NOTICE OF CHANGE IN EMPLOYER HEALTH CARE COVERAGE: OPERS BENEFIT RECIPIENT

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

Employer Outreach: 1-888-400-0965
www.opers.org

A public employer is required to provide health care coverage to re-employed benefit recipients (other than independent contractors) if it is provided to other employees in comparable positions or performing comparable work. If available, this coverage cannot be waived unless the benefit recipient has coverage comparable to the employer’s coverage under a plan not offered by the employer, Medicare or OPERS.

The employer’s coverage is typically the re-employed benefit recipient’s primary health care coverage. If the individual is covered by both the public employer and OPERS’ health care coverage while re-employed, OPERS’ coverage is secondary coverage and shall pay only those health care claims not paid or available under the employer’s coverage.

A re-employed retiree is not eligible for OPERS health care coverage while re-employed if he or she fails to enroll in coverage offered by the public employer. If the public employer’s coverage is a high deductible health plan, federal law prohibits OPERS’ coverage from coordinating with it.

The employer must notify OPERS, in writing, if the re-employed benefit recipient is no longer eligible for the employer’s health care coverage or has terminated employment. Please include the date the coverage was no longer available or when employment was terminated.

The OPERS HRA and the OPERS RMA prohibit re-employed retirees (other than independent contractors) from being eligible for a monthly HRA allowance or reimbursement of any medical expenses incurred by the retiree or his/her dependents during the re-employment period. As stated above, if a re-employed retiree (other than an independent contractor) receives such allowance or reimbursements, the retiree may be liable to OPERS and/or the applicable plan.

Federal eligibility rules regarding the Health Savings Account (HSA) that is coupled with a High Deductible Health Plan (HDHP) prohibit enrollment in another health care plan as secondary coverage while participating in the HDHP/HSA. Therefore, if a HDHP/HSA is offered the re-employed retiree is not eligible to participate in the OPERS health care coverage as secondary. See IRS Publication 969 at www.irs.gov.

STEP 1: Benefit Recipient’s Personal Information

<table>
<thead>
<tr>
<th>Social Security Number</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>First Name</th>
<th>MI</th>
<th>Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
STEP 2: Employer Certification of Change of Health Care Coverage

Please complete one of the following sections below:

☐ The re-employed benefit recipient listed on this form will become eligible for coverage.

When will this change first become effective?

☐ The re-employed benefit recipient listed on this form will no longer be eligible for coverage.

When will this change first become effective?

STEP 3: Employer Certification

Employer

Employer Code

Address

City

State

ZIP Code

Signature of Authorized Signer

Do not print or type name

Today’s Date

Authorized Signer First Name

MI

Last Name

Title

Work Phone Number

Employer Code