



# NOTICE OF RE-EMPLOYMENT: OPERS BENEFIT RECIPIENT

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

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



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. This form is required regardless of length of employment or whether contributions will be remitted to OPERS.

## STEP 1: Benefit Recipient's Personal Information

Social Security Number

Date of Birth

First Name

MI

Last Name

Address

City

State

ZIP Code

## STEP 2: Employment Information

Select the appropriate category below for this benefit recipient. (Mark only one.) Contact Employer Services at 1-888-400-0965 if you are unsure whether the benefit recipient's compensation meets the definition of earnable salary.

Beginning date of re-employment:

 /  / 

Contributions will be withheld and remitted:  **Yes**  **No**

Title

- 1. A benefit recipient hired as an employee.
- 2. A benefit recipient hired under a personal service contract as an independent contractor.
- 3. A benefit recipient 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.
- 4. A retired judge assigned to active duty by the Chief Justice of the Ohio Supreme Court. Please forward a copy of the assignment papers.
- 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 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
  - b. 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.

**STEP 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. Federal law prohibits re-employed retirees from being covered by the OPERS health care plan as secondary when enrolled in an employer’s high-deductible health plan. 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.

The OPERS Health Reimbursement Arrangement prohibits Medicare-eligible, re-employed retirees from being eligible for a monthly deposit into the HRA or reimbursement of any medical expenses incurred by the retiree or dependents during the re-employment period.

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**

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

\_\_\_\_—\_\_\_\_—\_\_\_\_



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