REQUEST FOR:
OPTIONAL EXEMPTION AS A STUDENT

Ohio Public Employees Retirement System
277 East Town Street, Columbus, Ohio 43215-4642
1-800-222-PERS (7377)
www.opers.org

STEP 1: Personal Information and Student *(to be completed by student)*

Social Security Number

___ — ___ — ____

Daytime Phone Number

Employee ID Number _____ ___ — ___ — ____

First Name

Last Name

E-mail Address

Name of School, College or University

I have reviewed this form and I choose an optional exemption from membership in OPERS as a student working at the public school, college or university where I attend. I understand I must become a member of OPERS if my employment does not meet the proper requirements. I have made this election within 30 days of my employment date.

Today's Date
Month Day Year

Student Signature_____ __ __ / __ __ / ____
Do not type name

STEP 2: Employer Authorization *(to be completed by employer contact with signature authority)*

I _____certify this employee is a student
Employer contact with signature authority

enrolled and attending this school. I understand if this request is approved by OPERS, this form will be stamped "APPROVED" and returned to this school. After the school receives the approved exemption, provided the student meets all required criteria, no deductions will be taken from the student's salary. Membership shall be established if this exemption is not approved or if employment does not meet the requirements of Ohio Revised Code Section 145.03.

Employee Employment Date
__ __ / __ __ / ____

Today's Date
Month Day Year

Employer Contact Signature _____ __ __ / __ __ / ____
Do not type name

DO NOT WRITE BELOW THIS LINE - FOR OPERS OFFICE USE ONLY

Date Rec'd Stamp "APPROVED" Stamp