



## SHERIFF'S ELECTION OF MEMBERSHIP

■ **Important:** Any person who holds the elected office of sheriff in a participating county may choose whether to be a member in the Kansas Police and Firemen's Retirement System. This form must be completed and returned to the Retirement System office on or before taking office or the employer's entry date. Failure to file written election shall be presumed to be an election not to become a member of the Kansas Police and Firemen's Retirement System. The election to become or not to become a member is **irrevocable**.

■ **Contact Us – toll free:** 1-888-275-5737 • **phone:** 785-296-6166 • **fax:** 1-785-380-2028  
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### ■ Irrevocable Election of KP&F Membership

I, \_\_\_\_\_ (sheriff's name), \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (Social Security Number),

born \_\_\_\_/\_\_\_\_/\_\_\_\_ (date of birth), holding the office of \_\_\_\_\_ (name of county) County Sheriff,

do hereby make my **irrevocable** election below (select one).

- Yes, I elect to become a member of the Kansas Police & Firemen's Retirement System
- No, I elect not to participate in the Kansas Police & Firemen's Retirement System.

I took (shall take) office in this position on \_\_\_\_/\_\_\_\_/\_\_\_\_ (month/day/year).

Elected Sheriff Signature: \_\_\_\_\_ Month/Day/Year: \_\_\_\_/\_\_\_\_/\_\_\_\_

Witness Signature: \_\_\_\_\_