



PERSONAL HISTORY RECORD

This form must be completed and filed with the Ohio Police & Fire Pension Fund (OP&F) for each new employee who is hired as a full-time police officer or firefighter in a position qualifying for enrollment in OP&F as part of an employer's reporting requirements.

Ohio law sets forth the eligibility requirements for individuals who are required to become a member of OP&F. Before enrolling in OP&F, the employer should review the eligibility requirements listed below and confirm that the individual meets these requirements for OP&F membership.

A summary of OP&F's membership eligibility requirements are as follows:

Firefighters contributing to OP&F must be paid from public funds of the employing municipal entity and be:

- A full-time firefighter who is employed by a fire department of the state, instrumentality of the state, or of a municipal corporation, township, joint fire district, or other political subdivision in a position in which he or she is required to satisfactorily complete, or to have satisfactorily completed, a firefighter training course approved under former Ohio Revised Code (ORC) Section 3303.07 or Section 4765.55, or conducted under ORC Section 3737.33.

Police officers contributing to OP&F must be paid from public funds of the employing municipal entity and be:

- A full-time, regular police officer in a police department of a municipal corporation appointed from a duly-established civil service eligible list or pursuant to ORC Section 124.411 [124.41.1];
A full-time, regular police officer in a police department who is appointed pursuant to ORC Section 737.15 or 737.16 and is paid solely out of public funds of the employing municipal corporation; or
A full-time police officer with a police department who is required to satisfactorily complete a peace officer training course in compliance with ORC Section 109.77.

Once completed, this entire form (Pages 1-4) must be submitted to OP&F and contain original signatures. OP&F will not accept this form if the signatures have been faxed, photocopied or scanned.

The employee required to enroll in OP&F membership must complete Sections A through F. The employer must complete Sections G, H, and I.

Section A: Employee information
Name: First, MI, Last, suffix (Jr. III, etc.)
Street Address / Post office box
City, State, ZIP code
Home phone
Alternate phone
Email address
Social Security number
Date of Birth
Date of hire as a police officer or firefighter
New checkboxes for phone and email fields.

Section B: Marital and dependent information

Current spouse

Name		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female																														
Marriage date	Social Security number	Birth date																														
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Dependent information (excluding current spouse)

Relationship	Dependent name	Gender (M/F)	Social Security number	Birth date
Children, under the age of 18				
Children, 18-22 if unmarried and a student				
Children, any age if dependent and disabled				

Section C: Multiple Ohio retirement system membership

Yes No Are you **currently receiving**, or eligible to receive in the future, an age/service retirement benefit or disability benefit from any of the following Ohio retirement systems? (Please check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> State Highway Patrol Retirement System | <input type="checkbox"/> School Employees Retirement System |
| <input type="checkbox"/> Ohio Public Employees Retirement System | <input type="checkbox"/> State Teachers Retirement System |
| <input type="checkbox"/> Cincinnati Retirement System | <input type="checkbox"/> Ohio Police & Fire Pension Fund |

Yes No Are you **currently contributing** to any of the following Ohio retirement systems? (Please check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> State Highway Patrol Retirement System | <input type="checkbox"/> School Employees Retirement System |
| <input type="checkbox"/> Ohio Public Employees Retirement System | <input type="checkbox"/> State Teachers Retirement System |
| <input type="checkbox"/> Cincinnati Retirement System | <input type="checkbox"/> Ohio Police & Fire Pension Fund |

Yes No Have you **received a refund of contributions** for full-time service from any of the following Ohio retirement systems? (Please check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> State Highway Patrol Retirement System | <input type="checkbox"/> School Employees Retirement System |
| <input type="checkbox"/> Ohio Public Employees Retirement System | <input type="checkbox"/> State Teachers Retirement System |
| <input type="checkbox"/> Cincinnati Retirement System | <input type="checkbox"/> Ohio Police & Fire Pension Fund |

Yes No Do you have **contributions on deposit for full-time service, but are not currently contributing** to any of the following Ohio retirement systems? (Please check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> State Highway Patrol Retirement System | <input type="checkbox"/> School Employees Retirement System |
| <input type="checkbox"/> Ohio Public Employees Retirement System | <input type="checkbox"/> State Teachers Retirement System |
| <input type="checkbox"/> Cincinnati Retirement System | <input type="checkbox"/> Ohio Police & Fire Pension Fund |

Section D: Out-of-state, federal or military employment information

Yes No Have you ever been employed full-time by an **out-of-state public employer** or as a **civil employee of the federal government**? If yes, please provide your employer's name, address, date of hire and termination date.

Yes No Do you have previous active duty service in the **Armed Forces**? If yes, please provide your branch and dates of service.

Section E: Employee signature and acknowledgement

I, the employee described in section A of this *Personal History Record*, who, having been duly sworn, represent that I am the person herein described, and I certify that all the statements made herein are true and correct.

Signature ▶	Date of signature
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Section F: Notary public requirement

The notary public in good standing must sign in the space provided in this section and affix their seal.

State of _____, County of _____, ss:

The foregoing *Personal History Record* was acknowledged before me by the person named in the foregoing Section E, this _____ day of _____, 20_____.

Affix seal here	Notary's signature ▶
	Print name
	My commission expires

Sections G, H and I (on Page 4 of this form) must be completed by an authorized employer representative.

The following sections (G, H and I) must be completed by an authorized employer representative.

Section G: Employer Information

Employer name	Employer Code	Check one: <input type="checkbox"/> Police <input type="checkbox"/> Fire
Street address / Post office box	Employer phone	Employer fax
City, State, ZIP code	Employer e-mail address:	

Section H: Certification of membership eligibility

In order to assist OP&F in determining the employee's eligibility for OP&F membership, please complete this section. OP&F reserves the right to reject membership or service credit at a later date as information becomes available.

- Yes No The employee received an original appointment as a full-time, regular **police officer**.
Check one of the following:
- A full-time, regular police officer in a police department of a municipal corporation appointed from a duly-established civil service eligible list or pursuant to Ohio Revised Code (ORC) Section 124.411 [124.41.1];
 - A full-time, regular police officer in a police department who is appointed pursuant to ORC Section 737.15 or 737.16 and is paid solely out of public funds of the employing municipal corporation; or
 - A full-time, regular police officer in a police department who is required to satisfactorily complete a peace officer training course in compliance with ORC Section 109.77.

- Yes No The employee has been employed as a full-time **firefighter** employed by a fire department of the state, instrumentality of the state, or of a municipal corporation, township, joint fire district or other political subdivision in a position in which he or she is required to satisfactorily complete, or to have satisfactorily completed, a firefighter training course approved under former ORC Section 3303.07 or Section 4765.55, or conducted under ORC Section 3737.33. **Please submit a copy of the certificate earned upon the completion of the training course.**

_____ Date employee began contributing a percentage of his/her salary to OP&F (first date that compensation was earned as a full-time police officer or firefighter).
(month/day/year)

_____ Date employee was appointed to a full-time police officer or firefighter position. **Please attach a copy of the appointment letter confirming full-time status for the member.**
(month/day/year)


\$ _____ Member's initial salary rate (starting annual salary).
(per year)

_____ Date pension contributions will first appear on the *Report of Retirement Deductions*.
(month/year)

_____ Payroll reporting pick-up plan (A, B, C or D) that the member contributions will be submitted under on the *Report of Retirement Deductions*.
(A, B, C or D)

Section I: Employer certification

I hereby certify the person named in Section A is employed as a full-time police officer or firefighter by the employer named in Section G, and that all the statements made herein are true and correct.

Signature 	Date of signature
Print name	Title

Once completed, this entire form (Pages 1-4) must be submitted to OP&F and contain original signatures. OP&F will not accept this form if the signatures have been faxed, photocopied or scanned.

OP&F USE ONLY	Entered/Date:	Reviewed/Date:
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