

**Retirement Board**

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**Memorandum**

To: Judicial Liaison Officers

From: Charyl Lacombe, Manager  
Employer Services Division

Date: February 12, 2016

Re: Member Enrollment form for Judicial Retirement System (JRS) on or after July 1, 2015

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Pursuant to SB 406, new members enrolled in the JRS on or after July 1, 2015, will share 50% of the cost of the contributions due. Please complete the attached Member Enrollment form for new participants effective July 1, 2015.

If you have any questions regarding JRS enrollment, please contact either Sonya Hellwinkel at (775) 687-4200 extension 269 or Charyl Lacombe at extension 228.



693 W. Nye Lane, Carson City, NV 89703 (775) 687-4200 - Fax (775) 687-5131  
5820 S. Eastern Avenue Suite 220, Las Vegas, NV 89119 (702) 486-3900 - Fax (702) 678-6934  
7455 W. Washington Avenue, Suite 150, Las Vegas, NV 89128 (702) 486-3900 - Fax (702) 304-0697  
Toll Free Number 1-866-473-7768 Website www.nvpers.org

### MEMBER ENROLLMENT Judicial Retirement System (Enrolled on or after July 1, 2015)

This form should be completed for new Judicial Retirement System (JRS) members enrolled **on or after July 1, 2015** under NRS 1A.270. This form is also used to enroll persons who have returned from leave without pay or from ineligible status.

**Member Information (Please print legibly, using black or blue ink)**

SS#: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name: \_\_\_\_\_  
First MI Last - Suffix

DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Mo Day Yr

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Married       Single  
 Male           Female

**Prior Agency / Name Information**

List prior Nevada Public Agencies where you have worked: \_\_\_\_\_

List any other names under which you were enrolled in PERS: \_\_\_\_\_

Are you currently employed with a second Nevada public employer? \_\_\_\_\_ Yes, please list: \_\_\_\_\_

**Employee/ Employer Contribution Plan:** Members enrolled in JRS **on or after July 1, 2015**, participate under the employee/employer contribution plan. This plan provides that members will have a retirement contribution deducted from their gross salary, for 50% of the cost of the contributions due, and that contributions will be maintained in the member's account at PERS. In the event the member terminates employment covered by JRS, the employee contributions would be refundable to the member without interest.

Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Agency Information and Certification (To be completed and signed by agency liaison officer or authorized representative)**

Agency Name: \_\_\_\_\_ Agency # \_\_\_\_\_  
3-Digit Number

Member Enrollment Date: \_\_\_\_\_ Member Returned from LWOP / Ineligible Date: \_\_\_\_\_

Position Title: \_\_\_\_\_  
All Agencies Must List Member's Position Title

**I certify that this individual is employed in a position requiring half-time or more service according to employer's full-time work schedule.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Liaison Officer or Authorized Representative

Print: \_\_\_\_\_