

Ohio Public Employees Retirement System

277 East Town Street, Columbus, Ohio 43215-4642 1-800-222-PERS (7377) www.opers.org



Authorization for Release of Account Information for Early Retirement Incentive Plan

Ohio retirement law prohibits the release of confidential account information to a third party unless written authorization is provided by the member. Use this form to authorize the release of account information as described below. This form will not authorize access to a member's Member Benefits System (MBS) account.

Section 1 - Member Personal Informati	ion				
Social Security Number					
First Name	MI	Last Name			
Street or Mailing Address					Apt. Number
City			State	ZIP Code	-
Home Phone Number Work F	Phone Number		Cel	l Phone Number	
E-mail Address					
I also am a member of:					
State Teachers Retirement System	Yes	No			
School Employees Retirement System	Yes	No			
Section 2 - Type of Information to be I employer listed in Section 3.	Released - Sele	ect the record	ds you wish	to have OPERS	release to the
Total service credit Salary	Any necess	ary account i	informatior	related to the	ERI plan
Section 3 - Employer Information Complete this Section to designate the employe	er to receive the	information	indicated	in Section 2.	
Employer					
Employer Contact First Name	MI	Last Name			
Street or Mailing Address					
City			State	ZIP Code	-
Phone Number	Fax Phone Nun	nber			
E-mail Address					

Section 4 - Member Authorization

As permitted by Section 145.27, Ohio Revised Code and Ohio Admin. Code 145-2-42, in connection with an ea	rly retirement
incentive plan, I authorize my employer or the person listed to request and receive the indicated information	pertaining to
my account with the Ohio Public Employees Retirement System.	

Month Day Year
until or 12 months from the date of this authorization if I do not specify a date.

I ask that you honor copies or faxed transmissions of this authorization form. I acknowledge that additionally the original must be sent to OPERS for its membership records. I authorize OPERS to respond to this request.

	Month	Day	Year	
Member Signature				
Do not print or type name				