**
CPRB Staff name:_____		