



NOTICE OF RIGHT AND REQUEST FOR: DETERMINATION FOR OPERS MEMBERSHIP

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

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

STEP 1: Notice of Right to Request a Determination for OPERS Membership

You have been identified as an individual who provided personal services to a public employer prior to Jan. 7, 2013. You were classified as an independent contractor or another classification, other than a public employee, and no contributions were made to OPERS on your behalf for these services. Ohio law requires that the public employer provide you with this notice of your right to a request a determination as to whether you should have been classified as a public employee for these services.

You have the option of requesting that OPERS determine whether you should have been classified as a public employee. If you want to exercise that option, please complete the information below and return this form to OPERS at 277 E. Town Street, Columbus, OH 43215. Ohio law provides that a request for determination must be made within one year from Jan. 7, 2013. **No requests for determinations for personal services provided prior to Jan. 7, 2013 will be accepted after Jan. 7, 2014, unless you are able to demonstrate through medical records to the Board's satisfaction that you were physically or mentally unable to do so at the time the one-year period ended.**

Upon receipt of a properly completed form, OPERS will begin its review and may request additional information from you and/or the public employer prior to making a determination.

STEP 2: Request for Determination

Personal Information

First Name	MI	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Address

City	ZIP or Postal Code
<input type="text"/>	<input type="text"/>

State or Province	Country
<input type="text"/>	<input type="text"/>

STEP 2: Request for Determination (continued)

Request for Determination

I am requesting that OPERS issue a determination as to my eligibility for OPERS membership for services I provided to the following public employer:

Name of Public Employer

County

Job Title/Position Held with Public Employer

Start Date of Services

End Date of Services

Signature _____

Do not print or type name

Today's Date _____

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