



PERSONAL HISTORY RECORD

This form must be completed and filed with the Ohio Police & Fire Pension Fund (OP&F) for each new employee who is hired as a full-time police officer or firefighter in a position qualifying for enrollment in OP&F as part of an employer's reporting requirements.

Ohio law sets forth the eligibility requirements for individuals who are required to become a member of OP&F. Before enrolling in OP&F, the employer should review the eligibility requirements listed below and confirm that the individual meets these requirements for OP&F membership.

A summary of OP&F's membership eligibility requirements are as follows:

Firefighters contributing to OP&F must be paid from public funds of the employing municipal entity and be:

- A full-time firefighter who is employed by a fire department of the state, instrumentality of the state, or of a municipal corporation, township, joint fire district, or other political subdivision in a position in which he or she is required to satisfactorily complete, or to have satisfactorily completed, a firefighter training course approved under former Ohio Revised Code (ORC) Section 3303.07 or Section 4765.55, or conducted under ORC Section 3737.33.

Police officers contributing to OP&F must be paid from public funds of the employing municipal entity and be:

- A full-time, regular police officer in a police department of a municipal corporation appointed from a duly-established civil service eligible list or pursuant to ORC Section 124.411 [124.41.1];
A full-time, regular police officer in a police department who is appointed pursuant to ORC Section 737.15 or 737.16 and is paid solely out of public funds of the employing municipal corporation; or
A full-time police officer with a police department who is required to satisfactorily complete a peace officer training course in compliance with ORC Section 109.77.

Once completed, this entire form (Pages 1-4) must be submitted to OP&F and contain original signatures. OP&F will not accept this form if the signatures have been faxed, photocopied or scanned.

The employee required to enroll in OP&F membership must complete Sections A through F. The employer must complete Sections G, H, and I.

Section A: Employee information
Name: First, MI, Last, suffix (Jr. III, etc.)
Street Address / Post office box
City, State, ZIP code
Home phone
Alternate phone
Email address
Social Security number
Date of Birth
Gender: Male/Female
Occupation: Police officer/Firefighter

## Section B: Marital and dependent information

### Current spouse

|   |   |   |
|---|---|---|
| Name  |   | Gender:<br><input type="checkbox"/> Male <input type="checkbox"/> Female  |
| Marriage date   | Social Security number  | Birth date  |
| <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |

### Dependent information (excluding current spouse)

| Relationship                                | Dependent name | Gender (M/F) | Social Security number | Birth date |
|---|----------------|--------------|------------------------|------------|
| Children, under the age of 18               |                |              |                        |            |
|   |                |              |                        |            |
|   |                |              |                        |            |
|   |                |              |                        |            |
|   |                |              |                        |            |
|   |                |              |                        |            |
| Children, 18-22 if unmarried and a student  |                |              |                        |            |
|   |                |              |                        |            |
| Children, any age if dependent and disabled |                |              |                        |            |
|   |                |              |                        |            |

## 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 |
| <input type="checkbox"/> Ohio Highway Patrol Retirement System (HPRS)                              |  |                        |                                      |                                    |   |  |
| <input type="checkbox"/> Ohio Public Employees Retirement System (OPERS)                           |  |                        |                                      |                                    |   |  |
| <input type="checkbox"/> State Teachers Retirement System of Ohio (STRS)                           |  |                        |                                      |                                    |   |  |
| <input type="checkbox"/> Ohio School Employees Retirement System (SERS)                            |  |                        |                                      |                                    |   |  |
| <input type="checkbox"/> Cincinnati Retirement System (CRS)  |  |                        |                                      |                                    |   |  |
| <input type="checkbox"/> Ohio Police & Fire Pension Fund (OP&F)                                    |  |                        |                                      |                                    |   |  |

**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, the employee described in section A of this *Personal History Record*, who, having been duly sworn, represent that I am the person herein described, and I certify that all the statements made herein are true and correct.

|                |                   |
|----------------|-------------------|
| Signature<br>▶ | Date of signature |
|----------------|-------------------|

**Section F: Notary public requirement**

The notary public in good standing must sign in the space provided in this section and affix their seal.

State of \_\_\_\_\_, County of \_\_\_\_\_, ss:

The foregoing *Personal History Record* was acknowledged before me by the person named in the foregoing Section E, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

|                 |                         |
|-----------------|-------------------------|
| Affix seal here | Notary's signature<br>▶ |
|                 | Print name              |
|                 | My commission expires   |

**Sections G, H and I (on Page 4 of this form) must be completed by an authorized employer representative.**

The following sections (G, H and I) must be completed by an authorized employer representative.

### Section G: Employer Information

|                                  |                          |   |
|----------------------------------|--------------------------|---|
| Employer name                    | Employer Code            | Check one:<br><input type="checkbox"/> Police <input type="checkbox"/> Fire |
| Street address / Post office box | Employer phone           | Employer fax  |
| City, State, ZIP code            | Employer e-mail address: |   |

### Section H: Certification of membership eligibility

In order to assist OP&F in determining the employee's eligibility for OP&F membership, please complete this section. OP&F reserves the right to reject membership or service credit at a later date as information becomes available.

- Yes  No The employee received an original appointment as a full-time, regular **police officer**.  
Check one of the following:
- A full-time, regular police officer in a police department of a municipal corporation appointed from a duly-established civil service eligible list or pursuant to Ohio Revised Code (ORC) Section 124.411 [124.41.1];
  - A full-time, regular police officer in a police department who is appointed pursuant to ORC Section 737.15 or 737.16 and is paid solely out of public funds of the employing municipal corporation; or
  - A full-time, regular police officer in a police department who is required to satisfactorily complete a peace officer training course in compliance with ORC Section 109.77.

- Yes  No The employee has been employed as a full-time **firefighter** employed by a fire department of the state, instrumentality of the state, or of a municipal corporation, township, joint fire district or other political subdivision in a position in which he or she is required to satisfactorily complete, or to have satisfactorily completed, a firefighter training course approved under former ORC Section 3303.07 or Section 4765.55, or conducted under ORC Section 3737.33. **Please submit a copy of the certificate earned upon the completion of the training course.**

\_\_\_\_\_ Date employee began contributing a percentage of his/her salary to OP&F (first date the employee reported for duty as a full-time police officer or firefighter).

\_\_\_\_\_ Date employee was appointed to a full-time police officer or firefighter position. **Please attach a copy of the appointment letter confirming full-time status for the member.**  
(month/day/year)


\$\_\_\_\_\_ Member's initial hourly or yearly rate (please specify).  
(pay rate)

\_\_\_\_\_ Date pension contributions will first appear on the *Report of Retirement Deductions*.  
(month/year)

\_\_\_\_\_ Payroll reporting pick-up plan (A, B, C or D) that the member contributions will be submitted under on the *Report of Retirement Deductions*.  
(A, B, C or D)

### Section I: Employer certification

I hereby certify the person named in Section A is employed as a full-time police officer or firefighter by the employer named in Section G, and that all the statements made herein are true and correct.

|   |                   |
|---|-------------------|
| Signature<br> | Date of signature |
| Print name  | Title             |

Once completed, this entire form (Pages 1-4) must be submitted to OP&F and contain original signatures. OP&F will not accept this form if the signatures have been faxed, photocopied or scanned.

|                          |                      |                       |
|--------------------------|----------------------|-----------------------|
| <b>OP&amp;F USE ONLY</b> | <b>Entered/Date:</b> | <b>Reviewed/Date:</b> |
|--------------------------|----------------------|-----------------------|