

## 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**

- 1. As an OPERS member you are required to complete a Personal History Record (Form A). Please fill out the form in **blue or black** ink.
- 2. Be sure your date of birth and Social Security Number, which are used to identify your account, are entered correctly.
- 3. Sign the form in SECTION 4 EMPLOYEE CERTIFICATION. DO NOT print or type.
- 4. The employer is required to complete SECTION 5 EMPLOYER CERTIFICATION.
- 5. The employer is required to mail the *completed* form to OPERS at the above address immediately upon hire.

Section 1 - Personal Inform	iation					
Social Security Number						
Last Name		First Name				MI
Street or Mailing Address					Apt. Numb	er
City		St	ate ZIP Co	de	1	
Province		Coun	try Postal (	Postal Code		
Yes No Are you legally married?  Work Phone Number	Maiden Name  Home Phone Numb	per	Fax Phone	Number		
E-mail Address						
Section 2 - Current Emplo	yment Information					
First date salary earned from which	OPERS retirement contribut	ions are deducted:				
Month Day Year	Full-Time Part	-Time				
Employee Title						
						$\top$

Section 3 - Prior Service Information						
Yes No Month Day Year  If "yes," give first						
1. Have you previously worked in public employment in Ohio? date of service:						
If "yes," which 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 <i>Certification of Unreported Public Service (Form AA)</i> .						
3. Are you currently a member of, have you been a member of, or are you receiving a disability benefit from of any of the following retirement systems? (If applicable, check Refunded, Receiving a Disability Benefit, or Receiving a Rec						
Ohio Public Employees Retirement Systems (OPERS)  Yes No Refunded Disability Benefit Retirement Benefit  Ohio Public Employees Retirement Systems (OPERS)						
State Teachers Retirement Systems (STRS)						
School Employees Retirement System (SERS)						
Ohio Police and Fire Pension Fund (OP&F)						
State Highway Patrol Retirement System (HPRS)						
Cincinnati Retirement System (CRS)						
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.						
Month Day Year						
Employee Signature (Do not print or type.)						
Employee Signature (50 not print or type.)						
Section 5 - Employer Certification						
Employer Name						
Is this an elected position? Yes No No OPERS membership is optional and requires an application. If not already submitted, the employee will need to complete an Elected Official Membership Application (Form A-9) and submit it to OPERS.						
Is this a law enforcement position? Yes No						
I hereby certify that began earning salary from which OPERS retirement						
contributions are deducted with the above employer on the start date indicated in SECTION 2 - Current Employment						
Information, and the statements set forth are true and accurate as disclosed by the records of						
Signature of Certifying Officer  Certifying Officer Title						