



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

Gender

Month Day Year

Male Female

Work Phone Number

Home Phone Number

Cell Phone Number

E-mail Address

