



# Ohio Public Employees Retirement System

277 East Town Street, Columbus, Ohio 43215-4642

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

## Notice of Re-employment of an OPERS Benefit Recipient

*When hiring an age and service retirement or disability benefit recipient for employment, such employment must be reported on this Form SR-6 by the end of the first month of employment. Failure to give OPERS timely notice of re-employment will result in employer liability for overpaid benefits. If a benefit recipient is re-employed within the last 10 days of a month, call the OPERS Employer Call Center at the above listed number to provide immediate notice of re-employment; confirmation must then be made on a Form SR-6 within 10 days.*

### Section 1 - Benefit Recipient's Personal Information

Social Security Number

First Name

MI Last Name

Street or Mailing Address

Apt. Number

City

State

ZIP Code

Home Phone Number

Work Phone Number

Fax Phone Number

E-mail Address

Do not write in this box.

**Section 2 - Employment Information - Select the appropriate category below for this benefit recipient. (Mark only one.)**

Beginning date of re-employment

Title

1. **An age and service retiree.** These individuals are eligible to receive compensation for the re-employment period, receive their retirement allowance, and make contributions toward a Money Purchase Annuity benefit. OPERS contributions must begin with the first date of service. If re-employment occurs less than two months after the retirement allowance commences, the entire retirement benefit will be forfeited during these two months.
2. **An age and service retiree hired under a personal service contract as an independent contractor.** OPERS contributions are not remitted on this service. If entering into a contract to provide services as an independent contractor to the same employer from which this individual was retired, or to any employer if less than two months after the retirement allowance commences, the pension portion of the benefit will be forfeited during the period of the contract. The annuity portion of the benefit is suspended and will be paid in a lump sum upon termination of the contract.
3. **An age and service retiree employed in a position described in Section 101.31, 121.03, or 121.04 of the Ohio Revised Code, 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.** OPERS contributions must begin with the first date of service. Retirement benefits will not be forfeited for the two months following retirement.
4. **An OPERS disability benefit recipient returning to public service.** OPERS contributions must begin with the first date of service. Disability benefits will be terminated.
5. **A retired judge assigned to active duty by the Chief Justice of the Ohio Supreme Court.** Include a copy of the assignment papers. OPERS contributions must begin with the first date of service. Retirement benefits will not be forfeited for the two months following retirement.
6. **An age and service retiree 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.** Complete the certification on page 3. If re-employment occurs less than two months after the retirement allowance commences, the entire retirement benefit will be forfeited during these two months.

**Section 3 - Employer Certification of Health Care Coverage**

*A public employer is responsible for making health care coverage available to re-employed benefit recipients if it is provided to other employees in comparable positions. If available, this coverage cannot be waived unless the benefit recipient has coverage comparable to the employer's coverage under a plan not offered by the employer or OPERS. The employer's coverage is the re-employed benefit recipient's primary health care coverage. OPERS is secondary coverage and shall pay only those health care claims not paid or available under the employer's coverage or other non-OPERS coverage. A re-employed retiree is not eligible for OPERS health care coverage if he or she fails to enroll in coverage offered by the employer.*

*The employer must notify OPERS, in writing, if the re-employed benefit recipient is no longer eligible for the employer's health care coverage or has terminated employment. Please include the date the coverage was no longer available or when employment was terminated.*

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?

## Section 4 - Fiscal Officer Certification

Employer

Street or Mailing Address

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

The benefit recipient is **not** being re-employed or re-hired in the same position by a public employer in a position that is customarily filled by a vote of members of a board or commission or by the legislative authority of a county, municipal corporation, or township as indicated in Section 2 (1), (2), (3), (4), or (5) of this form.

The benefit recipient is being re-employed or re-hired in the same position by a public employer in a position that is customarily filled by a vote of members of a board or commission or by the legislative authority of a county, municipal corporation, or township as indicated in Section 2(6) of this form and the Fiscal Officer certifies:

1. Not less than 60 days before the employment as a re-employed benefit recipient commenced, the public employer gave public notice (containing the time, date, and location at which a public meeting was to take place) that the benefit recipient would be receiving a benefit and was seeking employment with the public employer; and

2. Between 15 and 30 days before the employment as a re-employed benefit recipient commenced, the public employer held a public meeting on the issue of the benefit recipient being employed by the public employer.

Signature of Fiscal Officer Reporting to  
OPERS \_\_\_\_\_

Do not print or type

Today's Date \_\_\_\_\_

Fiscal Officer Reporting to OPERS First Name

MI Last Name

Title

Work Phone Number

## Section 5 - Benefit Recipient Acknowledgment

I have read this notice and acknowledge the information provided is correct to the best of my knowledge. I acknowledge that if I am receiving a monthly disability benefit from OPERS, **my disability benefits will terminate upon my returning to public employment.**

Benefit Recipient's  
Signature \_\_\_\_\_

Do not print or type

Today's Date \_\_\_\_\_



**Ohio Public Employees Retirement System**

277 East Town Street, Columbus, Ohio 43215-4642

1-800-222-PERS (7377) [www.opers.org](http://www.opers.org)