

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) _____ **Month** **Day** **Year** [Signature]

Section 4 - Employer Certification

Employer Code -

Employer Name

113. *Leptothrix* *leptothrix* (L.) C. Nees von Esenbeck, *Bot. Mag.* 18: 10. 1804.

Month Day Year

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Is this an elected position? Yes No

Job Position Title

Job : Section Title

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.)

Print Certifying Officer's Name

11. *What is the primary purpose of the following sentence?*