



# EARLY RETIREMENT INCENTIVE PLAN EMPLOYEE AND EMPLOYER'S AGREEMENT

Ohio Public Employees Retirement System  
277 East Town Street, Columbus, Ohio 43215-4642

1-800-222-PERS (7377)  
www.opers.org



Submit this agreement to OPERS no later than 45 days before the employee's effective benefit date or the termination date of the plan, whichever is earlier, to avoid processing delays and late payment to OPERS. If any of the dates in *Step 3 - ERI Plan Information* change after this Agreement is filed with OPERS, a new agreement must be submitted. If you have already been billed, the cost may change. OPERS will send you a revised cost, if applicable.

## STEP 1: Employee Information

Social Security Number

OPERS ID

-OR-

First Name

MI

Last Name

Date of Birth

Address

City

State

ZIP Code

Home Phone Number

Work Phone Number

Cell Phone Number

Email Address

Is the employee also a member of State Teachers Retirement System?

Yes  No

Is the employee also a member of School Employees Retirement System?

Yes  No

Is the employee also a member of a board or commission; elected to serve a term of fixed length; appointed to serve a term of fixed length, other than a person appointed and employed by the employing unit?

Yes  No

## STEP 2: Employer Information

Employing Unit

Employer Code

Subordinate Employing Unit (*if applicable*)

Fiscal Officer Reporting to OPERS First Name

MI

Last Name

## STEP 3: ERI Plan Information

Employee's last day of employment

*This date must be the last day for which compensation was paid to the employee and must not be prior to the signature date.*

Payment to be made either in one payment  
or by a first installment on

*This date must be the last day of the month before the employee's benefit effective date or the termination date of the plan, whichever is earlier.*

Employee's effective benefit date

*This date must be the first day of a month and the employee must not receive compensation for service on or after this date.*

Maximum years of service purchasable for  
each eligible employee

**STEP 4: Employee and Employer's Agreement**

The undersigned agree that the employee listed in Step 1 of this agreement is eligible to retire with an age and service retirement benefit from OPERS, or will qualify to retire with the purchase of service credit under the retirement incentive plan adopted per Ohio Revised Code Section 145.297 or 145.298.

Further, it is agreed that the employer will make payment and the employee will retire on the specified dates as indicated in Step 3.

The employee understands that if he/she dies prior to his/her effective benefit date, then this agreement is cancelled. The employee authorizes release of necessary account information by OPERS to the employer in connection with the retirement incentive plan.

The employer requests certification of the total cost of purchasing service credit for the above-named employee under its retirement incentive plan which provides for a maximum amount of service purchasable as indicated in Step 3. By signing this agreement, the employer accepts liability for the service credit to be purchased and the employee agrees to retire.

Employee  
Signature \_\_\_\_\_ Today's Date \_\_\_\_\_  
Do not print or type name

Fiscal Officer  
Reporting to  
OPERS  
Signature \_\_\_\_\_ Today's Date \_\_\_\_\_  
Do not print or type name

Subordinate  
Signature \_\_\_\_\_ Today's Date \_\_\_\_\_  
(if applicable) Do not print or type name



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