



OHIO PUBLIC EMPLOYEES RETIREMENT SYSTEM
277 East Town Street • Columbus, Ohio 43215-4642

Retirement Incentive Plan EMPLOYEE AND EMPLOYER'S AGREEMENT

The undersigned agree that _____
Employee's Name
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 our retirement incentive plan adopted per Section 145.297 or 145.298, Ohio Revised Code.

Further, it is agreed that the employer will make payment, either in one payment or by a first installment payment on _____. *(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.)*
Month/Day/Year

The employee's benefit effective date is _____. *(This date must be the first day of a month and the employee must not receive compensation for service on or after this date.)*
Month/Day/Year

The employee agrees to retire no later than 90 days after receiving notice from OPERS that the service credit being purchased by the employer has been granted. If the employee's benefit effective date is not within the 90-day period, the service credit will be forfeited and the retirement system will refund the amount paid for the service credit to the employer.

The employee understands that if he/she dies prior to his/her benefit effective 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 of _____ years. By signing this Agreement, the employer accepts liability for the service credit to be purchased, even if the Agreement is not submitted to OPERS within 45 days before the earlier of the employee's benefit effective date or the termination date of the plan.

Please turn page to complete Agreement

The employee also is a member of: *[Mark applicable box(es)]*

- State Teachers Retirement System
 School Employees Retirement System

Fiscal Officer's Signature/Title	Employee's Signature
Countersignature (if necessary)	Social Security Number
Employing Unit	Street Address
Employer Code	City/State/Zip
(Area Code) Telephone Number	(Area Code) Home Telephone Number <i>(Optional)</i>
(Area Code) Fax Number	(Area Code) Work Telephone Number <i>(Optional)</i>
E-mail Address	(Area Code) Fax Number <i>(Optional)</i>
Date	E-mail Address <i>(Optional)</i>
	Date

INSTRUCTIONS

- This form should be submitted to OPERS no later than 45 days before the employee's benefit effective date or the termination date of your plan, whichever is earlier.
- If the benefit effective date or the date of payment is changed after this Agreement is filed with OPERS, then a new Agreement must be submitted, unless public service has terminated.
- The employee must submit proof of date of birth with this Agreement. In the event of a change of name, the employee should submit supporting documentation, such as a marriage certificate or court order, which shows the change.