



Enrollment for LEOFF or WSPRS

For new or returning members of LEOFF or WSPRS to enroll in an eligible position.

Give the completed form to your employer.

Need help? Contact DRS.
800.547.6657 or 360.664.7000
TTY: 711 • www.drs.wa.gov

Important Information

Complete this form if you are a new member or a returning member to a LEOFF or WSPRS eligible position. All plan members must complete a [Beneficiary Designation](#) form. **Give the completed enrollment form to your employer.**

Employers: Load completed form to the Upload Documents section of ERA. OR mail to: Department of Retirement Systems, PO Box 48380, Olympia, WA 98504-8380

Personal Information

Name (Last, First, Middle)		Social Security Number	
Mailing Address	City	State	ZIP
Date of Birth (mm/dd/yyyy)	Phone Number	Alternate Phone Number	
Email Address			

Employer Information – To be completed and uploaded to ERA by employer OR returned to DRS.

Reporting Group	First Date of Employee Eligibility (mm/dd/yyyy)	Retirement System (check one) <input type="checkbox"/> WSPRS <input type="checkbox"/> LEOFF	Plan (check one) <input type="checkbox"/> Plan 1 <input type="checkbox"/> Plan 2
Employee Position Title			
Employer Mailing Address	City	State	ZIP

Employer Signature Required

I certify all of the information entered on this form is true and complete and the employee's Social Security number has been verified.	
Signature	Date (mm/dd/yyyy)
Print Your Name	Phone Number
Personnel or Payroll Representative Title	

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Your Social Security number is needed so DRS can report to the IRS any funds paid to you. DRS will not disclose your Social Security number unless required to do so by law. See IRC sections 6041(a) and 6109.

