



County Employees' Retirement Fund
 2121 Schotthill Woods Drive
 Jefferson City, MO 65101
 Toll Free: 877-632-2373
 Fax: 573-761-4404

This form can be used to obtain information for a new employee. However, the information must be entered and submitted through the CARS County Portal.

PARTICIPANT INFORMATION

Social Security Number _____ County of Employment _____

First Name _____ Initial _____ Last Name _____ Suffix _____

Address _____ City _____ State _____ Zip _____

Work Phone _____ Cell Phone _____ *Required for Member Portal Access*

Date of Birth _____ Gender Male Female Marital Status Married Single

Email _____ *Required for Member Portal Access*

EMPLOYMENT INFORMATION

Original Date of Hire _____ CERF Eligibility Date _____ LAGERS Non-LAGERS
The Original Date of Hire may precede the CERF Eligibility Date.

Employee Contribution % _____ County Contribution % _____

Current Employment Status Full-time Part-time less than 1,000 hours Seasonal

Employee's Position _____ Is this member Elected/Appointed official? Yes No

Select the appropriate department for this employee:

<input type="checkbox"/> Assessor	<input type="checkbox"/> Circuit Clerk	<input type="checkbox"/> IT	<input type="checkbox"/> Planning & Zoning	<input type="checkbox"/> Sheriff Department
<input type="checkbox"/> Auditor	<input type="checkbox"/> Circuit Court	<input type="checkbox"/> Janitorial	<input type="checkbox"/> Prosecuting Attorney	<input type="checkbox"/> Surveyor
<input type="checkbox"/> Collector	<input type="checkbox"/> E911	<input type="checkbox"/> Juvenile	<input type="checkbox"/> Public Administrator	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Commissioner	<input type="checkbox"/> Election Board	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Public Works	<input type="checkbox"/> _____
<input type="checkbox"/> Coroner	<input type="checkbox"/> Highway	<input type="checkbox"/> Nurses/Health	<input type="checkbox"/> Recorder	
<input type="checkbox"/> County Clerk	<input type="checkbox"/> HR	<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Road & Bridge	

Has this employee previously held another part-time or full-time county position? Yes No

If yes to above, which county or counties? _____ What was the date of termination? _____

ACKNOWLEDGEMENT

The undersigned certifies, on behalf of the employer, that he or she has reviewed the information provided herein and confirms that the information is true and correct and that the individual is working in a position that is eligible to participate in CERF in compliance with the definition of "employee" in section 50.1000(8), RSMo and 16 CSR 50-2.010(1)(L).

Acknowledged by _____ Date: _____

REQUIRED ATTACHMENTS (submit through CARS County Portal with Enrollment information)

- Copy of employee's driver's license **OR** U.S. Passport **OR**
- Copy of employee's Social Security Card **OR** state-issued ID **AND** birth certificate **OR**
- Copy of Form I-9, Employment Eligibility Verification