

# OPERS EMPLOYER Notice

April 17, 2009

Ohio Public Employees Retirement System • 277 East Town Street • Columbus, Ohio 43215

### Important:

The OPERS Web site will always have the most recent iteration of any form. Employers are encouraged not to store printed forms for later use.

## Forms revised, access new editions via Web site

### Who should read this notice

Anyone who handles paperwork for newly hired employees

### Situation overview

OPERS conducts regular reviews of all forms to ensure all necessary information is captured and forms are user-friendly. To this end, the *Personal History Record* (PHR, form A) has been revised.

The revised PHR is currently available via the OPERS Web site at [www.opers.org](http://www.opers.org), or employers may call the Employer Call Center 888-400-0965.

### Changes you'll see on the *Personal History Record*

Sections 2 and 3 of the PHR have been revised slightly. You'll see the start date information has been moved. In addition, clarifying language has been added to the title field, elected position field and the prior work history information requested (only public service information is needed).

Following are more substantial changes to PHR Section 5—Employer Certification:

**Section 3 - Prior Service Information**

1. Have you previously worked in public employment in Ohio? Yes  No  If "yes," give first date of public service: \_\_\_\_\_  
If "yes," list employer(s): \_\_\_\_\_

2. Do you have previous public service for which OPERS contributions were not submitted? Yes  No   
If "yes" and you wish to request a determination relative to your non-contributing service, please provide OPERS with a completed *Certification of Unreported Public Service (Form AA)*.

3. Are you currently a member of, have you been a member of, or are you receiving a disability benefit from any of the following retirement systems? (If applicable, check Refunded, Receiving a Disability Benefit or Receiving a Retirement Benefit.)

	Yes	No	Refunded	Receiving a Disability Benefit	Receiving a Retirement Benefit
Ohio Public Employees Retirement Systems (OPERS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State Teachers Retirement Systems (STRS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School Employees Retirement System (SERS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ohio Police and Fire Pension Fund (OP&F)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State Highway Patrol Retirement System (HPRS)	<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 4 - Employee Certification**

I state that the information contained in this form is complete and true to the best of my knowledge and belief.  
Today's date: \_\_\_\_\_

Employee Signature (Do not print or type.)  
\_\_\_\_\_

**Section 5 - Employer Certification**

Employer Code: \_\_\_\_\_ Start Date: \_\_\_\_\_

Is this an elected position? Yes  No  If "yes," provide Employer Code for elected position: \_\_\_\_\_

Elected Position Title: \_\_\_\_\_

Is this a law enforcement position? Yes  No  Full-Time  Part-Time

I hereby certify that \_\_\_\_\_ began earning salary from which OPERS retirement contributions are deducted with the above employer on the start date indicated above and the statements set forth are true and accurate as disclosed by the records of \_\_\_\_\_

Signature of Certifying Officer: \_\_\_\_\_

Print Certifying Officer's Name: \_\_\_\_\_

A (Revised 3/09)

Employer Code is now requested, rather than employer name

Start date is also the pay period begin date on the *Report of Retirement Contributions*

Second Employer Code only needs to be filled in if the employee is an elected official

Certifying officer's title has been changed to request the certifying officer's name be printed.



1-888-400-0965  
[www.opers.org](http://www.opers.org)

More information on back

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**What you need to do**

Effective immediately, employers are asked to begin using the most recent edition of the PHR. Those employers who store printed copies of OPERS forms should review their inventory and destroy, or recycle, obsolete editions of the forms.

**Changes to Employer Manual**

The forms have changed, not the processing. Therefore, no changes to the *Employer Manual* have been made.

**Who to contact for more information**

After you review this *Employer Notice*, contact your Employer Outreach representative with questions or comments at 1-888-400-0965 or via the Internet at [employeroutreach@opers.org](mailto:employeroutreach@opers.org).



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