

Ohio Police & Fire Pension Fund 140 East Town Street Columbus, OH 43215 Phone: 1-888-864-8363

www.op-f.org

NEW MEMBER INFORMATION FORM

To be completed by the OP&F member

This form is for new members or members transferring to a new employer. 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	on				
Name: First, MI, Last, suffix (Jr. III, etc.)	☐ Male		Social Security	number	
		☐ Female			
Street Address / Post office box			Date of Bi	rth	
City, State, ZIP code			1		
Phone	Alternate phone	Email address			
Marital status:		Marriage/Divorc	e date		
Single	Married Divorced	Warriage, Divorc			
Section B: Dependent informa	ation				
Spouse					
Name				Gender:	
		[B: #]		□ Male	☐ Female
Marriage date	Social Security number	Birth d	ate		
Dependent children: List unmarried, de	ependent children (up to age 22) an	d incapacitated child	ren (anv a	age)	
Name First, MI, Last, suffix (Jr. III, etc.)	Social Security number	Birth	Gender	Relationship	Disabled/ Incapacitated
			Male Female	Natural child Adopted Step-child	
			Male Female	Natural child Adopted Step-child	
			Male Female	Natural child Adopted Step-child	
			Male Female	Natural child Adopted Step-child	
			Male Female	Natural child Adopted Step-child	
			Male Female	☐ Natural child ☐ Adopted ☐ Step-child	

Section C: Mutiple Ohio retirement system membership

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

☐ 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)									
Ohio Public Employees Retirement System (OPERS)						۵			
State Teachers Retirement System of Ohio (STRS)									
	hool Emplo ent System								
System									
Section	า D: Out-ต	of-state, t	federal o	r military	employme	nt informa	ition		
☐ Yes	the federal government? If yes, please provide your employer's name, address, date of hire and termination date:								
	Were you	injured?				☐ Yes	☐ No		
	Did you receive/are you receiving monetary benefits? ☐ Yes ☐ No								
☐ Yes		Do you have previous active duty service in the Armed Forces? If yes, please provide your branch and dates of service:							
	Were you	injured?				☐ Yes	☐ No		
	•	•	you receiv	ing moneta	ry benefits?	☐ Yes	☐ No		
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	