742-3-10 Annual medical examinations, termination of benefits and appeal of terminations.

(A) Waiver of annual medical examination requirement~~For those members who are subject to the terms of division (C)(2)(a) of section 742.40 of the Revised Code (i.e., a disability benefit recipient who has been a member of Ohio police and fire pension fund ("OP&F") for less than twenty-five years and has not attained age forty-eight), such disability benefit recipient shall, if the person has not undergone any required annual medical evaluations prior to that date, submit to an annual medical examination by OP&F's physician, unless the board's medical advisor certifies that a disability benefit recipient's disability is ongoing and the board waives the requirement that the disability benefit recipient undergo an annual medical examination.~~

(1) For those members who are subject to the terms of division (C)(2)(a) of section 742.40 of the Revised Code (i.e., a disability benefit recipient who has been a member of Ohio police and fire pension fund ("OP&F") for less than twenty-five years and has not attained age forty-eight), such disability benefit recipient shall submit to an annual medical examination by OP&F's physician, unless the DEP medical advisor certifies that a disability benefit recipient's disability is ongoing and the board waives the requirement that the disability benefit recipient undergo an annual medical examination.

(2) If the requirement that a disability benefit recipient undergo an annual medical examination by an OP&F physician is waived, the recipient shall thereafter be relieved from submitting to an annual medical examination until otherwise notified in writing by OP&F. However, any waiver granted shall not waive any rights the board may have to request a medical examination in accordance with the terms of division (C)(2)(b) of section 742.40 of the Revised Code.

(B) Annual medical examinations ~~From and after January 1, 1999, for a disability benefit recipient who has been requested by the board to undergo a medical examination pursuant to the terms of division (C)(2)(b) of section 742.40 of the Revised Code:~~

For a disability benefit recipient who has been requested by the board to undergo a medical examination pursuant to the terms of division (C)(2)(a) or (C)(2)(b) of section 742.40 of the Revised Code:

(1) ~~The board or~~ OP&F shall notify ~~such~~the disability benefit recipient of the need to schedule ~~such~~ the medical examination ~~through OP&F~~ and ~~OP&F shall~~ provide the disability benefit recipient with at least thirty days prior written notice of the time and place of the scheduled examination.

(2) Unless for good cause shown, the disability benefit recipient shall be presumed to have refused to submit to the medical examination by an OP&F physician

if OP&F has scheduled such examinations three times and ~~such~~the disability benefit recipient has either canceled, rescheduled, or failed to submit to ~~such~~the scheduled medical examinations, as documented by OP&F's books and records.

(3) The refusal of a disability benefit recipient to submit to the medical examination requested pursuant to the terms of division (C)(2)(a) or division (C)(2)(b) of section 742.40 of the Revised Code, whether documented by OP&F's books and records or as presumed under the terms of paragraph (B)(2) of this rule, shall result in the suspension of disability benefits and any health care or prescription benefits selected by the disability benefit recipient~~, if any,~~ upon ninety days prior written notice to the disability benefit recipient and shall continue until compliance.

(a) If the disability benefit recipient has not submitted to the medical examination by an OP&F physician within the aforementioned ninety day notice period, the suspension of disability benefits and any health care or prescription drug benefits selected by the disability benefit recipient~~, if any,~~ shall be effective on the first day of the month immediately following the expiration of the ~~aforementioned~~ ninety day notice period.

(b) In the event the disability benefit recipient submits to the required medical examination by physician after the ~~aforementioned~~ ninety day notice period, OP&F will reinstate the recipient's disability benefits and any health care or prescription drug benefits selected by the disability benefit recipient~~, if any,~~ on the first day of the month immediately following the disability benefit recipients submission to the required medical examination. ~~and the~~The recipient shall be entitled to retroactive coverage of disability benefits and any health care or prescription drug benefits selected by the disability benefit recipient~~, if any,~~ during that time in which the benefits were suspended~~, subject to the terms of rule 742-7-06 of the Administrative Code~~. Notwithstanding the reinstatement of disability benefits and any health care or prescription drug benefits selected by the disability benefit recipient~~, if any,~~ upon compliance, OP&F shall not be obligated to restore the identical benefits previously provided to the disability benefit recipient, if such benefits are not available at the time of such disability benefit recipient's reinstatement of health care or prescription drug expenses.~~,~~ and OP&F shall not be obligated to pay for certain health care or prescription drug expenses that were incurred from and after the date of the member's suspension, and. ~~In such event, OP&F~~ shall ~~also~~ not be responsible for any additional out-of-pocket expenses and deductibles incurred by the disability benefit recipient arising out of such

replacement benefits. OP&F shall not, however, suspend dental and vision benefits of such non-complying disability benefit recipient as long as the disability benefit recipient pays the monthly costs of such benefits in advance to OP&F within thirty days after OP&F sends an invoice to the disability benefit recipient.

~~(c) Notwithstanding the terms of the foregoing paragraph (B)(3)(b) of this rule, OP&F shall not suspend dental and vision benefits of such noncomplying disability benefit recipient provided and for so long as the disability benefit recipient pays the monthly costs of such benefits in advance to OP&F within thirty days after OP&F sends an invoice to the disability benefit recipient.~~

(c) If the refusal of a disability benefit recipient to submit to any medical examination under section 742.40 of the Revised Code continues for one year, whether documented by OP&F's books and records or as presumed under the terms of this rule, then the disability benefit recipient's disability benefits and any healthcare or prescription drug benefits shall be forfeited, as required by division (C)(2)(c) of section 742.40 of the Revised Code, effective as of the date of the original suspension. OP&F shall notify the disability benefit recipient by certified mail, return receipt requested of the termination of benefits and the date that his or her benefits shall be terminated.

(C) Board's concurrence in physician's certification that recipient no longer meets disability standards ~~For those disability benefit recipients who undergo the medical examination pursuant to division (C) of section 742.40 of the Revised Code, the board will review the physician's report and if it concurs with the physician's certification that the recipient is physically and mentally capable of resuming employment similar to that from which the recipient was found disabled as referenced in division (C) of former section 742.3720 of the Revised Code or that the recipient no longer meets the disability standards set forth in division (D)(1), (D)(2), (D)(3), or (D)(4) of section 742.38 of the Revised Code, division (C)(2), (C)(3), or (C)(5) of former section 742.37 of the Revised Code, as referenced in division (C)(2)(c) of section 742.3720 of the Revised Code, the disability benefits shall terminate ninety days after the board concurs with the physician's certification or upon employment by the benefit recipient as a police officer or firefighter, as defined in rule 742-3-20 of the Administrative Code.~~

(1) For those disability benefit recipients who undergo the medical examination pursuant to division (C) of section 742.40 of the Revised Code, the board will review the physician's report. If the board concurs with the physician's certification that the recipient no longer meets the disability standards set forth in division (D) of section 742.38 of the Revised Code or division (C)(2), (C)(3), or (C)(5) of former section 742.37 of the Revised Code, the disability

benefits shall terminate ninety days after the board concurs with the physician's certification or upon employment by the benefit recipient as a police officer or firefighter, as defined in Administrative Rule 742-3-20.

(2) OP&F shall notify the disability benefit recipient by certified mail, return receipt requested of the board's concurrence with the physician's certification, the date that his or her benefit shall be terminated and of his or her right to appeal.

~~(D) For those determinations made by the board under paragraph (C) of this rule relating to physician certification, the disability benefit recipient shall be advised by certified mail, return receipt requested of the board's concurrence with the physician's certification and of the date that his or her benefit shall be terminated. The disability benefit recipient will also be notified of his or her right to appeal.~~

~~(E)~~(D) Appeal of the board's concurrence with physician certification ~~In order to appeal any determinations of the board under paragraph (D) of this rule, the disability benefit recipient must file a written notice of appeal with the fund within ninety days of receipt of the notice referred to in paragraph (D) of this rule. The notice of appeal must contain the member's name, social security number, a brief description of the decision upon which the appeal is based, and the reason(s) why decision is being appealed.~~

(1) In order to appeal any determinations of the board under paragraph (C) of this rule, the disability benefit recipient shall file the notice of disability appeal form provided by OP&F within ninety days of receipt of the OP&F's notice referred to in paragraph (D) above of termination of benefits. The notice of appeal must shall contain the member's name, the last four digits of the member's social security number, and a brief description of the decision upon which the appeal is based, and the reason(s) why decision is being appealed.

(2) Within sixty days of the filing of the notice of appeal, the appellant shall submit to OP&F all materials in support of the appeal including, but not limited to, medical records, doctors' reports, and documentation substantiating earnings and income. Failure to submit supporting materials will be sufficient cause for the director of member services to dismiss the appeal provided OP&F gives the member prior written notice of such dismissal and a deadline date by which all materials must be filed with OP&F, and the member fails to file the required documentation with OP&F before the designated deadline.

~~(F)~~(E) Within sixty days of the filing of the notice of appeal, referred to in paragraph (E) of this rule, the appellant must file with the board all materials which he or she desires to submit in support of the appeal including but not limited to medical records, doctors' reports, and documentation substantiating earnings and income. The board will schedule the appeal hearing after receipt of appellant's supporting materials and give the appellant reasonable notice of

the date, time and place thereof in writing. The appellant shall be given the opportunity to be present, with counsel or other representation if he or she chooses, at the hearing. Benefits shall be terminated pending appeal if a favorable decision on the appeal is not made within ninety days of the board's concurrence with the physician's certification.

(3) OP&F shall schedule the appeal hearing after receipt of appellant's supporting materials and give the appellant reasonable notice of the date, time, and place thereof in writing. The appellant shall be given the opportunity to be present, with counsel or other representation if he or she chooses, at the hearing. A recording of the hearing will be made to provide the board and the Medical Advisor with a record for further review. Such recording of the hearing shall be available to the disability applicant and to those individuals who are authorized by the disability applicant to receive such information on the authorization to release medical records form provided by OP&F.

(4) Following the hearing on appeal, the board may choose to:

(a) Affirm the original concurrence in the physician's certification;

(b) Reverse the original concurrence in the physician's certification; or

(c) Postpone a decision additional examinations or documentation.

The board's decision on appeal shall be the final determination of the member's disability.

(5) The applicant shall be advised of the board's action within thirty days after the board's determination and such notice shall be sent by certified mail, return receipt requested.

(6) Benefits shall be terminated pending appeal if a favorable decision on the appeal is not made within ninety days of the board's concurrence with the physician's certification.

~~(G) Once a waiver has been granted by the board to a disability benefit recipient who is subject to the terms of division (C)(2)(a) of section 742.40 of the Revised Code, the disability benefit recipient shall thereafter be relieved from submitting to an annual medical examination by an OP&F physician until otherwise notified in writing by OP&F or the board, but any waiver granted shall not waive any rights the board may have to request a medical examination in accordance with the terms of division (C)(2)(b) of section 742.40 of the Revised Code.~~

~~(H) If the refusal of a disability benefit recipient to submit to any medical examination under section 742.40 of the Revised Code continues for one year, whether documented by OP&F's books and records or as presumed under the terms of this~~

~~rule, then the disability benefit recipient's disability and medical expense benefits shall be forfeited, as provided in division (C)(2)(c) of section 742.40 of the Revised Code, effective as of the date of the original suspension, as referenced in a writing provided to the recipient from the fund or the board.~~

~~(I)~~(E) ~~All~~Unless otherwise provided in this rule, all notices provided to the disability benefit recipient under this rules shall be either ~~delivered personally,~~ sent by ~~express delivery service, certified mail or~~ first class U.S. mail, postage prepaid and addressed to the disability benefit recipient at the ~~most recent~~ address ~~set forth in such recipient's file with the fund, or to such other address as the disability benefit recipient shall thereafter designate by proper notice in accordance with this paragraph~~ on file with OP&F. All notices to ~~the fund~~OP&F shall be addressed at its principal place of business.

~~(J) For purposes of this rule, a "disability benefit recipient" shall mean the member of OP&F who is receiving a disability benefit pursuant to division (C)(2), (C)(3), (C)(4), or (C)(5) of former section 742.37 of the Revised Code or section 742.38 of the Revised Code.~~

Effective:

Five Year Review (FYR) Dates: 11/02/2015

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Certification

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Date

Promulgated Under:	111.15
Statutory Authority:	742.10
Rule Amplifies:	742.40
Prior Effective Dates:	11/30/95 (Emer.), 2/10/96, 9/16/98 (Emer.), 12/10/98, 7/17/04, 8/1/08 (Emer.), 10/16/08, 10/17/2010

742-7-02 **Use of member's records.**

(A) All records and files of the board and Ohio police & fire pension fund ("OP&F") shall be public information, including an employer's status of the payment of contributions generally due under sections 742.30, 742.31, 742.33, and 742.34 of the Revised Code, but shall not include any member's personal history record (as hereinafter defined), except as otherwise provided by law. A member's personal history record (as hereinafter defined) may only be released to the member or a third party upon OP&F's receipt of a written authorization from the member or his/her authorized representative or agent using forms provided by OP&F or a form substantially similar to OP&F's form, subject to any internal policies adopted by OP&F and to the extent provided by such authorization, but any such authorization must be signed before a notary public.

(B) "Member's personal history record" includes all information related to an OP&F member, including the name, address, telephone number, social security number, record of contributions, correspondence to or from OP&F, any report of a pre-employment physical, any medical reports and recommendations (subject to the terms of paragraph (C) of this rule), the status of any application for benefits, any record identifying the service history or service credit of a member or benefit recipient, but excluding:

(1) The member's status with OP&F (i.e. active, retired, or disabled),

(2) The provision of law under which a member retired,

(3) The award given to a member or his/her survivors, as the case may be, by the board of trustees for a disability reconsideration or application for benefits under the Ohio public safety officers death benefit fund and the member's name and employer; and

(4) Disability award, both appeal and initial determinations granted by the board of trustees and accepted by the member.

(5) Any information disclosed by OP&F in accordance with the permitted exceptions of the Health Insurance Portability And Accountability Act of 1996 and OP&F HIPAA policies and procedures.

(C) Medical reports and recommendations are considered to be the property of Ohio police and fire pension fund. The medical reports and recommendations for a member may be released to the member, unless an OP&F physician or psychiatrist determines for OP&F that the disclosure of information is likely to have an adverse effect on the member. In the event the OP&F physician or psychiatrist determines that a disclosure of medical reports and recommendations to a member will have an

adverse effect on the member, the information shall only be released to a physician, psychiatrist, or psychologist who is designated by the member or his/her authorized representative or agent only after OP&F's receipt of a written authorization from the member or his/her authorized representative or agent using forms provided by OP&F or a form substantially similar to OP&F's form, subject to any internal policies adopted by OP&F to the extent provided by such authorization. Notwithstanding any other restrictions referenced in this rule, the medical reports and recommendations of a member may be released to OP&F appointed physicians and vocational evaluators when necessary for the proper administration of the benefits offered by OP&F. Except as otherwise provided in this rule, these records may be released to the member and may be released to the member's attorney, physician, or duly authorized agent only upon written authorization of the member or the member's authorized representative or agent using forms provided by OP&F or a form substantially similar to OP&F's form, but any such authorization must be signed before a notary public. Any other release is prohibited.

(D) As provided by law and only at the request of any organization or association of members of OP&F, OP&F shall provide a list of names and addresses of members and other system retirants (as defined in section 742.01 of the Revised Code). OP&F shall comply with such a request at least once a year.

(E) Reasonable fees may be charged for any expenses incurred in compiling, copying, mailing, or examining the records of OP&F.

(F) The executive director may designate a staff member to authenticate retirement system's records of OP&F that will be sent to a court officer of this state.

(G) An authorization given by a member or his/her authorized agent or representative shall be valid for only one year from the date that it was issued.

(H) OP&F shall make the determination on compliance with the terms of this rule and its decision shall be final.

(I) For purposes of this rule, a "Member" shall have the meaning set forth in division (E) of section 742.01 of the Revised Code.

Five Year Review (FYR) Dates: 11/02/2015 and 11/02/2020

CERTIFIED ELECTRONICALLY

Certification

11/02/2015

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Prior Effective Dates:	1/1/77, 7/16/84, 5/12/86, 10/16/86, 5/4/00, 8/8/00, 12/23/00, 5/24/03 (Emer.), 7/31/03, 10/13/05, 10/4/10

742-7-14 Recognition of pick-up of contributions.

(A) For reporting and tax purposes, the Ohio police and fire pension fund ("OP&F") will recognize any payment of a member's contributions under section 742.32 of the Revised Code or amounts designated by the member's employer for the purchase of service credit by payroll deduction with picked-up contributions if the member's employer has adopted and filed with OP&F a resolution authorizing the deduction and payment of contributions or service credit purchases for its employees with amounts designated as picked-up contributions under section 414(h)(2) of the Internal Revenue Code, in such form approved by OP&F's board of trustees, including an effective date (the "approved resolution"). The resolution must be filed at least thirty days prior to submitting contributions to OP&F as picked-up.

(B) The employer's reporting requirement under section 742.32 of the Revised Code shall also include the reporting of picked-up contributions consistent with the terms of this rule.

(C) To be compliant for reporting purposes under section 742.32 of the Revised Code and rule 742-9-10 of the Administrative Code, the employer must meet the following criteria:

(1) Timely file with OP&F a resolution authorizing the payment of contributions or purchase of service credit for its employees with amounts designated as picked-up contributions under section 414(h)(2) of the Internal Revenue Code in accordance with the deadline outlined in paragraph (A) of this rule;

(2) Timely report the amount of picked-up contributions by member as part of section 742.32 of the Revised Code and rule 742-9-10 of the Administrative Code and consistent with the applicable approved resolution on file with and approved by OP&F;

(3) Timely file a separate resolution for police and fire and then by unit/division, if applicable, or clearly outline the pick-up by unit/division;

(4) Timely file any changes to any approved resolution, which needs to be reviewed and approved by OP&F as if it were an originally-filed approved resolution;

(D) Applicable penalties and interest will apply for employers who fail to:

(1) Timely file a resolution for picked-up contributions with OP&F in accordance with the deadlines of this rule; and

(2) Timely report picked-up contributions under section 742.32 of the Revised

Code.

(E) If OP&F receives an employer report under rule 742-9-10 of the Administrative Code that does not conform to the resolution on file with OP&F, OP&F shall send a written notice to the employer of the non-conforming nature of the resolution or reporting and allow the employer to have an opportunity to take corrective actions noted in the notice within thirty days of OP&F's written notice. OP&F shall not assess further penalties and interest under section 742.35 of the Revised Code until the expiration of this grace period for those employers who fail to take the corrective action noted by OP&F's written notice.

(F) For those employers who file an approved resolution and report contributions as picked-up, but fail to provide an effective date, this shall not be deemed to be non-compliant. In this case, the effective date will be the date of authorized signature or other supporting documentation provided by the employer, which is acceptable to OP&F.

(G) The requirements of this rule shall also apply to any changes or modifications to picked-up contributions and they will be treated as if they are a new resolution.

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11/02/2015

Date

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Rule Amplifies: 742.32
Prior Effective Dates: 11/25/03 (Emer.), 2/9/04, 7/19/04, 9/26/05, 10/4/10

742-7-15 **Delinquent employers payment plan.**

(A) For outstanding fines and penalties due under sections 742.352 and/or 742.353 of the Revised Code, OP&F shall offer a delinquent employer a payment plan if the employer meets the following criteria:

(1) The employer has no past due employee contributions; and

(2) The employer has satisfied any pre-existing payment plan promissory note; and

(3) The employer meets one of the following criteria:

(a) Employers on fiscal watch or fiscal emergency, as defined by the auditor of state, and who have past due contributions or have accrued reporting and/or pre-employment penalties and interest; or

(b) Employers who have accrued reporting and/or pre-employment penalties and interest which exceed the dollar amount of past due employer contributions, which have been past due for three or more quarters; or

(c) Employers who are inactive and have past due employer contributions, penalties, or interest; or

(d) Employers who have employer contributions that are three or more quarters past due and have no ability to pay (based on the financial formulas outlined below).

(i) Penalties and interest exceed twenty-five per cent of general fund revenues; or

(ii) Penalties and interest exceed eighty per cent of general fund ending fund balance; or

(iii) Penalties and interest exceed fifty per cent of general fund receipt over expenditures.

(B) The offering of this plan of payment by OP&F will precede any actions taken by OP&F to certify the amount due from the employer in accordance with section 742.35 of the Revised Code.

(C) The plan of payment shall be offered to the employers who meet the criteria outlined in paragraph (A) of this rule in accordance with the following provisions:

(1) OP&F will review the eligibility of certain employers who may be able to take advantage of a payment plan. OP&F will notify those employers of the program and request that such employers contact OP&F for additional information.

(2) For any inquiries received from employers, OP&F will notify such employers of their eligibility to participate in a payment plan.

(3) OP&F shall designate a deadline by which the employer must elect to participate in the payment plan and sign the required documentation and if the employer fails to meet the deadlines, the payment plan will not be available to the employers and penalties and interest will continue to accrue.

(4) The employer will have several payment term options in order to permit the employer to choose the best option within the employer's budget considerations, but in no event will the term exceed fifteen years.

(5) The employer must sign a promissory note and agreement that will require signature by the designated authorities/officers of the municipality.

(6) As a condition to participating, the employer must pay in full all past accumulated interest incurred to date to OP&F. Should the employer be unable to remit the interest accrued in full, and all other conditions are met, the board will permit the employer to enter into the payment plan, however the employer's payments will be first applied to the accrued interest portion and then to the past due balance related to contributions and penalties. Interest on those past due balances and penalties will apply until the remaining balance is fully satisfied and based on the repayment term. The total repayment term is limited to the provisions otherwise outlined in paragraph (C)(4) of this rule.

(7) Upon OP&F's receipt of the required documents from the employer, further penalties will be suspended in exchange for the time certain repayment of funds due to OP&F made on a regular, periodic basis (monthly) as outlined on the payment schedule.

(8) For active employers who are participating in full compliance with the payment plan, the payment for regular quarterly bills will continue as normal and the billing statement will remove any reference to the unpaid penalties and interest covered under this arrangement unless the employer defaults.

(9) Interest will be calculated on accumulated penalty balance based on payment

term selected. The balance due (penalty and interest) is to be amortized and repaid within the terms of the promissory note at the actuarial assumed rate of interest, which is currently 8.25 per cent and subject to change.

(10) The employer will be given strict payment dates with a fifteen day grace period for late payments. Further, each employer will only be allowed two late payments in any twelve calendar months. Employers will be notified of their late payment and failure to conform to promissory note terms on each occurrence may trigger a default covered by paragraph (D) of this rule.

(D) Failure to comply with the terms of the signed promissory note and agreement as described in paragraph (C) of this rule will put the employer in default status and OP&F shall terminate the agreement, at its option, and re-establish penalties retroactively back to the effective date of the promissory note, with a reduction of penalties for all payments of principal and interest made under the promissory note. The exercise of OP&F's right to declare a default shall be determined by OP&F's executive director.

(1) Upon default, the employer will be notified of the employer's failure to conform to the terms of the promissory note and agreement as well as OP&F's decision to terminate the agreement.

(2) OP&F will initiate the certification process with the county where the employer resides to collect the balance of funds due to OP&F.

(E) All payments due under a payment plan shall be made as follows:

(1) Payments shall be due on the first of each month.

(2) Payments for active employers shall be sent to OP&F separately and not commingled with normal employer and employee contribution, which are paid quarterly.

(3) There is no prepayment penalty; excess amounts will be applied to principal.

(4) At the end of the term, any overpayments due to prepayment will be refunded back to the employer.

(5) Bounced checks will be charged back to employers with fees consistent with normal OP&F practices.

Five Year Review (FYR) Dates: 11/02/2015 and 11/02/2020

CERTIFIED ELECTRONICALLY

Certification

11/02/2015

Date

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Statutory Authority: 742.10
Rule Amplifies: 742.352, 742.353
Prior Effective Dates: 10/22/2004, 7/27/05 (Emer.), 10/13/2005, 10/04/2010

742-10-02 **Qualified investment manager.**

(A) For the purposes of division (A)(4) of section 742.114 and section 742.116 of the Revised Code, an investment manager may be designated as an "Ohio-qualified investment manager" if the investment manager and/or any parent, affiliates, or subsidiaries of the investment manager meets the requirements of divisions (A)(1) and (A)(2) of section 742.116 of the Revised Code.

(B) For purposes of sections 742.114 and 742.116 of the Revised Code, "principal place of business" includes an office in which the agent or investment manager regularly provides securities or investment advisory services and solicits, meets with, or otherwise communicates with clients.

~~(C) For purposes of division (E)(4) of section 742.114 of the Revised Code, "compensation" shall mean the commissions paid on equity transactions and the cost or proceeds of fixed income securities transactions.~~

Effective:

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Certification

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Date

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Rule Amplifies:	742.114, 742.116
Prior Effective Dates:	9/26/2005, 10/04/2010

742-15-01 **Rules of compliance with "sunshine law".**

(A) This rule is adopted in compliance with and under the authority of division (F) of section 121.22 of the Revised Code.

(B) Any person may request the time and place of all regularly scheduled meetings and the time, place, and purpose of all special meetings for the board of trustees of the Ohio police and fire pension fund (OP&F) by:

(1) Writing to the following address:

"Ohio Police & Fire Pension Fund, Attention: Executive Director, 140 East Town Street, Columbus, Ohio 43215.

(2) Calling one of the following telephone numbers during OP&F's normal business hours:

(614) 228-2975, (888) 864-8363~~, (800) 860-9599.~~.

(3) Sending an email to questions@op-f.org.

(C) Any representative of the news media may obtain notice of all special meetings by requesting in writing that such notice be provided. Such notice will only be given, however, to one representative of any particular publication or radio or television station. A request for such notification shall be addressed to OP&F's executive director at the address outlined in paragraph (B) of this rule.

(1) The request shall provide the name of the individual media representative to be contacted, the mailing address and a maximum of two telephone numbers where such representative can be reached. OP&F shall maintain a list of all representatives of the news media who have requested notice of special meetings pursuant to this rule.

(2) In the event of a special meeting not of an emergency nature, OP&F shall notify all media representatives on the list of such meeting by doing at least one of the following:

(a) Sending written notice, which must be mailed not later than four calendar days prior to the day of the special meeting;

(b) Notifying such representatives by telephone no later than twenty-four hours prior to the special meeting, with proper telephone notice if a message has been left for the representatives at the telephone numbers provided to OP&F from such representative or if, after reasonable

effort, OP&F has been unable to provide such telephone notice;

(c) Informing such representatives personally no later than twenty-four hours prior to the special meeting.

(3) In the event of a special meeting of an emergency nature, OP&F shall notify all media representatives on the list of such meeting by providing the notice described in paragraph (C)(1)(b) or (C)(1)(c) of this rule, or notifying the clerk of the state house press room. In such event, however, the notice need not be given twenty-four hours prior to the meeting, but shall be given as soon as possible.

(4) In giving the notices required by this rule, OP&F may rely on assistance provided by any member of OP&F and any such notice is given if such notice is given by a member in the manner provided in this rule.

(D) OP&F shall maintain a list of all persons, other than media representatives, who have requested, in writing, notice of all meetings of OP&F.

Effective:

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Certification

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Date

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Rule Amplifies: 742.22
Prior Effective Dates: 1/1/77, 6/12/99, 10/13/2005, 10/04/2010

3307:1-7-07 **Disability benefits - earnings and employment statements.**

(A) Pursuant to section 3307.48 of the Revised Code each recipient shall by April thirtieth of each year, or such other date designated by the retirement board, file a notarized statement of annual earnings with the retirement system.

(B) The statement filed by each recipient shall be on a form provided by the retirement system and shall include a description of work performed during the preceding calendar year, a statement of compensation for work performed, current medical information and such additional information as may be required.

(C) Unless the requirement of annual reporting is waived by the chair of the medical review board, a disability benefit shall be suspended if the annual statement is not received within thirty days after notice that it is delinquent. If the statement is found to be delinquent, participation in the retirement system's health care program, if elected, shall be terminated as of the date the benefit is suspended. If the required statement or reports are thereafter not received for a period of one year, the benefit shall terminate as of the date of the original suspension.

(D) The requirement of annual reporting shall be waived if the recipient is age seventy-five or older and the chair of the medical review board has certified that the recipient's disability is ongoing.

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3307:1-11-02 Health care services - eligibility.

Subject to the requirements of Chapter 3307:1-11 of the Administrative Code and the specific requirements of the various plans that may be offered, the following shall be eligible to participate in the medical and ancillary plans offered by the retirement system:

(A) A primary service retirement benefit recipient whose benefit effective date is prior to January 1, 2004.

(B) A primary service retirement benefit recipient with fifteen or more years of total service credit whose benefit effective date is between January 1, 2004 and July 1, 2023. ~~or later.~~

(C) A primary service retirement benefit recipient with twenty or more years of total service credit whose benefit effective date is on or after August 1, 2023.

~~(C)~~(D) A disability benefit recipient.

~~(D)~~(E) A primary service retirement benefit recipient who was receiving disability benefits and whose benefit effective date is prior to January 1, 2004 and who began receiving service retirement benefits with no break in receipt of monthly benefits following the termination of disability benefits. Service credit used to determine health care eligibility shall be the total service credit used in the calculation of service retirement benefits, which shall not include service credit purchased under section 3307.741 of the Revised Code.

~~(E)~~(F) A primary service retirement benefit recipient who was receiving disability benefits; whose benefit effective date is between January 1, 2004 and July 1, 2023 ~~or later~~; and who began receiving service retirement benefits with no break in receipt of monthly benefits following the termination of disability benefits, provided the benefit recipient has fifteen or more years of total service credit. Service credit used to determine health care eligibility shall be the total service credit used in the calculation of service retirement benefits, which shall not include service credit purchased under section 3307.741 of the Revised Code.

(G) A primary service retirement benefit recipient who was receiving disability benefits; whose benefit effective date is on or after August 1, 2023; and who began receiving service retirement benefits with no break in receipt of monthly benefits following the termination of disability benefits, provided the benefit recipient has twenty or more years of total service credit. Service credit used to determine health care eligibility shall be the total service credit used in the calculation of service retirement benefits, which shall not include service credit purchased under section 3307.741 of the Revised Code.

~~(F)~~(H) A person receiving benefits under a joint and survivor annuity or annuity certain

plan of payment described in section 3307.60 of the Revised Code who was eligible for coverage as a dependent of the primary service retirement benefit recipient at the time of the primary service retirement benefit recipient's death, provided the effective date of the primary benefit recipient's monthly benefit is:

(1) ~~The effective date of the person's monthly benefits is before~~ Before January 1, 2004; or

(2) ~~The effective date of the person's monthly benefits is~~Between January 1, 2004 and July 1, 2023 ~~or later~~ and the primary service retirement benefit recipient had fifteen or more years of total service credit at the time of retirement~~.~~;or

(3) On or after August 1, 2023 and the primary service retirement benefit recipient had twenty or more years of total service credit.

~~(G)~~(I) A person granted survivor benefits under division (C)(2) of section 3307.66 of the Revised Code who was eligible for coverage as a dependent at the time of the member's or disability benefit recipient's death.

~~(H)~~(J) A person granted survivor benefits under division (C)(1) of section 3307.66 of the Revised Code who was eligible for coverage as a dependent at the time of the member's or disability benefit recipient's death, provided the effective date of survivor benefits or the effective date of disability benefits is:

(1) ~~The effective date of survivor benefits or the effective date of disability benefits of the deceased member is before~~Before January 1, 2004; or

(2) ~~The effective date of survivor benefits is~~Between January 1, 2004 and July 1, 2023 ~~or later~~ and the deceased member had fifteen or more years of total service credit at the time of death~~.~~;or

(3) On or after August 1, 2023 and the deceased member had twenty or more years of total service credit at the time of death.

~~(I)~~(K) Dependents of the primary service retirement benefit recipients and disability benefit recipients described in paragraphs (A) to ~~(E)~~(G) of this rule, including children born after the effective date of a benefit, and to the extent that a medical or ancillary plan allows coverage for sponsored dependents.

~~(J)~~(L) Effective January 1, 2009, a plan enrollee, who is not eligible for Medicare part B is not eligible for primary coverage in a medical plan offered pursuant to section 3307.39 of the Revised Code if the plan enrollee is employed and has access to a medical plan with prescription coverage available through the employer or if

employees of that employer in comparable positions have access to a medical plan available through the employer provided the medical plan with prescription coverage available through the employer is equivalent to the medical plan with prescription coverage at the cost available to full-time employees as defined by the employer. As used in this rule, "employer" means a public or private entity that acts as an employer and is not limited to an "employer" as defined in section 3307.01 of the Revised Code.

(1) Any secondary coverage provided by a medical plan offered by the retirement system pursuant to section 3307.39 of the Revised Code to a plan enrollee subject to paragraph ~~(J)~~(L) of this rule shall apply only to those medical expenses not paid by the medical plan with prescription coverage available through the employer and which are covered in the medical plan offered by the retirement system under section 3307.39 of the Revised Code.

(2) The board may require each plan enrollee to annually file a statement disclosing the availability of a medical plan with prescription coverage available through the employer with the board or its designee. The statement shall include the name of the employer, the medical plan available through the employer and such other information that may be required. If a plan enrollee does not enroll in the medical plan available through an employer when it becomes available to a plan enrollee, no medical plan coverage will be provided by the retirement system while the individual was eligible for available employer coverage.

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3307:1-11-11 Health care assistance.

(A) As used in this rule:

(1) "Earnings" shall mean the total of all job-related income, pension, disability and survivor benefits received, including any portion of a benefit or increase for which a written notice of waiver has been filed with the retirement board pursuant to section 3307.44 of the Revised Code, with the public employees retirement board pursuant to section 145.562 of the Revised Code or with the school employees retirement board pursuant to section 3309.662 of the Revised Code, social security payments, welfare benefits, workers' compensation benefits, child or spousal support, unemployment benefits, investment income and all reportable income according to the Internal Revenue Code of 1986.

(2) "Low-income earnings threshold" as used in this rule shall be equal to the minimum salary for a teacher with a bachelor's degree and five years' experience as defined in section 3317.13 of the Revised Code, provided that in the event an individual experiences a life event once a calendar year has begun, such amounts shall be determined on a prorated basis as of the date the life event took place.

(3) "Liquid assets" shall include cash and all monies readily available to a family unit in savings accounts, checking accounts, money market accounts, trust funds, any publicly traded security or other investment vehicles as the board may from time to time specify.

(4) "Family unit" shall include the qualifying enrollee, spouse and children as defined in paragraph (C)(2) of rule 3307:1-11-01 of the Administrative Code.

(5) A "Qualifying enrollee" shall include a person who:

(a) Was:

(i) Granted service retirement under the STRS defined benefit plan with at least twenty-five years of total service credit at retirement that is not service credit purchased under former section 3307.741 of the Revised Code; or

(ii) Granted disability benefits under the STRS defined benefit plan, or

(iii) Eligible beneficiaries, as defined in paragraph ~~(F)~~(H) of rule 3307:1-11-02 of the Administrative Code, of retired teachers with

at least twenty-five years of total service credit at retirement ~~of~~ that is not service credit purchased under former section 3307.741 of the Revised Code; or

(iv) Eligible survivors, as defined in paragraph ~~(H)~~(J) of rule 3307:1-11-02 of the Administrative Code, of either active teachers or disabled teachers eligible to retire with at least twenty-five years of total service credit at retirement that is not service credit purchased under former section 3307.741 of the Revised Code; or

(v) Eligible survivors, as defined in paragraph ~~(G)~~(I) of rule 3307:1-11-02 of the Administrative Code, of either active teachers or disabled teachers not eligible for service retirement; and

(b) Had annual earnings not greater than the low-income earnings threshold for the family unit of the person described in paragraph (A)(5)(a) of this rule and

(c) Had total liquid assets that did not exceed twenty-three thousand eight hundred dollars for the family unit of the person described in paragraph (A)(5)(a) of this rule~~.~~and

(d) On or after January 1, 2016, otherwise qualifies for a portion of the monthly costs be waived by the retirement board except:

(i) Those enrolled as of December 31, 2015, are not subject to the requirement that he/she otherwise qualifies for a portion of the monthly costs be waived by the retirement board.

(6) “Life event” includes the death of a spouse, divorce, loss of job or other events as the board may from time to time specify.

(7) "Minimum monthly health care premium" shall mean the lowest monthly premium charged any benefit recipient for any health plan offered by the retirement system.

(B) A qualifying enrollee may make application for health care assistance on a form provided by the retirement system. The effective date of the participation in the health care assistance program shall be the first of the month following the approval of the application. All applications for assistance must be received no later than the fifteenth of the month to be considered for approval for an effective date starting

the next month.

(1) Each applicant shall demonstrate eligibility by providing the information specified on the form, which shall include copies of any federal tax return for the applicant, the spouse and any dependent children necessary to validate the earnings reported on an application and shall also include verification of medicare enrollment if applicable.

(2) An applicant who fails to supply all requested information within three months of filing shall be canceled.

(C) A qualifying enrollee receiving health care assistance must annually verify continuing eligibility on a form provided by the retirement system to continue participation in the program. Failure to file the form or supply all requested information shall result in the enrollee no longer qualifying for the program and all health care assistance shall be terminated.

(D) On and after July 1, 2004 and provided that the retirement board has not acted to terminate the health care assistance program hereby created, enrollees whose applications are approved under this rule shall qualify for:

(1) A minimum monthly health care premium in a health plan offered by the retirement system, and

(2) Health care assistance as determined by the board through certain health plans offered by the retirement system.

(3) The minimum monthly health care premium will not be in effect for any period the qualifying enrollee fails to provide verification of his or her medicare enrollment.

(E) For qualifying enrollees making application for health care assistance at the same time application for service retirement or disability benefits are made, health care assistance as described in paragraph (D) of this rule shall take affect the first of the month following the approval of the health care assistance application or the first of the month after the monthly benefit amount is finalized, whichever is later. All applications for health care assistance must be received no later than the fifteenth of the month to be considered for approval for an effective date starting the next month.

(F) Health care assistance under this rule provided as the result of false information submitted on an application shall be terminated immediately. Any person who

submits false or misleading information in connection with an application for health care assistance shall immediately repay the amounts of any health care assistance provided to date. If such amounts remain unpaid, they shall be deducted from any future amounts payable under Chapter 3307. of the Revised Code.

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3309-1-65 **Medicare part B reimbursement account.**

(A) As used in this rule, "eligible benefit recipient" has the same meaning as in paragraph (J)(2)(b) of rule 3309-1-35 of the Administrative Code.

(B) The school employees retirement board has previously established a separate account within the funds described in section 3309.60 of the Revised Code for the purpose of reimbursing eligible benefit recipients for a portion of the cost of medicare part B coverage paid by the eligible benefit recipient, as authorized under section 3309.69 of the Revised Code, and in accordance with rule 3309-1-35 of the Administrative Code. The medicare part B reimbursement account shall be a separate account established pursuant to section 401(h) of the Internal Revenue Code, 26 U.S.C. 401(h). The assets in the medicare part B reimbursement account shall be accounted for separately from the other assets of the school employees retirement system, but may be commingled with the other assets of the system for investment purposes. Investment earnings and expenses shall be allocated on a reasonable basis.

(C) Each year the board designates the amount of contributions that are to be allocated to the medicare part B reimbursement account for any year. The contributions are funded by employer contributions under section 3309.49 of the Revised Code and are subordinate to the contributions for payment of retirement allowance and other benefits provided under Chapter 3309 of the Revised Code. At no time shall contributions to the medicare part B reimbursement account, when added to contributions for any life insurance benefits provided on behalf of eligible benefit recipients, be in excess of twenty-five per cent of the total aggregate actual contributions made to the school employees retirement system, excluding contributions to fund past service credit. In any event, all contributions to the medicare part B reimbursement account shall be reasonable and ascertainable.

(D) The assets of the medicare part B reimbursement account are only used to pay reimbursement of medicare part B premiums paid by eligible benefit recipients and authorized under section 3309.69 of the Revised Code and in accordance with rule 3309-1-35 of the Administrative Code.

(E) If any rights of an individual who is eligible to receive medicare part B reimbursement authorized under section 3309.69 of the Revised Code and paid from the medicare part B reimbursement account are forfeited as provided in rule 3309-1-35 of the Revised Code, an amount equal to the amount of such forfeiture shall be applied as soon as administratively possible to reduce employer contributions allocated to the medicare part B reimbursement account.

(F) At no time prior to the satisfaction of all liabilities under this rule shall any assets in the medicare part B reimbursement account be used for, or diverted to, any purpose other than as provided in paragraph (D) of this rule and for the payment of administrative expenses relating to the medicare part B reimbursement account. Assets in the medicare part B reimbursement account may not be used for

retirement, disability, or survivor benefits, or for any other purpose for which the other funds of the system are used.

(G) If the school employees retirement board discontinues medicare part B reimbursement authorized under section 3309.69 of the Revised Code, or upon satisfaction of all liabilities under this rule, any assets in the medicare part B reimbursement account, if any, that are not used as provided in this rule shall be returned to the employers, as required by 26 U.S.C. 401(h)(5).

(H) It is the intent of the school employees retirement board in adopting this rule to reflect its continuing compliance in all respects with sections 401(a) and 401(h) of the Internal Revenue Code, 26 U.S.C. 401, and regulations interpreting those sections. In applying this rule, the board will apply the interpretation that achieves compliance with those sections and preserves the qualified status of the system as a governmental plan under sections 401(a) and 414(d) of the Internal Revenue Code, 26 U.S.C. 401 and 414.

(I) This rule is intended to reflect past and current policies, practices and procedures of the system with respect to the funding and payment of medicare part B reimbursements and does not confer any new rights to or create any vested interest in receiving medicare part B reimbursement for members, retirees, survivors, beneficiaries, or their dependents.

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CERTIFIED ELECTRONICALLY

Certification

10/30/2015

Date

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