

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

- 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.
- OPERS contributions are only permitted on compensation that is earnable salary. Examples of compensation that are not earnable salary include, but are not limited to, amounts paid to individuals who serve on a fee basis or compensation on a per page, per meeting, per inspection or per emergency response event. If there is a question about whether the compensation is earnable salary, please contact OPERS to request an earnable salary determination.
- 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.
- Be sure your date of birth and Social Security Number, which are used to identify your account, are entered correctly.
- Sign the form in SECTION 4 - EMPLOYEE CERTIFICATION. DO NOT print or type.
- The employer is required to complete SECTION 5 - EMPLOYER CERTIFICATION.
- 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

Gender

Male

Female

Yes No

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.

Month Day Year

