Ohio Police & Fire Pension Fund
140 East Town Street
Columbus, OH 43215
Phone: 1-888-864-8363
www.op–f.org

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.)

❑ Male
❑ Female

Social Security number

Street Address / Post office box

Date of Birth

City, State, ZIP code

Phone	Alternate phone	Email address

Marital status:
❑ Single ❑ Married ❑ Divorced

Marriage/Divorce date

Section B: Dependent information

Spouse

Name

Gender:
❑ Male ❑ Female

Marriage date	Social Security number	Birth date

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
			❑ 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	❑

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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)	❑	❑	❑	❑	❑	
State Teachers Retirement System of Ohio (STRS)	❑	❑	❑	❑	❑	
Ohio School Employees Retirement System (SERS)	❑	❑	❑	❑	❑	
Cincinnati Retirement System (CRS)	❑	❑	❑	❑	❑	

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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