



Ohio Public Employees Retirement System

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

Personal History Record

INSTRUCTIONS

1. As an OPERS member you are required to complete a Personal History Record (Form A). Please fill out the form in blue or black ink.
2. Be sure your date of birth and Social Security Number, which are used to identify your account, are entered correctly.
3. Sign the form in SECTION 4 - **EMPLOYEE CERTIFICATION**. DO NOT print or type.
4. The employer is required to complete SECTION 5 - **EMPLOYER CERTIFICATION**.
5. The employer is required to mail the **completed** form to OPERS at the above address immediately upon hire.

Section 1 - Personal Information

Social Security Number

5132

Last Name

MEUTI-COPPERS

First Name

GINA

MI

A

Street or Mailing Address

Apt. Number

City

TWINSBURG

State

OH

ZIP Code

Province

Country

US

Postal Code

Date Of Birth

Month Day

Year

1968

Gender

Male

Female

☐

☒

Are you legally married?

Yes ☒ No ☐

Maiden Name

MEUTI

Work Phone Number

Home Phone Number

Fax Phone Number

330

425

4204

E-mail Address

GMEUTI@AOL.COM

Section 2 - Current Employment Information

First date salary earned from which OPERS retirement contributions are deducted:

Month Day Year

07 15

Year

2008

Full-Time

☐

Part-Time

☒

Employee Title

Deputy Clerk

GOVERNMENT
EXHIBIT

960

1-10CR387

Section 3 - Prior Service Information

1. Have you previously worked in public employment in Ohio? ☒ Yes ☐ No If "yes," give first date of service: Month 11 Day 11 Year 1988

If "yes," which employer(s)

CITY	OF	BEDFORD	HEIGHTS																
CITY	OF	TWINSBURG																	

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

Gina Manti - Coppers Month 07 Day 22 Year 2008
Employee Signature (Do not print or type.)

Section 5 - Employer Certification

Employer Name

CITY OF BEDFORD

Is this an elected position? Yes ☐ No ☒

If "Yes," OPERS membership is optional and requires an application. If not already submitted, the employee will need to complete an Elected Official Membership Application (Form A-9) and submit it to OPERS.

Is this a law enforcement position? Yes ☐ No ☒

I hereby certify that Gina Manti - Coppers began earning salary from which OPERS retirement contributions are deducted with the above employer on the start date indicated in SECTION 2 - Current Employment Information, and the statements set forth are true and accurate as disclosed by the records of

Kim Jaworski
Signature of Certifying Officer

Certifying Officer Title

PAYROLL OFFICER