



This form must be submitted to OPERS within the first month (30 days) 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).

**This form will not be accepted and/or processed if:**

- The form is not signed by the student or the student signature is altered (whited out, crossed out, written over)
- The form is not signed by the employer contact with signature authority
- The signature date in Step 1 is altered (whited out, crossed out, written over) or not within 30 days of the employment date
- The employment date in Step 2 is altered (whited out, crossed out, written over) or not within 30 days of the signature date
- Social Security number or Employee ID is not provided
- Student signature is in electronic format. Student signature must be handwritten
- The information on the form is inaccurate or if the information is submitted inaccurately

Please print legibly keeping input within the form entry box (one character per box) or bullet.

Fill in entry boxes like this:

**If you need additional help:**

If you have questions, visit [www.OPERS.org](http://www.OPERS.org) or contact us at 1-800-222-7377.

**NOTE: Please review the benefits of membership in the Ohio Public Employees Retirement System. Understand exemption is optional and must be completed by the student, of their own free will. Information regarding the benefits of membership can be found at [www.OPERS.org](http://www.OPERS.org) or call 1-800-222-7377 to speak with a member services representative.**

**STEP 1:  
Personal Information and Student Acknowledgment**

The information requested in this step is required and must be completed accurately and without alterations. If you do not have a Social Security number (SSN), contact your payroll officer to obtain a temporary SSN or Employee ID number. Either a SSN or Employee ID number is required.

You must sign this form within 30 days of your employment date.

**STEP 2:  
Employer Authorization**

An employer contact with signature authority must sign and date the form and indicate the employment date. The employment date must be completed accurately and without alterations.



# REQUEST FOR: OPTIONAL EXEMPTION AS A STUDENT

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

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

## STEP 1: Personal Information and Student *(to be completed by student)*

Social Security Number

Daytime Phone Number

Employee ID Number \_\_\_\_\_

First Name

Last Name

E-mail Address

Name of School, College or University

T H E O H I O S T A T E U N I V E R S I T Y

I have reviewed this form and I choose an optional exemption from membership in OPERS as a student working at the public school, college or university where I attend. I understand I must become a member of OPERS if my employment does not meet the proper requirements. I have made this election within 30 days of my employment date.

Today's Date

Month Day Year

Student Signature \_\_\_\_\_

Do not print or type name

## STEP 2: Employer Authorization *(to be completed by employer contact with signature authority)*

I MARY ELLIS \_\_\_\_\_ certify this employee is a student  
Employer contact with signature authority

enrolled 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, provided the student meets all required criteria, 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.

Employee Employment Date

Today's Date

Month Day Year

Employer Contact Signature \_\_\_\_\_

Do not print or type name

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

Date Rec'd Stamp

"APPROVED" Stamp