

## EMPLOYER CERTIFICATION OF INITIAL ANNUAL SALARY

*To be completed by the Employer*

Please complete this form and return it to the member of the Ohio Police & Fire Pension Fund (OP&F) listed in Section A for submission to the OP&F. When certifying the annual salary, please report the beginning annual wages the member was paid when hired.

### Section A: Member certification information

OP&F Member's Name: First, MI, Last, suffix (Jr. III, etc.)

Social Security number

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Date of hire

The member named above was hired full-time on:

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The beginning annual salary for this member was: \$ \_\_\_\_\_

### Section B: Employer acknowledgement and certification

Employer

Phone

Street Address

City, State, ZIP code

*I hereby certify the information I have provided is accurate and complete.*

Employer representative's name

Title

Signature:

Date of signature:

