



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

Are you legally married?

 Yes No

Maiden Name

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.

