



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												
			<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td> </tr> </table>												
Street Address / Post office box			Date of Birth												
			<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td> </tr> </table>												
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%; height: 20px;"> <tr> <td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td> </tr> </table>													

Section B: Dependent information

Spouse

Name		Gender:																																					
		<input type="checkbox"/> Male <input type="checkbox"/> Female																																					
Marriage date	Social Security number	Birth date																																					
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td> </tr> </table>													<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td> </tr> </table>													<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td> </tr> </table>													

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
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