



Ohio Public Employees Retirement System

277 East Town Street, Columbus, Ohio 43215-4642, 1-888-400-0965, www.opers.org

Employer Payment Remittance Advice

Use this form to indicate to OPERS how you wish to distribute your check. You may send in multiple checks with this form; the total of your check(s) in Section 1 will be applied until the charges you list are satisfied. If you have more entries than space permits, attach an additional *Employer Payment Remittance Advice* form noting check number and indicate the total number of pages in the top right portion of the form.

Note: The total of all individual amounts indicated must equal the Total Check(s) in Section 1.

Section 1 – Employer Information

Employer Name _____ Main Employer Code -

Check Number(s) _____ Total of Check(s) or Wire Amount \$

Section 2 – Employee and Employer Retirement Contributions

Employer Code	Report Period End Date	Employee Contribution	Employer Contribution	Total Contribution Amount
<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/>		\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/>		\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/>		\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/>		\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/>		\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

Section 3 – Service Purchase Payroll Deductions

(Payroll deductions only, direct bill payments are listed in Section 4.)

Employer Code	Report Period End Date	Amount
<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/>		\$ <input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/>		\$ <input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/>		\$ <input type="text"/>

Section 4 – Other Employer Liabilities

Use this section to pay employer charges for which you have received an OPERS billing. Examples include: penalties and interest; Early Retirement Incentive (ERI) statements; or employee-specific billings such as Interrupted Military Service Purchase billings, Delinquent Contributions Employer billings, Elected Official Service Purchase billings, or Overpayment to Pension billings.

Note: When paying penalties and interest, please note the period end date for that charge. When paying an ERI billing or employee-specific billing, please note the employee's social security number.

Type of Charge	Social Security Number (If Applicable)	Employer Code	Report Period End Date	Amount
<input type="checkbox"/> Penalties/Interest <input type="checkbox"/> ERI <input type="checkbox"/> Employee Billing	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/>		\$ <input type="text"/>
<input type="checkbox"/> Penalties/Interest <input type="checkbox"/> ERI <input type="checkbox"/> Employee Billing	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/>		\$ <input type="text"/>
<input type="checkbox"/> Penalties/Interest <input type="checkbox"/> ERI <input type="checkbox"/> Employee Billing	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/>		\$ <input type="text"/>

Section 5 – Employer Credit

If you have a credit on your employer account, please list the amount of the credit you would like to apply against the above employer contribution or employer liabilities.

Note: You cannot use your credit toward employee retirement contributions or service purchase payroll deductions.

Credit Amount: _____ on employer code(s): _____ Apply Credit to Employer Code: _____

Questions on using this form? Contact us at 1-888-400-0965, or employeroutreach@opers.org. Streamline this process by paying electronically via ECS (the electronic Employer Contribution System). Ask us how.