



# Ohio Public Employees Retirement System

277 East Town Street, Columbus, Ohio 43215-4642

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

## 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 on this Form SR-6 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, call the OPERS Employer Call Center at the above listed number to provide immediate notice of re-employment; confirmation must then be made on a Form SR-6 within 10 days.

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

### Section 1 - Benefit Recipient's Personal Information

Social Security Number			Date of Birth		
			Month	Day	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name			MI	Last Name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street or Mailing Address					Apt. Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
City			State	ZIP Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Phone Number		Work Phone Number		Fax Phone Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E-mail Address					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Do not write in this box.



### Section 3 - 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  No If "yes," when will this coverage first become available?

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

