



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 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

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

Gender

Male	Female
<input type="text"/>	<input type="text"/>

Are you legally married? Yes No

Maiden Name

Work Phone Number

Home Phone Number

Fax Phone Number

E-mail Address

Section 2 - Current Employment Information

First date salary earned from which OPERS retirement contributions are deducted:

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

Full-Time

Part-Time

Employee Title

