

# 17<sup>th</sup> Annual Local Government Officials' Conference

*OPERS Updates for Fiscal  
Officers/Village Clerks*

March 24, 2016

**Laura Norman**  
**Senior Employer Compliance Specialist**  
**OPERS Employer Services**



# Agenda

- Re-employed Retirees
- Denied In-term Salary
- Earnable Salary
- Non-Contributing List
- ECS Enhancements

# Who is a Re-employed Retiree?

- A re-employed retiree is a retiree who receives an OPERS pension and also works for an OPERS-covered employer, regardless of whether contributions will be remitted to OPERS.
- Facts At-A-Glance:
  - Currently there are 203,112 OPERS retirees
    - 11,192 are re-employed (approximately 5.5 percent)
- Examples of re-employed retirees:
  - Full-time and part-time workers
  - Intermittent/seasonal/casual workers
    - Library substitutes, parks and recreation positions, holiday positions

# ***What is the role of the public employer?***

- Encourage the worker to contact OPERS to review any potential impact on pension benefit or health care.
- Notify OPERS when hiring an individual as:
  - an employee
  - under a personal services contract
  - as an independent contractor
  - regardless of whether retirement contributions will be remitted to OPERS
  - regardless of length of time individual will be employed and/or providing services
- How do you notify OPERS?
  - Submit enhanced Form A (*Personal History Record*) within ECS which includes the SR-6/SR-6E (*Notice of Re-employment of an OPERS Benefit*) additional questions

# ***What is the role of the public employer?***

- Notify OPERS when re-employed retirees terminate public employment (regardless of whether retirement contributions were remitted).
  - For re-employed retirees that have contributions being remitted:
    - Add PPE (pay period end) code of Q in ECS
  - For re-employed retirees that do not have contributions being remitted:
    - Submit form Term-MP (*Employer Certification Of Termination Of Employment OF An OPERS Benefit Recipient*)
- Enhancements to [ECS](#)

# Denied Salary

- ORC 145.2916
  - Elected officials whose salary is increased during a term of office and who are not eligible to receive the additional salary due to constitutional provisions may make additional contributions to OPERS.
  - Additional contributions will be based on the amount the official and the employer would have contributed had the salary increase been received.

# Denied Salary

- The elected official making the election must contribute both the member and employer contributions.
- The employer must withhold beginning with the period the elected official elected to participate in denied salary and transmit it to the retirement system.
- The election cannot be retroactive.

# Denied Salary

- Denied in-term increase:
  - does not count toward health care service credit
  - cannot be used to make an elected official eligible to purchase 35% additional credit
  - is used in the calculation of final average salary (FAS) for retirement benefit

# Denied Salary

- Employer must submit the *Certification of Denied In-term Salary Increase* (form CSH-6)
- Employer must certify:
  - current salary
  - actual denied increase
  - effective date of increase
- Contributions reported on *Report of Retirement Deduction of Denied In-term Salary* (form 4710-d)
  - OPERS will provide form to employer

# Earnable Salary



# Earnable Salary

Generally, all salary, wages and other earnings (with some exceptions) paid to a contributor by reason of employment in a position covered by the retirement system. The salary, wages and other earnings shall be determined prior to determination of the amount required to be contributed to the employee's savings fund under section 145.47 of the Ohio Revised Code.

# Earnable Salary Examples

- Salary and wages
- Overtime paid in the year earned
- Payments made during active employment for vacation, sick or personal leave used
- Longevity pay
- One-time, lump sum or periodic bonus payments based on basic rate of pay
- Payments made assuming on-call or stand-by responsibility

# Earnable Salary Examples

- Awards of back wages to employees or retirees who have been reinstated to their position based on an arbitration award, personnel board of review or court order.
- Payments made for the conversion of sick leave, personal leave and vacation leave accrued, but not used, if the payment is made during the year it was accrued, as part of an OPERS-approved annual conversion program.

# **NOT Earnable Salary Examples**

- Incidental benefit
- Reimbursements or allowances for job-related expenses, including: moving, travel and education.
- Residency bonuses
- Lump sum payments made at termination for:
  - accrued vacation, sick or personal leave

# **NOT Earnable Salary Examples**

- Amounts paid to provide, or amounts in lieu of insurance for:
  - life, sickness, health, medical, dental or hospital insurance
- Amounts paid under an agreement to retire
- Pay differential amounts between an employee's civilian pay and military pay while the employee is on active duty in the armed forces

# **NOT Earnable Salary Examples**

- Fees and commissions including but not limited to, amounts paid to individuals who serve on a fee basis or compensation on a per page, per meeting, per inspection, or per emergency response event
- One-time, lump sum or periodic bonus payments NOT based on the employee's basic rate of pay

# **NOT Earnable Salary Examples**

- Amounts paid for additional assignments that are over and above services for which the employee receives a salary.
- Severance pay

# Non-Contributing List

Ohio Public Employees Retirement System  
OPERS

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## Data Entry: Enter Report

To complete this report, please enter the employment information for each employee/contractor in the appropriate field. To add employees to the report, click the "Add Employees" button and complete the information on the pop-up screen. Please do not click "Submit Report for Verification" until you have finished filling in all pages of the report.

If you are entering a large report, please save your report frequently to prevent loss of data.

**WARNING: Your report session will expire in the next 30 minutes. Please save your report frequently to avoid loss of data.**

Current Step: Enter Report Next Step: Verify Report

**OhioPERS Employer-05 - 999500**

Employer Code:	Employer Name:	Calendar Year:
999500	OhioPERS Employer-05	2015

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Name	SSN/ID	Status	Service Begin MM/DD/YYYY	Service End MM/DD/YYYY	Gross Earnings	Position Title
<a href="#">ADAMS, NORA H</a>	776551133	I	05/01/2015	07/31/2015	2,500.00	NETWORK DESIGNER

1 - 1 of 1 Records [Previous Page](#) Page 1 of 1 [Go](#) [Next Page](#)

[Save](#) [Add Employee/Contractor](#) [Submit Report for Verification](#)

# What is a Non-Contributing List?

- All public employers are required to submit annually a complete list of all non-contributing appointive employees; and
- All public employers are required to submit annually a list of individuals who, in the prior year, provided services to the employer and were classified as an independent contractor or any other classification other than a public employee, or who did not receive earnable salary.

# Non-Contributing List

- Non-contributing list(s) are due by Jan. 31 of each year.
- List should reflect the prior year's information.
  - Employers who submit their contribution reports on ECS will be required to submit the non-contributing list on ECS.
  - Employers who submit their contribution reports on paper will be required to submit the non-contributing list on a paper form.
    - Form NCL available at [www.opers.org](http://www.opers.org)

# Non-Contributing List

- What will be included on the list:
  - Employee/worker's Social Security number
  - Employee/worker's name
  - Status
    - example: elected official, independent contractor
  - Date range the worker/employee worked during the previous year
  - Job title
  - Employee/worker's annual salary



# Ohio Public Employees Retirement System

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- Regular and Supplemental
- Service Purchase
- Non-Contributing**
- View Reports

## Create an Annual Non-Contributing Report

### Data Entry

[Annual Non-Contributing Report](#)  
Create an annual Non-Contributing report for the entered time period.

### File Transfer

[Transfer a file](#)  
Transfer a report file that follows OPERS format for the Annual Non-Contributing report.



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## Data Entry: Enter Calendar Year

Please enter a calendar year for which you would like to generate a report.

Current Step: Enter Calendar Year Next Step: Enter Report

### 999500 - OhioPERS Employer-05

Employer Code: **999500**  
Calendar Year: 12/31/   
Report Type: **Non-Contributing**

[Continue](#)



# Ohio Public Employees Retirement System

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## Data Entry: Enter Report

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Current Step: Enter Report

Next Step: Verify Report

### OhioPERS Employer-05 - 999500

Employer Code: 999500	Employer Name: OhioPERS Employer-05	Calendar Year: 2015
--------------------------	--	------------------------

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Name	SSN/ID	Status	Service Begin MM/DD/YYYY	Service End MM/DD/YYYY	Gross Earnings	Position Title
<a href="#">ADAMS, NORA H</a>	776551133	I	05/01/2015	07/31/2015	2,500.00	NETWORK DESIGNER

1 - 1 of 1 Records

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Save

Add Employee/Contractor

Submit Report for Verification

# ECS Enhancements

- **SSN Look Up:**
  - Allows employers to determine if an employee is an OPERS Benefit Recipient
- **Enhanced Personal History Record (Form A)**
  - Allows employers to submit Notice of Re-employment for an OPERS Benefit Recipient
- **Term-MP:**
  - Allows employers to submit notice of termination for a non-contributing re-employed retiree



# Ohio Public Employees Retirement System

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## Welcome LAURA G. NORMAN

### ECS Tip: Quarterly GASB Contributions Report

The Quarterly GASB Contributions Report is now available to be viewed in ECS. To access this report, go to the Main Menu screen and select GASB Reports. The next screen will display the Quarterly GASB Reports tab. Select this tab and you will be able to view the information in an Excel spreadsheet covering January through September.

Please submit any questions you have concerning this information by accessing "OPERS GASB Inquiry" at the following link <https://www.opers.org/employers/GASB/index.shtml>.

#### Recent Activity

<b>Message Center</b>	
	<b>Unread Messages</b> <u>5</u>
	<b>Other Messages</b> <u>0</u>
<b>Pending Requests</b>	
<b>Certification of Final Payroll</b>	<u>4</u>
<b>Clarifications</b>	
<b>Rejected Large Earnings</b>	<u>2</u>
<b>Large Earnings Inquiries</b>	<u>4</u>
<b>Search by Employee</b>	<u>6</u>
<b>Reporting</b>	
<b>Last Submission Date</b>	02/01/2012
<b>Payments</b>	
<b>Last Payment Date</b>	N/A
<b>Last Payment Amount</b>	N/A
<b>Returned Payments</b>	0



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## Online Forms

### Create a New Form

#### Data Entry

[Alternative Retirement Plan \(ARP-2\)](#)  
(Colleges and Universities only)

[Personal History Record \(Form A\)](#)

[Term-MP](#)

#### Transfer a File

[Transfer a Form](#)

Transfer a form you have already created and saved as a file on your PC that follows the OPERS format.

### View a Form

[Saved Form List](#)

View forms you have previously saved and finish preparing them for submission.

[Submitted Form List](#)

View the history of forms submitted to OPERS through this website.

### Search SSN

[SSN Look Up](#)

Determine if an employee is an OPERS Benefit Recipient.



## SSN Look Up

Enter a Social Security Number to look up an employee.

SSN:  -  -



# Ohio Public Employees Retirement System

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## SSN Look Up Result

**An electronic Personal History Record (Form A) should be submitted for this Benefit Recipient. Employers are required to submit a Form A for each new period of re-employment.**

## SSN Look Up Result

**This member is not an OPERS Benefit Recipient.**

[Search](#) [Done](#)



## SSN Look Up Result

**No match found for the specified search. An electronic Personal History Record (Form A) should be submitted for this individual.**

Search Done



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## Online Forms

### Create a New Form

#### Data Entry

[Alternative Retirement Plan \(ARP-2\)](#)  
(Colleges and Universities only)

[Personal History Record \(Form A\)](#)

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[Submitted Form List](#)

View the history of forms submitted to OPERS through this website.

### Search SSN

[SSN Look Up](#)

Determine if an employee is an OPERS Benefit Recipient.

data.



Current Step: Enter Form

Next Step: Verify Form

### OhioPERS Employer-05 - 999500

Please enter the following information to add an employee to this form (**BOLD** indicates a required field).

#### Employee Information

**First Name**  **Middle Initial**  **Last Name**  **Suffix**  **SSN**  -  -

**Gender**  
 Male  Female

**Date of Birth** (mm/dd/yyyy)  /  /

**Salary Begin Date** (mm/dd/yyyy)  /  /

**Is this a law enforcement position?**  
 Yes  No  Full Time  Part Time

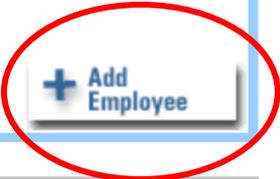
**Is this an elected official position?**  
 Yes  No

**Does this position require Fire Fighter training?**   
 Yes  No

**Street Address Line 1**  **Street Address Line 2**  **Street Address Line 3**

US Address  
 Non-US Address

**City**  **State**  **Zip Code**  -



0 Records

Name	SSN	Gender	Date of Birth	Salary Begin Date	Law Enforcement Position	Elected Official Position	Fire Fighter	Employee Address
------	-----	--------	---------------	-------------------	--------------------------	---------------------------	--------------	------------------

There are no employees in this form

### Employee Information

First Name  Middle Initial  Last Name  Suffix  SSN  -  -

**Gender**  
 Male  Female

**Date of Birth** (mm/dd/yyyy)  /  /

**Salary Begin Date** (mm/dd/yyyy)  /  /

**Is this a law enforcement position?**  
 Yes  No  Full Time  Part Time

**Is this an elected official position?**  
 Yes  No

**Does this position require Fire Fighter training?**   
 Yes  No

**Street Address Line 1**  **Street Address Line 2**  **Street Address Line 3**

US Address  
 Non-US Address

**City**  **State**  **Zip Code**  -



1 Record

Name	SSN	Gender	Date of Birth	Salary Begin Date	Law Enforcement Position	Elected Official Position	Fire Fighter	Employee Address
------	-----	--------	---------------	-------------------	--------------------------	---------------------------	--------------	------------------

<a href="#">BURNS, PATRICK</a>	888-02-1119	Male	01/31/1949	03/01/2016	No	No	No	123 MAIN ST COLUMBUS, OH 43215
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Name	SSN	Gender	Date of Birth	Salary Begin Date	Law Enforcement Position	Elected Official Position	Fire Fighter	Employee Address
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1 Record





# Ohio Public Employees Retirement System

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## Verify Form: Form A

Listed below is a summary of information you entered for this form. If the information is correct, click on the "Submit to OPERS" button to complete the submission process. Your form will not be submitted to OPERS until you complete this step.

By clicking the "Submit to OPERS" button, you are certifying you understand OPERS contributions are not permitted on compensation that is not earnable salary, including but not limited to, payments made on a fee basis or compensation on a per page, per meeting, per inspection or per emergency response event. You are certifying that the compensation paid to this individual is earnable salary, that OPERS retirement contributions are deducted on the salary begin date indicated and the statements set forth are true and accurate as disclosed by employer records.

If you wish to change any information on the form, click the "Back to form " button to make your updates. If you have submitted information for an OPERS Benefit Recipient, the employee's name will appear below under "Additional verification required". Please click the "Add'l Data" button to provide the required information.

If you are entering additional information for a large amount of employees, please save your form frequently to prevent loss of data.

**WARNING: Your form session will expire in the next 30 minutes. Please save your form frequently to avoid loss of data.**

 [Save](#) [Back to Form](#) [Submit to OPERS](#)

Current Step: Verify Form Next Step: Confirm Form

### OhioPERS Employer-05 - 999500

#### Additional Verification Required

Name	SSN	Date of Birth	Salary Begin Date	Verify
BURNS, PATRICK	888-02-1119	01/31/1949	03/01/2016	<a href="#">Add'l Data</a>
Name	SSN	Date of Birth	Salary Begin Date	Verify





## Enter Additional Information for Form A

### Notice of Re-employment of an OPERS Benefit Recipient

When hiring an age and service retirement or disability benefit recipient for employment, such employment must be reported with the following accompanying information 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, notify the OPERS Employer Call Center at 1-888-400-0965 immediately to prevent an overpayment of benefits.

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

**WARNING: Your form session will expire in the next 30 minutes. Please save your form frequently to avoid loss of data.**

Cancel Done

Current Step: Enter Additional Info

Next Step: Verify Form

### OhioPERS Employer-05 - 999500

Name	SSN	Gender	Date of Birth	Salary Begin Date	Law Enforcement Position	Elected Official Position	Fire Fighter	Employee Address
BURNS, PATRICK	888-02-1119	Male	01/31/1949	03/01/2016	No	No	No	123 MAIN ST COLUMBUS, OH 43215

Please enter the following additional information for this employee.

### Employment Information

Will contributions be withheld and remitted?

- Yes
- No

Select the appropriate category below for this benefit recipient. (Mark only one.)

1. An age and service retiree. These individuals are eligible to receive compensation for the re-employment period, receive

Please enter the following additional information for this employee.

### Employment Information

#### Will contributions be withheld and remitted?

- Yes
- No

#### Select the appropriate category below for this benefit recipient. (Mark only one.)

- 1. An age and service retiree.** These individuals are eligible to receive compensation for the re-employment period, receive their retirement allowance, and make contributions toward a Money Purchase Annuity benefit. If paid in a manner that meets the definition of earnable salary, OPERS contributions must begin with the first date of service. If re-employment occurs less than two months after the retirement allowance commences, the entire retirement benefit will be forfeited during these two months.
- 2. An age and service retiree hired under a personal service contract as an independent contractor.** OPERS contributions are not remitted on this service. If entering into a contract to provide services as an independent contractor to the same employer from which this individual was retired, or to any employer if less that two months after the retirement allowance commences, the pension portion of the benefit will be forfeited during the period of the contract. The annuity portion of the benefit is suspended and will be paid in a lump sum upon termination of the contract.
- 3. An age and service retiree 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.** If paid in a manner that meets the definition of earnable salary, OPERS contributions must begin with the first date of service. Retirement benefits will not be forfeited for the two months following retirement.
- 4. An OPERS disability benefit recipient returning to public service.** If paid in a manner that meets the definition of earnable salary, OPERS contributions must begin with the first date of service. Disability benefits may be terminated.
- 5. A retired judge assigned to active duty by the Chief Justice of the Ohio Supreme Court.** Include a copy of the assignment papers. If paid in a manner that meets the definition of earnable salary, OPERS contributions must begin with the first date of service. Retirement benefits will not be forfeited for the two months following retirement.
- 6. An age and service retiree 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.** If re-employment occurs less than two months after the retirement allowance commences, the entire retirement benefit will be forfeited during these two months. **I certify that the following two conditions have been met:**
  - 1.** 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
  - 2.** 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.

#### 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

**by the governor with the advice and consent of the Senate.** If paid in a manner that meets the definition of earnable salary, OPERS contributions must begin with the first date of service. Retirement benefits will not be forfeited for the two months following retirement.

- 4. An OPERS disability benefit recipient returning to public service.** If paid in a manner that meets the definition of earnable salary, OPERS contributions must begin with the first date of service. Disability benefits may be terminated.
- 5. A retired judge assigned to active duty by the Chief Justice of the Ohio Supreme Court.** Include a copy of the assignment papers. If paid in a manner that meets the definition of earnable salary, OPERS contributions must begin with the first date of service. Retirement benefits will not be forfeited for the two months following retirement.
- 6. An age and service retiree 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.** If re-employment occurs less than two months after the retirement allowance commences, the entire retirement benefit will be forfeited during these two months. **I certify that the following two conditions have been met:**
  - 1.** 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
  - 2.** 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.

**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 (HDHS).

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 (HRA) 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 If "yes," when will this coverage first become available? (mm/dd/yyyy)  /  /

No

Cancel Done



# Ohio Public Employees Retirement System

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## Verify Form: Form A

Listed below is a summary of information you entered for this form. If the information is correct, click on the "Submit to OPERS" button to complete the submission process. Your form will not be submitted to OPERS until you complete this step.

By clicking the "Submit to OPERS" button, you are certifying you understand OPERS contributions are not permitted on compensation that is not earnable salary, including but not limited to, payments made on a fee basis or compensation on a per page, per meeting, per inspection or per emergency response event. You are certifying that the compensation paid to this individual is earnable salary, that OPERS retirement contributions are deducted on the salary begin date indicated and the statements set forth are true and accurate as disclosed by employer records.

If you wish to change any information on the form, click the "Back to form" button to make your updates.  
If you have submitted information for an OPERS Benefit Recipient, the employee's name will appear below under "Additional verification required". Please click the "Add'l Data" button to provide the required information.

If you are entering additional information for a large amount of employees, please save your form frequently to prevent loss of data.

**WARNING: Your form session will expire in the next 30 minutes. Please save your form frequently to avoid loss of data.**

 Save [Back to Form](#) [Submit to OPERS](#)

Current Step: Verify Form

Next Step: Confirm Form

OhioPERS Employer-05 - 999500				
Additional Verification Required				
Name	SSN	Date of Birth	Salary Begin Date	Verify
BURNS, PATRICK	888-02-1119	01/31/1949	03/01/2016	<a href="#">Edit Add'l Data</a>
Name	SSN	Date of Birth	Salary Begin Date	Verify



## Submitted Form: Form A

If this form contains information for any OPERS Benefit Recipients, their records will contain additional information not displayed here. These records will have "Yes" in the "Has Add'l Data" column. To view and print this additional information you must print the record(s) individually by selecting the "Print" button to the right of each record.

**Your FORM-A form has successfully been submitted to OPERS!**

[Print List](#) [Done](#)

Final Step: Confirm Form

### OhioPERS Employer-05 - 999500

1 Record

Name	SSN	Gender	Date of Birth	Salary Begin Date	Law Enforcement Position	Elected Official Position	Fire Fighter	Employee Address	Has Add'l Data
BURNS, PATRICK	888-02-1119	Male	01/31/1949	03/01/2016	No	No	No	123 MAIN ST COLUMBUS, OH 43215	Yes
Name	SSN	Gender	Date of Birth	Salary Begin Date	Law Enforcement Position	Elected Official Position	Fire Fighter	Employee Address	Has Add'l Data



1 Record

**Reporting Method: Data Entry**  
**Form Type: FORM-A**  
**Last Change Date/Time: 02/02/16 11:06 AM**  
**Last Change By: NORMAN, LAURA G**



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## Online Forms

### Create a New Form

#### Data Entry

[Alternative Retirement Plan \(ARP-2\)](#)  
(Colleges and Universities only)

[Personal History Record \(Form A\)](#)

[Term-MP](#)

#### Transfer a File

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View the history of forms submitted to OPERS through this website.

### Search SSN

[SSN Look Up](#)

Determine if an employee is an OPERS Benefit Recipient.

 **Ohio Public Employees Retirement System**

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## Term-MP: Employee Search

Enter a Social Security Number to create and submit a Term-MP electronic form for a non-contributing employee that has terminated service. For contributing employees, please provide a PPE code of Q on the employee's final report of retirement contributions, or access PPE Code Management to add a PPE of Q to a contribution that has already been submitted.

SSN:  -  -



### Enter Data: Term-MP

To complete this form, please enter the information in the required fields listed below. Click on the "Continue for Verification" button to review and submit the form.

Current Step: Enter Form Next Step: Verify Form

**OhioPERS Employer-05 - 999500**

**SSN:** 888-48-3112

**First Name:**

Middle Initial:

**Last Name:**

Suffix:

**Term Date:**  /  /  (mm/dd/yyyy)





## Verify Form: Term-MP

Listed below is a summary of information you entered for this form. If the information is correct, click on the "Submit to OPERS" button to complete the submission process. Your form will not be submitted to OPERS until you complete this step.

If you wish to change any information on the form, click the "Back" button to make your updates.

Back Submit to OPERS

Current Step: Verify Form

Next Step: Confirm Form

### OhioPERS Employer-05 - 999500

**SSN:** 888-48-3112

**First Name:** Liz

Middle Initial:

**Last Name:** Johnson

Suffix:

**Term Date:** 4/30/2016

**Reporting Method:** Data Entry

**Form Type:** Term-MP

**Last Change Date:** 02/02/16 11:11 AM

**Last Change By:** testuser05

Back Submit to OPERS





# Ohio Public Employees Retirement System

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Employer Website @ Update Email Address

## Welcome LAURA G. NORMAN

### ECS Tip: Quarterly GASB Contributions Report

The Quarterly GASB Contributions Report is now available to be viewed in ECS. To access this report, go to the Main Menu screen and select GASB Reports. The next screen will display the Quarterly GASB Reports tab. Select this tab and you will be able to view the information in an Excel spreadsheet covering January through September.

Please submit any questions you have concerning this information by accessing "OPERS GASB Inquiry" at the following link <https://www.opers.org/employers/GASB/index.shtml>.

### Recent Activity

<b>Message Center</b>	
	<b>Unread Messages</b> <u>5</u>
	<b>Other Messages</b> <u>0</u>
<b>Pending Requests</b>	
	<b>Certification of Final Payroll</b> <u>4</u>
<b>Clarifications</b>	
	<b>Rejected Large Earnings</b> <u>2</u>
	<b>Large Earnings Inquiries</b> <u>4</u>
	<b>Search by Employee</b> <u>6</u>
<b>Reporting</b>	
	<b>Last Submission Date</b> 02/01/2012
<b>Payments</b>	
	<b>Last Payment Date</b> N/A
	<b>Last Payment Amount</b> N/A
	<b>Returned Payments</b> 0

# Ohio Public Employees Retirement System

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## Create a Regular or Supplemental Report

Regular And Supplemental   Service Purchase   Non-Contributing   View Reports

### Data Entry

#### Regular

Create a report by entering data into the online form.

#### Blank Regular

Start from scratch and enter all report data into the online form.

#### Supplemental - One Employee

Create a supplemental report for one employee. Multiple reporting periods can be submitted using this option.

#### Supplemental - Multiple Employees

Create a supplemental report for multiple employees for a single reporting period.

#### Blank Supplemental

Start from scratch and enter all supplemental report data into the online form.

### File Transfer

#### Transfer a file

Transfer a regular or supplemental report file that follows OPERS format.

### Manage Regular Reports

#### Large Earnings Inquiries

Review Large Earnings Inquiries by reporting period.

#### Large Earnings Inquiries by Employee

Review Large Earnings Inquiries by employee, searchable by SSN.

#### Pay Period End Code Management

Review or change PPE codes and/or dates for employees after reports have been submitted.

### Certification of Final Payroll

#### Pending Request List

Respond to requests from OPERS for

#### Submitted Request List

Review or change your response to submitted



# Ohio Public Employees Retirement System

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## Pay Period End Code Management: Find Employee

Enter a Social Security Number to search for the employee you wish to edit.

SSN:  -  -

The information contained on this screen is the most current pay period end code and date reported for this employee as it was reported on a **Regular Report of Retirement Contributions**. To update this employee's information, please check the "Incorrect Code" checkbox and provide the updated information.

Changes made to the Pay Period End Code will be effective immediately. Reports dependent upon these changes can be submitted the same day.

Changes made to the Pay Period End Date will be effective on the next business day. Reports dependent upon these changes cannot be submitted until the next business day.

**Pay Period Begin(PPB) and Pay Period End(PPE) Code Valid Combinations**

SSN	Name	Frequency
888-58-4111	ROBERT D JONES	4: Monthly

Submitted in Contribution Report	Last changed as of N/A
<p>Pay Period Begin Code:</p> <p>Pay Period Begin Date: 06/01/2015</p> <p>Pay Period End Code: N/A</p> <p>Pay Period End Date: 06/30/2015</p>	<p>Pay Period End Code: N/A</p> <p>Pay Period End Date: N/A</p> <p>Additional Pay Period End Code: N/A</p> <p>Additional Pay Period End Date: N/A</p> <p>Changed By: N/A</p>
	<p><input checked="" type="checkbox"/> <b>Incorrect Code submitted in Contribution Report.</b></p> <p>New Pay Period End Code: <input type="text" value="Quit"/></p> <p>New Pay Period End Date: <input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2015"/></p>



## Pay Period End Code Management: Verification

Please verify the updated pay period end code(s) and/or date(s) you have reported for this employee are correct. Incorrect use of pay period end codes and dates may cause future reports of contributions to be blocked. If you need to make changes, click "Back", otherwise click "Submit" to proceed.

Changes made to the Pay Period End Code will be effective immediately. Reports dependent upon these changes can be submitted the same day.

Changes made to the Pay Period End Date will be effective on the next business day. Reports dependent upon these changes cannot be submitted until the next business day.

**SSN:** 888-58-4111  
**Last Name:** JONES  
**First Name:** ROBERT  
**Middle Initial:** D  
**Suffix:**  
**Frequency:** 4: Monthly  
**Pay Period Begin Code:**  
**Pay Period Begin Date:** 06/01/2015  
**Pay Period End Date:** 06/30/2015  
**Pay Period End Code:**

The previously reported end code is incorrect. The actual Pay Period End Code is  as of 06/30/2015

# Employer Services

- OPERS website
  - [www.opers.org](http://www.opers.org)
- E-mail
  - [employeroutreach@opers.org](mailto:employeroutreach@opers.org)
- Employer Services Call Center
  - 888-400-0965

# Q & A

