



# EMPLOYER NOTICE OF ADOPTION OF AN EARLY RETIREMENT INCENTIVE PLAN

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

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



Use this form to certify the adoption of an early retirement incentive plan under Ohio Revised Code Section 145.297 (voluntary) and/or 145.298 (mandatory). With this completed form, submit a certified copy of the resolution, ordinance, board minutes or other appropriate documentation for establishing an ERI plan, along with a copy of the plan. For assistance with this form, please contact Employer Outreach at 1-888-400-0965.

## STEP 1: ERI Plan Information

Employing Unit

Employer Code

Subordinate Employing Unit (if applicable)

Effective date of the plan

*For voluntary plans, the prospective effective date of the plan must be at least 60 days after OPERS' receipt of this form. OPERS will not accept plans with retroactive effective dates.*

Termination date of the plan

Maximum years of service purchasable for each eligible employee

Percent of employees available to participate in the plan

Number of OPERS-covered employees in the employing unit/subordinate employing unit

Is the employing unit fully supported by direct state or local tax levies or settlement?  Yes  No

## STEP 1: ERI Plan Information (continued)

This plan is being established for the following reason (*choose only one*):

1. **Extension of existing plan**    Employer Code     —

2. **Voluntary plan**     Non-state termination of operations     Other fiscal planning

3. **Mandatory plan**     State institutional closing     State agency/institutional layoffs

Date closing date was announced

/   /

Date of closing

/   /

Date layoffs were announced

/   /

Date of last layoff

/   /

Plan affects (*choose one*):  350 or more     At least 40% of employees

## STEP 2: Employer Information

Complete Parts 1 and 2 of this step. Complete Step 3 only if a specific department within the employing unit is designated as a subordinate employing unit.

### 1. Employing Unit

Authorized Authority First Name

MI

Last Name

Title

Address

City

State

ZIP Code

Work Phone Number

—    —

Fax Number

—    —

Email address

Authorized Authority

Signature \_\_\_\_\_ Today's Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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