Ohio Public Employees Retirement System

277 East Town Street, Columbus, Ohio 43215-4642
1-800-222-PERS (7377) www.opers.org

Personal History Record/Elected Official Membership

INSTRUCTIONS

1. As a public employee you are required to complete this Form and return it to your employer 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. Completion of this form indicates the elected official's irrevocable membership election.

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 3 - **EMPLOYEE CERTIFICATION**. DO NOT print or type.

5. The employer is required to complete SECTION 4 - **EMPLOYER CERTIFICATION.**

6. The employer is required to return the ***completed*** form to OPERS no later than 30 days from when the public employee commenced employment.

Section 1 - Personal Information

Social Security Number

First Name **MI** **Last Name** **Suffix**

Street or Mailing Address **Apt. Number**

City **State** **ZIP Code** -

Province **Country** **Postal Code**

Date Of Birth **Month** **Day** **Year**

Gender **Male** **Female** **Prefer Not To Say**

Work Phone Number **Home Phone Number** **Cell Phone Number**

E-mail Address

Please turn page to complete remainder of form

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)	☐	☐
State Highway Patrol Retirement System (HPRS)	☐	☐
Cincinnati Retirement System (CRS)	☐	☐

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.

Month Day Year

_____

Employee Signature (Do not print or type)

Section 4 - Employer Certification

Employer Code 1016-08

Employer Name

House of Representatives

Salary Begin Date Month 01 Day 01 Year 2027

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

Job Position TItle

State Representative

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

Chynna Brady