

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

Fax: (614) 628–1777 www.op-f.org

MEMBER SERVICE CREDIT PURCHASE CERTIFICATION

Civilian

Please complete this form and return it to OP&F if you wish to purchase service credit. Under Ohio law, OP&F members can purchase service credit for prior full-time service rendered under any of the following Ohio retirement systems: Ohio Public Employees Retirement System, State Teachers Retirement System, School Employees Retirement System, Highway Patrol Retirement System, and the Cincinnati Retirement System. A "purchase" of service credit means that you withdrew your contributions from one of these retirement systems and you wish to buy service credit with OP&F for your time served under these retirement systems. For purposes of determining "full-time service," OP&F may request the member and the member's former employer(s) to certify the full-time service. In any event, however, OP&F will determine that the contributing credit was for "full-time service."

Section A: Member into													
Name: First, MI, Last, suffix (Jr. III, etc.)						Social Security Number							
Street Address / Post office box													
City, State, ZIP code					Phone								
I am requesting a cost for the f of your options are included in										lanat	ions		
☐ Lump sum payment (purch	ase to be made in a s	single payment)											
☐ Payroll deduction: I would	like to purchase my s	service credit in _	p	payments (se	ee the cov	ver lette	r in this	pac	ket for e	xplana	ation).		
Section B: Employment	information												
I hereby certify the employmenduring this time period. I would retirement system:													
Ohio Police & Fire Pension Fund				State Teac	chers Retirement System of Ohio								
☐ Ohio Public Employees Retirement System ☐ School Employees					Retirement System of Ohio								
Ohio State Highway Patrol Retirement System Cincinnati Retirem						ent Sys	stem						
Please list below the employer culate a cost for full-time service must complete a separate Emp	ce based on the em	ployer certificat	tion(s) re	turned with	your Me								
1st EMPLOYER, NAME:													
Address			City, State, ZIP code										
Hire date	Termination date			1			Position held						
2nd EMPLOYER, NAME:						,							
Address	ress			City, State, ZIP code									
Hire date	Termination date							Position held					
Section C: Signature ar	nd acknowledge	ement											
I, the person described in Sect person herein described and the					ation, Civ	vilian fo	orm, re	pres	sent tha	t I an	n the		
Signature:					Date	e of sigr	nature:						