

Request to Transfer Service Credit FROM Highway Patrol Retirement System



Section 1 – Prior Member of Highway Patrol Retirement System (HPRS)

Last Name	First Name	Middle Initial
Street Address		
City	State	Zip Code
XXX-XX-SSN	DOB	Home Phone
Email Address	Cell Phone	

Transfer Prior Service Credit

I wish to transfer my HPRS service credit account to the following system(s) - *(choose one)*:

<input type="checkbox"/> OPERS	<input type="checkbox"/> SERS	<input type="checkbox"/> STRS	<input type="checkbox"/> OP&F	<input type="checkbox"/> CINCINNATI
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▶		
	Signature	Date

Please return this form to HPRS. Allow thirty (30) to ninety (90) days for processing upon receipt at HPRS.

Section 2 – HPRS use only

Date(s) of Membership: _____ to _____
Certified by: _____
Title: _____ Date: _____

Section 3 – To be Completed by the Elected Retirement System

Member is contributing: _____	Effective Membership Date: _____
Yes or No	

<u>OPERS USE ONLY:</u>		
State: _____	State Law Enforcement: _____	State Public Safety: _____
Local: _____	Local Law Enforcement: _____	Local Public Safety: _____

Remarks: _____
Certified by: _____
Title: _____ Date: _____