

Electronic Delivery Options



Member Information

_____	_____	_____
Last Name	First Name	Middle Initial
_____	_____	_____
Email Address	XXX-XX-	SSN

Please note that information transmitted by Email may not be secure.

Payments - Please select one of the following options:

- Monthly Email** (*recommended*): Please email my monthly statement to me with my pension payment details.
- U.S. Mail with Changes**: Please mail a statement to me with my pension payment details whenever my deposit amount changes.
- View on Web**: I will log in to the secure area of www.ohprs.org and view my *Pension Payment History*. (Registration is free and easy!)

Monthly Newsletters - Please select one of the following options:

- Email** (*recommended*): Please email the monthly newsletter to me.
- View on Web**: I will read the HPRS newsletter online at www.ohprs.org.

The above requests may be made online by logging into the secure area of www.ohprs.org and updating your profile. You may also scan and return this completed form by email to hcarr@ohprs.org, or by fax or mail to HPRS. If you have questions, please contact Holly Carr, Executive Assistant, by email or at 614-430-3555 (direct).

▶ _____	_____
Signature	Date