



MEMBER INFORMATION FORM

To be completed by the OP&F member

Please complete this form and return it to OP&F within 30 days. If you have any questions, please contact OP&F Customer Service at 1-888-864-8363.

Section A: Personal information

| | | | | | | | | | | | | | | | | | | | | | | | |
|--|-----------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Name: First, MI, Last, suffix (Jr. III, etc.) | | <input type="checkbox"/> Male <input type="checkbox"/> Female | Social Security number | | | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | | | | | | |
| Street Address / Post office box | | | Date of Birth | | | | | | | | | | | | | | | | | | | | |
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| City, State, ZIP code | | | | | | | | | | | | | | | | | | | | | | | |
| Phone | Alternate phone | Email address | | | | | | | | | | | | | | | | | | | | | |
| Marital status: | | Marriage/Divorce date | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced | | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> </tr> </table> | | | | | | | | | | | | | | | | | | | | | |
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Section B: Dependent information

Spouse

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| Name | | Gender: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | <input type="checkbox"/> Male <input type="checkbox"/> Female | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Marriage date | Social Security number | Birth date | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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Dependent children: List unmarried, dependent children (up to age 22) and incapacitated children (any age)

| Name First, MI, Last, suffix (Jr. III, etc.) | Social Security number | Birth date | Gender | Relationship | Disabled/ Incapacitated |
|---|------------------------|------------|--|---|----------------------------|
| | | | <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Natural child <input type="checkbox"/> Adopted <input type="checkbox"/> Step-child | <input type="checkbox"/> |
| | | | <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Natural child <input type="checkbox"/> Adopted <input type="checkbox"/> Step-child | <input type="checkbox"/> |
| | | | <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Natural child <input type="checkbox"/> Adopted <input type="checkbox"/> Step-child | <input type="checkbox"/> |
| | | | <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Natural child <input type="checkbox"/> Adopted <input type="checkbox"/> Step-child | <input type="checkbox"/> |
| | | | <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Natural child <input type="checkbox"/> Adopted <input type="checkbox"/> Step-child | <input type="checkbox"/> |
| | | | <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Natural child <input type="checkbox"/> Adopted <input type="checkbox"/> Step-child | <input type="checkbox"/> |

Section C: Multiple Ohio retirement system membership

List your status with the Ohio retirement systems below. Check all that apply

| <input type="checkbox"/> Member has no association with an Ohio retirement system, other than OP&F | | | | | | |
|--|--|--------------------------|--------------------------------------|------------------------------------|---|--|
| | Currently receiving service or disability benefits | Currently contributing | Contributed prior to OP&F membership | Received a refund of contributions | Contributions were for full-time employment | Dates of full-time employment prior to OP&F membership, or, if currently receiving retirement benefits, list retirement date |
| Ohio Highway Patrol Retirement System (HPRS) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Ohio Public Employees Retirement System (OPERS) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| State Teachers Retirement System of Ohio (STRS) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Ohio School Employees Retirement System (SERS) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Cincinnati Retirement System (CRS) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |


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 state that the information contained in this form is complete and true to the best of my knowledge and belief.

| | |
|--|-------------------|
| Signature  | Date of signature |
|--|-------------------|