



# ENROLLMENT FORM

P.O. Box 48380 Olympia, WA 98504-8380 ♦ www.drs.wa.gov  
 Toll Free: 1.800.547.6657 ♦ Olympia Area: 360.664.7000 ♦ TTY: 360.586.5450

## INSTRUCTIONS

Complete this form if you are a new member of or a returning member to a LEOFF or WSPRS eligible position. All plan members must complete a "Beneficiary Designation" form. **Return completed form to your employer.**

## PERSONAL DATA - To be completed by member and returned to employer

Name (Last, First, Middle)		Maiden Name	Social Security Number
Mailing Address		City	State ZIP
Phone	Alternate Phone	Email Address	

I certify all of the information I have entered on this form is true and complete.

Employee Signature	Date
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## EMPLOYER DATA - To be completed by employer and returned to DRS

Reporting Group 002238	First Date of Employee Eligibility M M D D Y Y Y Y	Retirement System (check one) <input type="checkbox"/> WSPRS <input type="checkbox"/> LEOFF	Plan <input type="checkbox"/> Plan 1 <input type="checkbox"/> Plan 2
Employee Position Title			

Print or type employer name and mailing address below:

Whitman County  
 400 N Main Street  
 Colfax, WA 99111

I certify all of the information entered on this form is true and complete and the employee's Social Security number has been verified.

Print Name Corey Eisele Mitzimberg	
Personnel or Payroll Representative Title Benefits & Programs Coordinator	Phone Number 509-397-6205
Signature	

Department of Retirement Systems (DRS) requires that you provide your Social Security number for this form.

- DRS will use your Social Security number as a reference number and to ensure that any funds disbursed under your account are correctly reported to the IRS.
- DRS will not disclose your Social Security number unless required by law.
- Internal Revenue Code Sections 6041(a) and 6109 allow DRS to request your Social Security number.

