



# Enrollment Worksheet

This worksheet is provided to help Retirement Coordinators gather the necessary information on each employee eligible for membership in OPERS. Please do not submit this paper worksheet. The data contained on this worksheet should be submitted via the secure member enrollment site at <https://connect2.opers.state.ok.us>. Effective June 30, 2009, OPERS no longer accepts enrollment forms on paper.

## MEMBER INFORMATION

Name (First, Middle, Maiden, Last)	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>										
Mailing Address	Member's Social Security Number										
Marital Status (Check one)	Member's Date of Birth										
<input type="checkbox"/> Married, but separated <input type="checkbox"/> Married <input type="checkbox"/> Never married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Member's Gender										
Spouse's Full Name (First, Middle, Maiden, Last)	Member's Telephone Number										
Spouse's Date of Birth	Spouse's Social Security Number										

- |  |                          |     |                          |
|--|--------------------------|-----|--------------------------|
| 1. Is the employee an elected official? .....  |                          | Yes | No                       |
|  | <input type="checkbox"/> |     | <input type="checkbox"/> |
| 2. Has the employee previously worked for this employer or another employer participating in OPERS? .....  |                          |     |                          |
| If yes, did the employee elect to participate in the 2.5% Step-Up Program? .....   |                          |     |                          |
|  | <input type="checkbox"/> |     | <input type="checkbox"/> |
| 3. Is the employee currently contributing to any other retirement system created under the laws of the State of Oklahoma?  |                          |     |                          |
| If yes, give the name of the retirement system: _____  |                          |     |                          |
| <i>(Ex: Oklahoma Firefighters Pension and Retirement System, Oklahoma Police Pension and Retirement System, Oklahoma Law Enforcement Retirement System, Oklahoma Teachers' Retirement System, Uniform Retirement System for Justices and Judges)</i> |                          |     |                          |
| 4. Is the employee currently contributing to the Federal Civil Service Retirement System? .....  |                          |     |                          |
|  | <input type="checkbox"/> |     | <input type="checkbox"/> |

List the above named employee's service with any OPERS participating employers. List temporary and permanent employment separately. (Attach additional sheets if necessary.)

	PERMANENT	TEMPORARY	SEASONAL	Beginning Employment Date <i>MM/DD/YY</i>	Ending Employment Date <i>MM/DD/YY</i>
Current Position <span style="float: right;">Monthly Gross Compensation \$</span>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Former Position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Former Position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

## REMINDERS

- Enroll new employees online (OPERS will not accept paper enrollments)
- Give employees the following:
  - *Essential* OPERS or Member Handbook (both available online)
  - Beneficiary Designation Form
  - 2.5% Step-Up Brochure
- You can print the data entered on the online enrollment site for your records.

If you have any questions about the enrollment process or the online enrollment website, please contact OPERS.