



REPORT OF EMPLOYER FOR DISABILITY BENEFIT APPLICANT

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

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



STEP 1: Employee's Personal Information

Social Security Number

OPERS ID

-OR-

First Name

MI

Last Name

Date of Birth

Gender: Male Female

Address

City

State

ZIP Code

STEP 2: Certification by Department Head

1. Employee's Job Title (Employee's Job Title must match title on job description)

2. Who initiated the application for disability? Employee Employer

3. *This question is only for employees who are law enforcement officers.* Is the disabling condition the result of an on-duty illness or injury that occurred during or resulted from the performance of duties under the direct supervision of the employee's appointing authority? Yes No

If "Yes", explain and provide the date the illness or injury occurred:

STEP 2: Certification by Department Head (continued)

4. Employer Reported Physical Job Demands (this section must be completed for all applicants). **Please complete as the job is commonly performed NOT based on what the applicant is capable of performing.**

| Employer Reported Physical Job Demands | | | | | | |
|---|-----------|---------------------------------|---------------------------------|-------------------------------|---------|----------|
| EXERTIONAL ACTIVITIES | | | | | | |
| Address all below: | < 10 lbs | 10 lbs | 20 lbs | 25 lbs | 50 lbs | > 50 lbs |
| Lift/carry occasionally (0-2.6 hrs/day) | | | | | | |
| Lift/carry frequently (2.7-5.3 hrs/day) | | | | | | |
| Lift/carry constantly (5.4-8 hrs/day) | | | | | | |
| <i>How many total hours each day did the job involve the following?</i> | < 2 hours | At least 2 hours | 4 hours | About 6 hours | 8 hours | Other |
| Stand and/or walk | | | | | | |
| Sit | | | | | | |
| PUSH AND/OR PULL ACTIVITIES (including operation of hand and/or foot control): | | | | | | |
| Address all below: | YES | NO | | | | |
| Upper extremities | | | | | | |
| Lower extremities | | | | | | |
| POSTURAL ACTIVITIES (cumulative, not continuous) | | | | | | |
| <i>How often are the following postural activities performed?</i> | Never | Occasionally [0-2.6 hrs/day] | Frequently [2.7-5.3 hrs/day] | Constantly [5.4-8 hrs/day] | | |
| Balance | | | | | | |
| Climb (ramps, stairs, etc.) | | | | | | |
| Climb (ladders, scaffolding, etc.) | | | | | | |
| Stoop (bending from the waist) | | | | | | |
| Crouch (bending both legs and spine) | | | | | | |
| Crawl | | | | | | |
| Kneel | | | | | | |
| MANIPULATIVE ACTIVITIES (cumulative, not continuous) | | | | | | |
| <i>How often are the following postural activities performed?</i> | Never | Occasionally [0-2.6 hrs/day] | Frequently [2.7-5.3 hrs/day] | Constantly [5.4-8 hrs/day] | | |
| Reaching (overhead) | | | | | | |
| Reaching (bench level) | | | | | | |
| Fingering (fine motor manipulation) | | | | | | |
| Handling (gross motor manipulation) | | | | | | |
| Feeling (skin receptors, sensation, etc.) | | | | | | |
| ENVIRONMENTAL ACTIVITIES (exposures to the following) | | | | | | |
| <i>Do the following environmental exposures exist?</i> | YES | NO | | | | |
| Noise | | | | | | |
| Fumes (odors, dust, gases, etc.) | | | | | | |
| Hazards (machinery, heights, etc.) | | | | | | |
| Extreme hot or cold | | | | | | |
| Humidity | | | | | | |
| Vibration | | | | | | |

General remarks regarding additional physical job demands:

STEP 2: Certification by Department Head (continued)

Employer Reported Mental Job Demands

TRAINING AND SUPERVISORY ACTIVITIES

| Address all below: | YES | NO | Comment |
|--|------------|-----------|----------------|
| <i>Does this job require the applicant to supervise others?</i> | | | |
| <i>Does this job require the applicant to work independently without more than ordinary supervision (once the job is learned)?</i> | | | |

CONCENTRATION AND PERSISTENCE ACTIVITIES

| Address all below: | YES | NO | Comment |
|---|------------|-----------|----------------|
| <i>Does this job require sustained attention and concentration?</i> | | | |
| <i>Does this job require more than simple decision-making?</i> | | | |

SOCIAL INTERACTION ACTIVITIES

| Address all below: | YES | NO | Comment |
|--|------------|-----------|----------------|
| <i>Does the job involve interaction with the general public?</i> | | | |
| <i>Does the job involve interaction with co-workers?</i> | | | |

General remarks regarding additional mental job demands:

STEP 2: Certification by Department Head (continued)

Did you require the member attain any additional education, skills or certification since they were hired?

Yes No

If yes, please list:

Department Head First Name

MI

Last Name

Title

Employer E-mail Address

Primary Office Contact

Primary Office Contact Phone Number

Fax Number

Primary Office Contact E-mail Address

Office Hours

Preferred Time to Call:

Preferred Method of Contact:

Morning Afternoon Evening Phone Fax E-mail

Department
Head Signature _____

Do not print or type name

Today's Date ____/____/____

STEP 3: Certification by Fiscal Officer

I certify that the applicant listed on the front of this form was/is an employee of:

Employer

Grid for Employer name

Department/Division

Grid for Department/Division name

Check ONLY one of the following and provide the date if applicable:

- The final date for which this employee was/will be compensated is: [] [] / [] [] / [] [] [] []
- The final date of compensation is not known. I certify the final date of compensation will be provided pending the OPERS Board of Trustees approval of the Application.

Fiscal Officer Reporting to OPERS First Name MI Last Name

Grid for Fiscal Officer name

Title

Grid for Title

Department

Grid for Department

Work Phone Number

Grid for Work Phone Number

Authorized Signature _____ Today's Date ____/____/____
Do not print or type name

