



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

ENROLLMENT INFORMATION

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

PARTICIPANT INFORMATION

Social Security Number _____ - - County of Employment _____

First Name _____ Initial _____ Last Name _____ Suffix _____

~~Address~~ * Address _____ City _____ State _____ Zip _____

Work Phone () _____ Home Phone () _____ Cell Phone () _____

Date of Birth ____ / ____ / ____ Gender Male Female Marital Status Married Single

Email _____

EMPLOYMENT INFORMATION

Original Date of Hire ____ / ____ / ____ CERF Eligibility Date ____ / ____ / ____ LAGERS Non-LAGERS
Note: In some cases the Original Date of Hire precedes the CERF Eligibility Date.

If difference in Original Date of Hire and CERF Eligibility Date, please explain _____

Employee Contribution % _____ County Contribution % _____
 (Made by employee and ranges from 2% to 6%) (Made on behalf of employee and cannot exceed 4%)

Current Employment Status Full-time Seasonal working 1,000 hours or more

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

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? ____ / ____ / ____

REQUIRED ATTACHMENTS (submit through CARS county portal with Enrollment information)

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