



# 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 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**.
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.
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 4 - **EMPLOYEE CERTIFICATION**. DO NOT print or type.
5. The employer is required to complete SECTION 5 - **EMPLOYER CERTIFICATION**.
6. 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  
Male Female

Yes No Maiden Name

Are you legally married?

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
- 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 a member of, have you been a member of, or are you receiving a disability benefit from any of the following retirement systems? (If applicable, check *Refunded, Receiving a Disability Benefit or Receiving a Retirement Benefit*.)
- |  | Yes | No | Refunded | Receiving a Disability Benefit | Receiving a 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.

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Employee Signature (Do not print or type.)

### Section 5 - Employer Certification

Employer Code -

Is this an elected position? **Yes** **No**

Employer Code -

Elected Position Title

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

I hereby certify that \_\_\_\_\_ began earning salary from which OPERS

Employee Name

retirement contributions are deducted with the above employer on the start date indicated above and the statements set forth are true and accurate as disclosed by the records of

\_\_\_\_\_  
Signature of Certifying Officer

Print Certifying Officer's Name