



Ohio Public Employees Retirement System

277 East Town Street, Columbus, Ohio 43215-4642

1-800-222-PERS (7377) www.opers.org



Personal History Record

INSTRUCTIONS

- As a public employee you are required to complete and file this Form 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.
- OPERS contributions are only permitted on compensation that is earnable salary. Examples of compensation that are not earnable salary include, but are not limited to, amounts paid to individuals who serve on a fee basis or compensation on a per page, per meeting, per inspection or per emergency response event. If there is a question about whether the compensation is earnable salary, please contact OPERS to request an earnable salary determination.
- 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.
- Be sure your date of birth and Social Security Number, which are used to identify your account, are entered correctly.
- Sign the form in SECTION 4 - EMPLOYEE CERTIFICATION. DO NOT print or type.
- The employer is required to complete SECTION 5 - EMPLOYER CERTIFICATION.
- The employer is required to mail the *completed* form to OPERS at the above address immediately upon hire.

Section 1 - Personal Information

Social Security Number

Last Name

First Name

MI

Street or Mailing Address

Apt. Number

City

State

ZIP Code

Province

Country

Postal Code

Date Of Birth

Gender

Are you legally married? Yes No

Work Phone Number

Home Phone Number

Cell Phone Number

E-mail Address

Section 2 - Current Employment information

Job Title

If this is an elected position or if you have been appointed to an elected position, provide date present elective service began.

Section 3 - Prior Service Information

1. Have you previously worked in public employment in Ohio? Yes No If "yes," give first date of public service: Month Day Year

If "yes," list employer(s)

2. Do you have previous public service for which OPERS contributions were not submitted? Yes No

If "Yes" and you wish to request a determination relative to your non-contributing service, please provide OPERS with a completed *Certification of Unreported Public Service (Form AA)*.

3. 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 4 - Employee Certification

I state that the information contained in this form is complete and true to the best of my knowledge and belief. I understand that OPERS contributions are not permitted on compensation that is not earnable salary, including but not limited to, payments made on a fee basis or compensation on a per page, per meeting, per inspection or per emergency response event. 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.

Month Day Year

Employee Signature (Do not print or type)

Section 5 - Employer Certification

Employer Code 2155- Salary Begin Date Month Day Year

Is this an elected position? Yes No If "yes" provide Employer Code for elected position -

Elected Position Title

Is this a law enforcement position? Yes No Full-Time Part-Time

I understand OPERS contributions are not permitted on compensation that is not earnable salary, including but not limited to, payments made on a fee basis or compensation on a per page, per meeting, per inspection or per emergency response event. I certify that 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 and the statements set forth are true and accurate as disclosed by this employer records.

Signature of Certifying Officer

Print Certifying Officer's Name