

277 East Town Street, Columbus, Ohio 43215-4642

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

## Request for Optional Exemption as a Student

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

## Section 1 - Personal Information

Social Security Number

Date Of Birth Month Day Year

**First Name** 

Last Name М

## Section 2 - Employment Information/Acknowledgment

Department

Title or position

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 that I must become a member of OPERS if my employment does not meet the requirements stated on this form.

Student Signature\_

DO NOT PRINT OR TYPE

Month

Day

Year

Section 3 - Employer Certification					
	Month	Day	Year		
Date the student began working in this position for this college/university					
l, Payroll or Fiscal Officer's printed name	certify	y this ei	mployee	is a stu	Ident enrolled
and attending this school. I understand if this request is approved by OF returned to this school. After the school receives the approved exemption salary. Membership shall be established if this exemption is not approve of Ohio Revised Code Section 145.03.	on, no deducti	ions wil	l be take	n from	the student's
			Month	Day	Year
Payroll or Fiscal Officer Signature					
DO NOT PRINT OR TYPE					
Name of school, college, or university					

## WHEN APPROVED BY OPERS AND RETURNED, THIS BECOMES THE PERMANENT EMPLOYER COPY. DO NOT DESTROY. THIS IS THE ONLY COPY OF THIS EXEMPTION.

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