

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:

Were you injured? Yes No

Did you receive/are you receiving monetary benefits? Yes No

Yes No 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

Did you receive/are you receiving monetary 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
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