

NON-MEMBER ACKNOWLEDGMENT

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

Employer Services: 1-888-400-0965
www.opers.org

This form is to be completed if you are an individual who begins providing personal services to a public employer on or after Jan. 7, 2013 but are not considered by the public employer to be a public employee (e.g., you are an independent contractor) and will not have contributions made to OPERS.

If the individual providing this service is receiving a benefit from OPERS, the Notice of Re-employment or Contract Services of an OPERS Benefit Recipient, form SR-6, must be submitted in addition to the Non-Member Acknowledgment, form PEDACKN, for the service listed below. Failure to submit the SR-6 form timely may result in an overpayment of pension billed to the employer.

STEP 1: Personal Information

First Name

MI

Last Name

Date of Birth:

Month

Day

Year

Name of Public

Employer for which individual is providing personal services

NE OHIO MEDICAL UNIVERSITY

Employer Contact

First Name

Kami

MI

Last Name

Greene

Employer Code

1 6 3 8 0 8

3 3 0 — 3 2 5 — 6 3 6 9

Service Provided to Public Employer

Start Date of Service

Month

Day

Year

End Date of Service

Month

Day

Year

STEP 3: Acknowledgment

The public employer identified in Step 2 has classified you as an independent contractor or another classification other than a public employee. Ohio law requires that you acknowledge in writing that you have been informed that the public employer identified in Step 2 has classified you as an independent contractor or another classification other than a public employee for the services described in Step 2 and that you have been advised that contributions to OPERS will not be made on your behalf for these services.

If you disagree with the public employer's classification, you may contact OPERS to request a determination as to whether you are a public employee eligible for OPERS contributions for this service. Ohio law provides that a request for a determination must be made within five years after you begin providing personal services to the public employer, unless you are able to demonstrate through medical records to the Board's satisfaction that at the time the five-year period ended, you were physically or mentally incapacitated and unable to request a determination.

By signing this form, you are acknowledging that the public employer for whom you are providing personal services has informed you that you have been classified as an independent contractor or another classification other than a public employee and that no contributions will be remitted to OPERS for the personal services you provide to the public employer. This acknowledgment will remain valid as long as you continue to provide the same services to the same employer with no break in service regardless of whether the initial contract period is extended by any additional agreement of the parties. You also acknowledge that you understand you have the right to request a determination of your eligibility for OPERS membership if you disagree with the public employer's classification. **A copy of this form must be sent to OPERS.**

Signature _____ Today's Date / /
Do not print or type name

ATTN: RETIREES RECEIVING BENEFITS FROM OPERS, PLEASE COMPLETE THE FORM BELOW

STOP

Only complete this form if you are a retiree receiving benefits from OPERS



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

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STEP 1: Benefit Recipient's Personal Information

Social Security Number

-OR-

OPERS ID

First Name

MI

Last Name

Address

City

State

ZIP Code

Date of Birth

STEP 2: Employment Information

Beginning date of re-employment:

Contributions will be withheld and remitted:

Yes

No

Title

Gender

Male

Female

Prefer not to say

Receiving retirement benefits from:

OPERS