



Personal History Record/Elected Official Membership

INSTRUCTIONS

1. As a public employee you are required to complete this Form and return it to your employer within 30 days of commencing employment. Failure to do so may limit the options available to you as well as delay transactions. Please fill out the form in **blue or black ink**.
2. For elected officials: An elected official, or person appointed to a publicly elected position, who is not retired from an Ohio retirement system and does not have contributions on deposit with OPERS through previous elected service, has the option of contributing to OPERS or Social Security. Elected officials who choose OPERS membership are required to contribute to OPERS for all subsequent elected positions. Completion of this form indicates the elected official's irrevocable membership election.
3. Be sure your date of birth and Social Security Number, which are used to identify your account, are entered correctly.
4. Sign the form in SECTION 3 - **EMPLOYEE CERTIFICATION**. DO NOT print or type.
5. The employer is required to complete SECTION 4 - **EMPLOYER CERTIFICATION**.
6. The employer is required to return the **completed** form to OPERS no later than 30 days from when the public employee commenced employment.

Section 1 - Personal Information

Social Security Number



First Name

MI Last Name

Suffix

[illegible]

Street or Mailing Address

Apt. Number

[illegible]

City

State

ZIP Code

[illegible]

Province

Country

Postal Code

[illegible]

Date Of Birth

Gender

Male

Female

Prefer Not To Say

Month Day Year

[illegible]

Work Phone Number

Home Phone Number

Cell Phone Number

[illegible]

E-mail Address

[illegible]

Section 2 - Other Retirement System Information

Are you currently receiving a disability benefit or an age and service retirement from any of the following retirement systems? *If applicable, please check all that apply.*

	Receiving a Disability Benefit	Receiving a Retirement Benefit
Ohio Police and Fire Pension Fund (OP&F)	<input type="checkbox"/>	<input type="checkbox"/>
State Highway Patrol Retirement System (HPRS)	<input type="checkbox"/>	<input type="checkbox"/>
Cincinnati Retirement System (CRS)	<input type="checkbox"/>	<input type="checkbox"/>

Section 3 - Employee Certification

I state that the information contained in this form is complete and true to the best of my belief.

Additionally, if an elected official, my signature below indicates that I am applying for membership in OPERS for my elective service pursuant to Section 145.20 of the Ohio Revised Code. The date next to my signature below indicates the date application is made for membership and I understand that retirement contributions will be accepted beginning the month that contains the date on this form.

Employee Signature (Do not print or type)

Section 4 - Employer Certification

Employer Code

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[illegible]

Salary Begin Date

Month	Day	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Is this an elected position? Yes ☐ No ☐

[illegible]

Is this a full-time law enforcement position? Yes ☐ No ☐

If employed in a firefighting position, is firefighter training required? Yes ☐ No ☐

I certify that if the compensation paid to this individual is earnable salary, that OPERS retirement contributions are deducted with the above employer on the salary begin date indicated above, or beginning the month that contains the signature date on this form for elected officials, and the statements set forth are true and accurate as disclosed by this employer's records.

Signature of Certifying Officer (If Certifying Officer is the new member, form should be signed by both the Certifying Officer and a council member or trustee.)

[illegible]