NOTICE OF RE-EMPLOYMENT OF A PERS RETIREE

When hiring an age and service or disability benefit recipient for employment, such employment must be reported on this Form SR-6 by the end of the first month of employment. Failure to give PERS timely notice of re-employment will result in employer liability for overpaid benefits. If a retiree is re-employed within the last 10 days of a month, notify the PERS pension maintenance section immediately to prevent an overpayment of pension; confirmation must then be made on a Form SR-6 within 10 days. Sections I, III and IV must be completed; Section II must be completed if applicable.

SECTION I - EMPLOYMENT

In accordance with the provisions of Chapter 145, Ohio Revised Code, the above named retiree is being re-employed by our governmental unit beginning (date)____________________as a (position)_________________________. Select the appropriate category below for this retiree. (Mark only one.)

1.____An age and service retiree. (Retirement contributions must begin with the first date of service.) 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.

2.____An age and service retiree hired under a personal service contract as an independent contractor. (Retirement deductions 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 than two months after the retirement allowance commences, the pension portion of the benefit will be forfeited during the period 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. (Retirement deductions must begin with the first date of service.)

4.____A disability benefit recipient returning to public service. (Retirement deductions must begin with the first date of service. Retirement benefits will be suspended.)

5.____A retired judge assigned to active duty by the Chief Justice of the Ohio Supreme Court. (Include a copy of the assignment papers. Retirement deductions must begin with the first date of service.)

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. (Complete the certification on the back of this form.)

(Please turn page to complete Sections II, III, and IV.)
SECTION II - EMPLOYER CERTIFICATION OF HEALTH CARE COVERAGE

Retiree’s Name_______________________________________________________

A public employer is responsible for making health care coverage available to re-employed retirees if it is provided to other employees in comparable positions. If available, this coverage cannot be waived unless the retiree has coverage comparable to the employer's coverage under a plan not offered by the employer or PERS. The employer's coverage is the re-employed retiree's primary health care coverage. PERS is secondary coverage and shall pay only those health care benefits not paid or available under the employer's coverage or other non-PERS coverage.

Will your health care coverage be available to this re-employed retiree? yes ☐ no ☐

If "yes," when will this coverage first be available? (Please provide month, day, and year)___________________

You must notify PERS, in writing, if the re-employed retiree is no longer eligible for your health care coverage or has terminated employment; please include the date the coverage was no longer available or when employment was terminated.

III - ACKNOWLEDGEMENT OF RETIREE

I have read this notice and acknowledge to the best of my knowledge the information provided is correct.

Retiree Signature__________________________________________________

(DO NOT PRINT OR TYPE) Date

SECTION IV - CERTIFICATION BY FISCAL OFFICER

Employer__________________________ Code__________________________

Address__________________________ Street__________________________

☐ The retiree is not being re-employed or re-hired in the same position by a public employer that is customarily filled by a vote of members of a board or commission or by the legislative authority of a county, municipal corporation, or township.

☐ The retiree is being re-employed or re-hired in the same position by a public employer in a position that is customarily filled by a vote of members of a board or commission or by the legislative authority of a county, municipal corporation, or township as indicated in Section I(6) of this form and the Fiscal Officer certifies:

☐ 1. Not less than 60 days before the employment as a re-employed retiree commenced, the public employer gave public notice (containing the time, date, and location at which a public meeting was to take place) that the retiree would be retired and was seeking employment with the public employer; and

☐ 2. Between 15 and 30 days before the employment as a re-employed retiree commenced, the public employer held a public meeting on the issue of the retiree being employed by the public employer.

Fiscal Officer’s Signature___________________________________________ (________) ______________________

_________ ______________________________ （Area Code） Telephone Number

Title __________________________ Date ____________________________