



Ohio Public Employees Retirement System

277 East Town Street, Columbus, Ohio 43215-4642

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



Employment Review for a Disability Benefit Recipient

In order for OPERS to make an assessment of your employment request, please complete this form in its entirety and as accurately as possible. Failure to do so may result in our need for additional information from you and may delay our response. Managed Medical Review Organization (MMro), OPERS' third party administrator, may be contacting you regarding this form.

Engaging in employment after the commencement of a disability benefit may impact your eligibility for that benefit. Disability benefit recipients who return to public employment are subject to benefit termination. If you are returning to an OPERS covered position, your employer must complete the Notice of Re-Employment of an OPERS Benefit Recipient form (SR-6) and return it to OPERS as soon as possible to prevent an overpayment of benefits.

In addition, recipients who are receiving a combined disability benefit with the State Teachers Retirement System (STRS) and/or the School Employees Retirement System (SERS), are prohibited from returning to service covered by a retirement system whose credit was used in the calculation of the disability benefit.

Section 1 - Personal Information

Social Security Number

First Name

MI

Last Name

Street or Mailing Address

Apt. Number

City

State

ZIP Code

Home Phone Number

Work Phone Number

Cell Phone Number

Preferred Telephone Number for Contact: Home Work Cell

Preferred Time to Call: Morning Afternoon Evening

E-mail Address

Section 2- Employer Information (continued)

Is the requested employment with a public employer covered under OPERS? yes no

Is the requested employment with an employer covered under any other Ohio retirement system? yes no

If yes, what retirement system?

State Teachers Retirement System of Ohio

School Employees Retirement System

State Highway Patrol Retirement System

Ohio Police and Fire Pension Fund

Cincinnati Retirement System

Are you currently receiving a combined disability benefit from one of the systems listed above? yes no

Section 3 - Member's Authorization and Acknowledgment

I authorize any licensed physician, medical provider, medical facility or provider of health care or similar entity to release any and all of the following information to OPERS or its third party administrators.

Medical information with respect to any physical or mental condition and/or treatment of me, including confidential information regarding AIDS/HIV infection, communicable diseases, alcohol and substance abuse, and mental health.

I understand the information obtained will be included as part of the proof of claim and will be used to determine eligibility for claim benefits, return to employment opportunities, and assessment of ongoing treatment. Any information obtained will not be released to any person or organization except OPERS and their third party administrators.

I agree that a photographic copy of this Authorization shall be as valid as the original.

I understand that I may request a copy of this Authorization. This Authorization shall become effective on the date appearing next to my signature below.

I understand I have the right to revoke this Authorization at any time by notifying OPERS.

I understand that revoking this Authorization may impair necessary processing of my Disability Benefits.

Additionally, I understand that my disability benefits will be terminated under the following situations: a) if after re-examination I am found to be no longer disabled; b) I return to public employment or service as an elective official; c) I choose to begin receiving an age and service retirement; d) upon my death; or e) at my request and I am found to no longer be disabled following re-examination.

Member's Signature _____

Today's Date

Month Day Year

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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