



Ohio Public Employees Retirement System

277 East Town Street, Columbus, Ohio 43215-4642

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



2018 Income Based Discount Program Application

The OPERS Income Based Discount Program is designed to help qualified benefit recipients pay for their participation in the OPERS Medical/Pharmacy plan. Benefit recipients enrolling in a medical plan through the OPERS Medicare Connector are not eligible for this program. This program provides a 30 percent reduction in the premium amount you pay each month for your OPERS group medical/pharmacy coverage if your 2016 household income was equal to or less than 200 percent of the federal poverty level. Household income includes all income and wages you earned, plus the income and wages of your spouse and any dependent(s) you claimed on your 2016 federal income tax return. To be eligible, you must have at least 20 years of qualifying service credit at retirement and your household income must have been at or below the following for the 2016 calendar year:

Single person	\$23,760.00
Single with one dependent	\$32,040.00
Single with two or more dependents	\$40,320.00
Married	\$32,040.00
Married with one or more dependents	\$40,320.00

If you qualify, you must complete this application, sign the Acknowledgment in Section 3, return it and **include a copy of your 2016 filed federal tax return**. If you and your dependents filed separate returns, you must also include your dependent's 2016 federal tax return(s). Be sure to keep a copy of your application and tax return(s). OPERS will retain this original application and the information you supply with this application.

Section 1 - Personal Information

Primary Benefit Recipient Social Security Number

Primary Benefit Recipient First Name

MI Last Name

Street or Mailing Address

Apt. Number

City

State

ZIP Code

Home Phone Number

Work Phone Number

Cell Phone Number

E-mail Address

Section 2 - Wage Earners In Your Household In 2016 - Wages include salaries, unemployment benefits, self-employment profits, child or spousal support, interest or dividends from savings accounts, rent or royalty income, cash income or gifts, Workers' Compensation, pensions, disability payments, aides for living, expenses, insurance or legal stocks, bonds or settlements, TANF (AFDC) and other income.

Total persons living in my household in 2016:

Total household income from all sources living in my household in 2016: \$, .

Section 3 - Acknowledgment

Complete this Section and sign.

I, _____, the undersigned,
Print primary benefit recipient's name

state that the information I provided in this application is complete and true to the best of my knowledge and belief. I attest to the accuracy and completeness of the information provided with this application. I understand that any assistance granted as a result of false or misleading information must be repaid to OPERS. I also understand that any misrepresentation or omission will result in permanent disenrollment from this program.

Primary Benefit Recipient
Signature _____

Do not print or type name

Today's Date		
Month	Day	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>