



Ohio Public Employees Retirement System

277 East Town Street, Columbus, Ohio 43215-4642

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



Early Retirement Incentive Plan Employee and Employer's Agreement

- Submit this Agreement to OPERS no later than 45 days before the employee's effective benefit date or the termination date of the plan, whichever is earlier, to avoid processing delays and late payment to OPERS.
- If any of the dates in Section 3 - ERI Plan Information change after this Agreement is filed with OPERS, a new Agreement must be submitted. If you have already been billed, the cost may change. OPERS will send you a revised cost, if applicable.

Section 1 - Employee Information

Social Security Number	Date of Birth	
<input type="text"/>	Month	Day
<input type="text"/>	<input type="text"/>	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	MI	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Street or Mailing Address		Apt. Number
<input type="text"/>		<input type="text"/>
City	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Phone Number	Work Phone Number	Cell Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
E-mail Address		
<input type="text"/>		
Is the employee also a member of State Teachers Retirement System?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the employee also a member of School Employees Retirement System?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Section 2 - Employer Information

Employing Unit	Employer Code	
<input type="text"/>	<input type="text"/>	
Subordinate Employing Unit (if applicable)		
<input type="text"/>		
Fiscal Officer Reporting to OPERS First Name	MI	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Section 3 - ERI Plan Information

Employee's last day of employment

Month	Day	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

This date must be the last day for which compensation was paid to the employee and must not be prior to the signature date.

Payment to be made either in one payment or by a first installment on

Month	Day	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

This date must be the last day of the month before the employee's benefit effective date or the termination date of the plan, whichever is earlier.

Employee's effective benefit date

Month	Day	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

This date must be the first day of a month and the employee must not receive compensation for service on or after this date.

The maximum amount of service purchasable for each eligible employee is . years

Section 4 - Employee and Employer's Agreement

The undersigned agree that the employee listed in Section 1 of this Agreement is eligible to retire with an age and service retirement benefit from OPERS, or will qualify to retire with the purchase of service credit under the retirement incentive plan adopted per Section 145.297 or 145.298, Ohio Revised Code.

Further, it is agreed that the employer will make payment and the employee will retire on the specified dates as indicated in Section 3.

The employee understands that if he/she dies prior to his/her effective benefit date, then this Agreement is cancelled. The employee authorizes release of necessary account information by OPERS to the employer in connection with the retirement incentive plan.

The employer requests certification of the total cost of purchasing service credit for the above-named employee under its retirement incentive plan which provides for a maximum amount of service purchasable as indicated in Section 3. By signing this Agreement, the employer accepts liability for the service credit to be purchased and the employee agrees to retire.

Employee Signature _____

Today's Date		
Month	Day	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Do not print or type name

Fiscal Officer Reporting to OPERS Signature _____

Today's Date		
Month	Day	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Do not print or type name

Subordinate Signature (if applicable) _____

Today's Date		
Month	Day	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Do not print or type name