OPERS EMPLOYER Notice

April 17, 2009

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

Forms revised, access new editions via Web site

Important:
The OPERS Web site will always have the most recent iteration of any form. Employers are encouraged not to store printed forms.

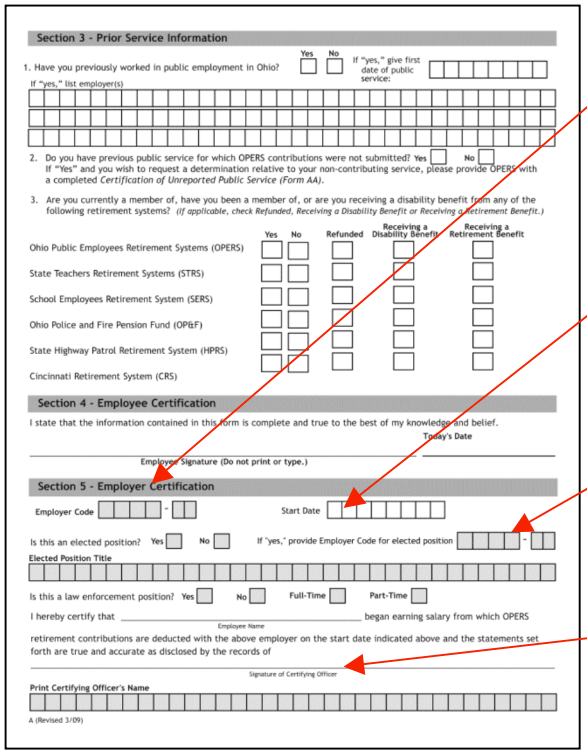
Who should read this notice
Those who handle paperwork for newly hired employees and/or those responsible for maintaining employee records for college and university employer group

Situation overview
OPERS conducts regular reviews of all forms to ensure all necessary information is captured and forms are user-friendly. To this end, the *Personal History Record* (PHR, form A) used by all employers and the *Request for Optional Exemption as a Student* (form F-3) used by college and university employers, have been revised.

The revised forms are currently available via the OPERS Web site at www.opers.org, or employers may call the Employer Call Center 888-400-0965 to obtain new forms.

Changes you'll see: *Personal History Record*
Sections 2 and 3 of the PHR have been revised slightly. You'll see the start date information has been moved. In addition, clarifying language has been added to the title field, elected position field and the prior work history information requested (only public service information is needed).

Following are more substantial changes to PHR Section 5—Employer Certification:



Section 3 - Prior Service Information

1. Have you previously worked in public employment in Ohio? Yes ☐ No ☐ If "yes," give first date of public service:

If "yes," list employer(s)

2. Do you have previous public service for which OPERS contributions were not submitted? Yes ☐ No ☐
If "Yes" and you wish to request a determination relative to your non-contributing service, please provide OPERS with a completed *Certification of Unreported Public Service (Form AA).*

3. Are you currently a member of, have you been a member of, or are you receiving a disability benefit from any of the following retirement systems? *(if applicable, check Refunded, Receiving a Disability Benefit or Receiving a Retirement Benefit.)*

	Yes	No	Refunded	Receiving a Disability Benefit	Receiving a Retirement Benefit
Ohio Public Employees Retirement Systems (OPERS)					
State Teachers Retirement Systems (STRS)					
School Employees Retirement System (SERS)					
Ohio Police and Fire Pension Fund (OP&F)					
State Highway Patrol Retirement System (HPRS)					
Cincinnati Retirement System (CRS)					

Section 4 - Employee Certification

I state that the information contained in this form is complete and true to the best of my knowledge and belief.

Employee Signature (Do not print or type.) Today's Date

Section 5 - Employer Certification

Employer Code - Start Date

Is this an elected position? Yes ☐ No ☐ If "yes," provide Employer Code for elected position -

Elected Position Title

Is this a law enforcement position? Yes ☐ No ☐ Full-Time ☐ Part-Time ☐

I hereby certify that _____ began earning salary from which OPERS
Employee Name
retirement contributions are deducted with the above employer on the start date indicated above and the statements set forth are true and accurate as disclosed by the records of

Signature of Certifying Officer

Print Certifying Officer's Name

A (Revised 3/09)

Employer Code is now requested, rather than employer name

Start date is also the pay period begin date on the *Report of Retirement Contributions*

Second Employer Code only needs to be filled in *if* the employee is an elected official

Certifying officer's title has been changed to request the certifying officer's name be *printed.*

OPERS
1-888-400-0965
www.opers.org

More information on back

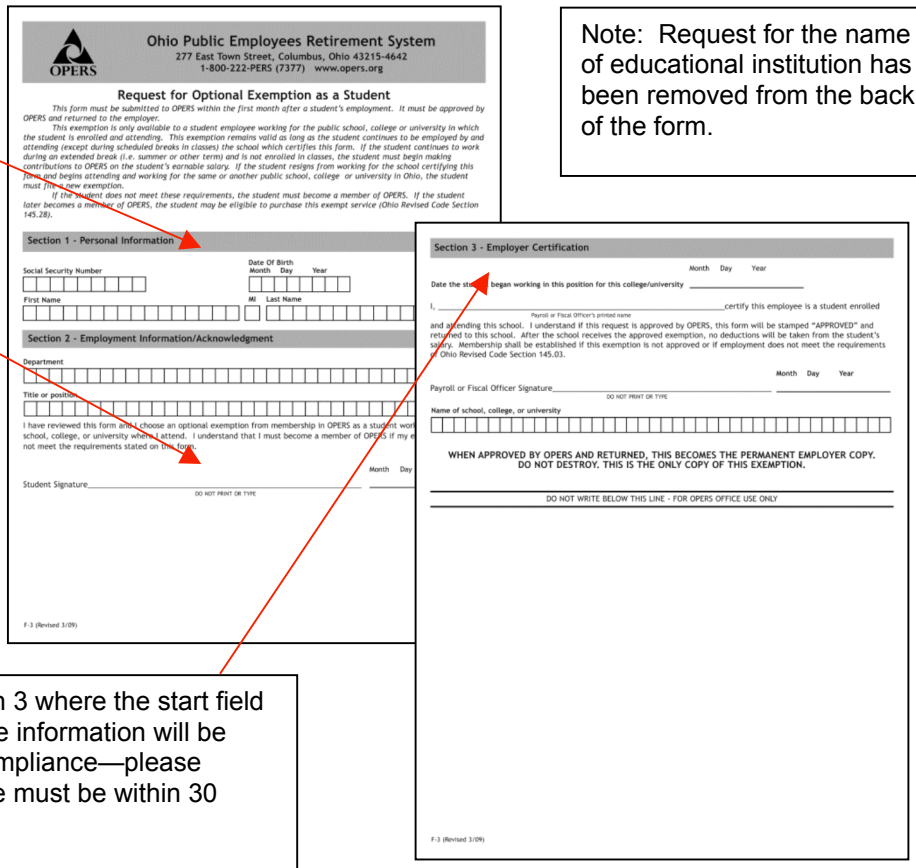
Changes you'll see: *Request for Optional Exemption as a Student*
Some changes to this form have been made as a result feedback from employer focus groups.

New edition no longer requires contact information for student's address, gender, phone and email information.

Note: Request for the name of educational institution has been removed from the back of the form.

Student signature (acknowledgement) has been moved to Section 2. *Note*: because a signature is necessary, it's unlikely this form will move to an electronic iteration at any time. (See related story in the First Quarter 2009 edition of the *Employer Outreach* newsletter.)

Employer Certification is now Section 3 where the start field date has been moved. The start date information will be matched to the signature date for compliance—please remember, by law, the signature date must be within 30 days of the start date.



OPERS

Ohio Public Employees Retirement System
277 East Town Street, Columbus, Ohio 43215-4642
1-800-222-PERS (7377) www.opers.org

Request for Optional Exemption as a Student

This form must be submitted to OPERS within the first month after a student's employment. It must be approved by OPERS and returned to the employer.

This exemption is only available to a student employee working for the public school, college or university in which the student is enrolled and attending. This exemption remains valid as long as the student continues to be employed by and attending (except during scheduled breaks in classes) the school which certifies this form. If the student continues to work during an extended break (i.e. summer or other term) and is not enrolled in classes, the student must begin making contributions to OPERS on the student's earnable salary. If the student resigns from working for the school certifying this form, and begins attending and working for the same or another public school, college or university in Ohio, the student must file a new exemption.

If the student does not meet these requirements, the student must become a member of OPERS. If the student later becomes a member of OPERS, the student may be eligible to purchase this exempt service (Ohio Revised Code Section 145.28).

Section 1 - Personal Information

Social Security Number

Date Of Birth Month Day Year

First Name

MI Last Name

Section 2 - Employment Information/Acknowledgment

Department

Title or position

I have reviewed this form and I choose an optional exemption from membership in OPERS as a student work school, college, or university where I attend. I understand that I must become a member of OPERS if my e not meet the requirements stated on this form.

Month Day

Student Signature

DO NOT PRINT OR TYPE

F-3 (Revised 3/09)

Section 3 - Employer Certification

Month Day Year

Date the student began working in this position for this college/university

I, _____ certify this employee is a student enrolled

Payroll or Fiscal Officer's printed name

and attending this school. I understand if this request is approved by OPERS, this form will be stamped "APPROVED" and returned to this school. After the school receives the approved exemption, no deductions will be taken from the student's salary. Membership shall be established if this exemption is not approved or if employment does not meet the requirements of Ohio Revised Code Section 145.03.

Month Day Year

Payroll or Fiscal Officer Signature

DO NOT PRINT OR TYPE

Name of school, college, or university

WHEN APPROVED BY OPERS AND RETURNED, THIS BECOMES THE PERMANENT EMPLOYER COPY. DO NOT DESTROY. THIS IS THE ONLY COPY OF THIS EXEMPTION.

DO NOT WRITE BELOW THIS LINE - FOR OPERS OFFICE USE ONLY

F-3 (Revised 3/09)

What you need to do
College and university employers are asked to begin using the most recent edition of both forms, effective immediately. Those employers who store printed copies of OPERS forms should review their inventory and destroy, or recycle, obsolete editions of the forms.

Changes to Employer Manual
The forms have changed, not the processing. Therefore, no changes to the *Employer Manual* have been made.

Who to contact for more information
After you review this *Employer Notice*, contact your Employer Outreach representative with questions or comments at 1-888-400-0965 or via the Internet at employeroutreach@opers.org.

OPERS

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