

## NOTICE OF RE-EMPLOYMENT OR CONTRACT SERVICES OF AN OPERS BENEFIT RECIPIENT

Ohio Public Employees Retirement System 277 East Town Street, Columbus, Ohio 43215-4642 Employer Services: 1-888-400-0965 www.opers.org



| STEP 1: Benefit Recipient's Personal Information |              |  |  |  |  |  |
|--|--------------|--|--|--|--|--|
| Social Security Number                           | OPERS ID     |  |  |  |  |  |
|  | -OR-         |  |  |  |  |  |
| First Name                                       | MI Last Name |  |  |  |  |  |
|  |              |  |  |  |  |  |
| Address  |              |  |  |  |  |  |
|  |              |  |  |  |  |  |
| City   | State        |  |  |  |  |  |
| ZIP Code Date                                    | e of Birth   |  |  |  |  |  |
|  |              |  |  |  |  |  |
|  |              |  |  |  |  |  |
| STEP 2: Employment Information                   |              |  |  |  |  |  |
|  |              |  |  |  |  |  |
| Beginning date of re-employment:                 |              |  |  |  |  |  |
| Title  |              |  |  |  |  |  |
|  |              |  |  |  |  |  |

| <u> </u>    | A benefit recipient hired as a public employee or elected to office.  |
|-------------|---|
| <b>2</b> .  | A benefit recipient hired under a personal service contract as an independent contractor.   |
|             | In all cases of doubt, the OPERS Board shall determine whether any person is a public employee, and its decision is final. An independent contractor is not a public employee and shall not become a contributor to the retirement system. Generally, independent contractors are not included on the employer's payroll and receive a Form 1099-MISC for income tax reporting purposes.  |
|             | To the extent an employer improperly classifies the benefit recipient as an independent contractor on this form, and the benefit recipient receives (1) a monthly retirement benefit from the retirement system, or (2) reimbursements from the OPERS HRA or the OPERS RMA, the employer and/or the individual may be liable to OPERS and/or the applicable plan(s) for any amounts incorrectly paid under the plan(s) and the employer may also be liable to OPERS for any unpaid employee or employer contributions to the retirement system. |
| 3.          | A benefit recipient employed in a position described in Ohio Revised Code Section 101.31, 121.03, or 121.04, or as the head of a division of a state department, or in a position to which appointment is made by the governor with the advice and consent of the Senate.   |
| <b>4</b> .  | A retired judge assigned to active duty by the Chief Justice of the Ohio Supreme Court. Please forward a copy of the assignment papers.   |
| <b>)</b> 5. | A benefit recipient re-employed or re-hired in the same position by a public employer in a position that is customarily filled by a vote of the members of a board or commission or by the legislative authority of a county, municipal corporation, or township and the following conditions have been met.  |
|             | a. Not less than 60 days before the employment as a re-employed benefit recipient commenced, the<br>public employer gave public notice (containing the time, date, and location at which a public meeting was<br>to take place) that the benefit recipient would be receiving a benefit and was seeking employment with<br>the public employer; and   |
|             | b. Between 15 and 30 days before the employment as a re-employed benefit recipient commenced, the<br>public employer held a public meeting on the issue of the benefit recipient being employed by the public<br>employer.  |
| O 6.        | An elected official receiving a benefit who is elected or appointed to the same position for the remainder of the term or the term immediately following retirement. Please mark a, b, c or d below.  |
|             | <ul> <li>a. The director of the Board of Elections has been notified in writing, at least 90 days prior to the<br/>primary election for the next term, of the elected official 's intent to retire.</li> </ul>  |
|             | O b. The elected official was already retired at least 90 days prior to the general election.   |
|             | <ul> <li>c. The appointing authority has been notified that the official was already retired or intends to retire prior<br/>to the end of the term.</li> </ul>  |
|             | Od. None of these apply.  |
| <b>7.</b>   | An elected official receiving a benefit who is elected or appointed to a different elected office.  |

STEP 2: Employment Information Continued

| Will the employer's health care coverage be available to the re-employed benefit recipient listed on this form?   |         |          |   |  |  |
|---|---------|----------|---|--|--|
| ○ Yes ○ No  |         |          |   |  |  |
| If "yes," when will this coverage first become available?   |         |          |   |  |  |
|   |         |          |   |  |  |
| STEP 4: Fiscal Officer Certification  |         |          |   |  |  |
| I certify that the employment or contract information provided on this form is accurate to the best of my knowledge. I understand that failure to timely or accurately report a benefit recipient's service to OPERS may result in employer liability to OPERS for overpaid benefits and/or unpaid contributions. In any case of doubt, it is the employer's obligation to request a determination of whether the benefit recipient is a public employee who should be contributing to OPERS for his/her service. |         |          |   |  |  |
| Employer  |         |          |   |  |  |
| Employer Code ————————————————————————————————————  |         |          |   |  |  |
| Address   |         |          |   |  |  |
|   |         |          |   |  |  |
| City  | State   | ZIP Code |   |  |  |
|   |         |          |   |  |  |
| Signature of Fiscal Officer Reporting to OPERS  | Today's | Date     | / |  |  |
| Do not print or type name   |         |          |   |  |  |
| Fiscal Officer Reporting to OPERS First Name  MI Last Name  |         |          |   |  |  |
| Title   |         |          |   |  |  |
|   |         |          |   |  |  |
| Work Phone Number   |         |          |   |  |  |
|   |         |          |   |  |  |

STEP 3: Employer Certification of Health Care Coverage

