

Rules

November 14, 2019

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145-1-01 **Organization.**

(A) Offices

- (1) The general offices of the public employees retirement board and its address of record is "277 East Town Street, Columbus, Ohio 43215-4642."
- (2) The location of the office may be changed or additional offices may be established or closed by appropriate board resolution.

(B) Meetings

- (1) ~~Regular~~ Except as provided in this paragraph, regular meetings shall be held at nine a.m. on the third Wednesday of each calendar month. At the call of the chair, or in the event of the chair's incapacity, at the call of the vice chair, a regular meeting may be held on the Tuesday preceding the third Wednesday of a month at a time determined by the chair or vice chair. The date and hour of a regular meeting may be changed by appropriate board resolution.
- (2) Special meetings may be held at the call of the chair, or in the event of the chair's incapacity, at the call of the vice chair. Should both the chair and vice chair be incapacitated, a special meeting of the board may be called by any two members of the board.
- (3) The ~~January first~~ meeting in each calendar year shall be the annual meeting, at which time as the first order of new business, the board shall elect from its members a chair and a vice chair who shall take office immediately following their election. The chair-elect shall announce committee appointments for the coming year no later than the next regular February meeting. The composition of the committees shall remain the same until the new appointments. New board members and re-elected board members shall be sworn in at the annual meeting.
- (4) The director of administrative services may designate a member of such individual's staff to act on the board in such individual's absence, provided the person designated is not disqualified by operation of law to act as such a representative.
- (5) A majority of the actual number of members that have been elected or appointed to and are serving on the board at the time of a meeting where official action is to be taken constitutes a quorum to conduct a meeting. A majority of those members present and voting yes on a proposal shall constitute a favorable vote. An abstention from voting shall not be counted as either an affirmative or negative vote, and a member who abstains shall not be counted as a member present to determine whether a majority needed for a favorable vote has been

reached. A roll call shall occur if there is a division in the vote. Any board member may request a roll call on any vote.

(6) The regular order of business for any meeting of the board shall be as follows:

(a) Roll call. An employee or retirant member of the board not able to be present may request to be excused. A request to be excused shall be moved by the chair and voted on by the board.

(b) Items of business as presented on a written agenda sent to each board member, and made available to the public, prior to the meeting and such other items that may arise between the release date of the written agenda and the meeting date.

(c) Announcement of next regular or special meeting date, hour and place.

(d) Adjournment.

(e) Without objection, the regular order of business may be changed by the chair or upon the request of a board member. If there is an objection, a motion, second and vote to consider an item out of turn is in order.

(7) When a question of parliamentary procedure arises, the most current edition of "Robert's Rules of Order" shall be followed unless in conflict with Chapter 145. of the Revised Code, or this rule.

(8) The minutes shall be the record of the proceedings of the board. Draft copies of the written minutes shall be circulated to the board in advance of each meeting. After approval, the final form shall be inserted in the minutes book of the board.

(C) Officers and their duties

(1) The chair shall be elected and take office at the annual meeting ~~in January~~ of each year for a one-year term or until a successor is elected. The chair shall be the voice of the board and shall preside at all board meetings. The chair may call upon the vice chair to preside during a meeting. The chair shall appoint committees; make the determination whether a special meeting of the board is required; and when required, call the meeting. The chair shall present to the board for a vote the member's request to be excused for members unable to attend meetings.

(2) The vice chair shall be elected and take office at the annual meeting in January of each year for a one-year term. The vice chair shall succeed to the chair in the event of the resignation, retirement or death of the chair. The vice chair shall

preside in the event of the absence or incapacity of the chair or upon the request of the chair.

- (3) Under the direction of the chair, the executive director or other designated person shall keep the minutes of board proceedings.
- (4) Other officers of the board shall include the chairs of standing or special committees.

(D) Committees

- ~~(1) The investment committee shall consist of all board members. The chair of the investment committee shall be appointed by the board chair. The investment committee shall, through its chair and its written reports, make recommendations to the board on investment related policies and actions.~~
- ~~(2)~~(1) The personnel and salary review committee shall consist of an odd number of board members up to a maximum of seven members. The exact number of members on the committee, the committee chair, and members shall be determined and appointed by the board chair. This committee shall meet at the call of its chair, as occasion requires, to review compensation and personnel matters and to make recommendations through its chair and reports to the board on these matters.
- ~~(3)~~(2) The audit committee shall consist of five members: the board chair, the director of administrative services, an employee member appointed by the board chair, a retirant member appointed by the board chair, and one additional member appointed by the board chair. The board chair shall make appointments to the committee by considering the accounting, finance, or business management background of the board members. This committee shall meet twice annually, and at any other time at the call of the board chair, to review audit plans and audit findings of the retirement system's independent and/or internal auditors. The committee shall, through the board chair, make its reports to the board. The committee shall prepare and submit an annual report of its activities to the Ohio retirement study council.
- ~~(4)~~(3) Appointments of the committee chairs and appointments of members to the regular committees listed are concurrent with the board chair who makes the appointment.
- ~~(5)~~(4) The chair of the board may, at times as required, appoint temporary or special committees for such purposes as the chair deems necessary. The chair of a temporary or special committee shall be announced when the members

are named. Unless otherwise stated for a shorter period in the appointment, temporary or special committee appointments shall be concurrent with the board chair who makes such appointment.

~~(6)~~(5) The minutes shall be the record of the proceedings of a committee or subcommittee. Draft copies of the written minutes shall be circulated to the committee or subcommittee for approval. After approval, the final form shall be inserted in the minutes book of the board.

Effective:

Five Year Review (FYR) Dates: 9/21/2022

Certification

Date

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11/30/2007, 10/01/2009 (Emer.), 01/01/2010,
01/01/2014, 04/01/2018

145-1-31

Payment for periods of noncontributing service.

(A) This rule amplifies section 145.483 of the Revised Code.

(B) For purposes of this rule:

(1) "Exempt" means exempt from membership in the public employees retirement system pursuant to Chapter 145. of the Revised Code as effective during the period of noncontributing service and for which there is a properly executed written exemption.

(2) "Excluded" means excluded from membership in the retirement system because Chapter 145. of the Revised Code specifically excludes a person, or the person is not a public employee.

(3) "Noncontributing service" means a period of employment or service for which employee contributions pursuant to section 145.47 of the Revised Code were due, but not deducted by an employer, because the service was neither exempt nor excluded.

(4) "Properly executed written exemption" means an exemption form provided by the retirement system, that was signed by both the employee and employer, received by the retirement system within one month from the date employment began, and approved by the retirement system.*

~~(a) For employment which began before November 20, 1973, an exemption form provided by the retirement system which was signed by both the employee and employer and received by the retirement system within one month from the date employment began.~~

~~(b) For employment beginning on or after November 20, 1973, an exemption form provided by the retirement system which was signed by both the employee and employer, received by the retirement system within one month from the date employment began, and approved by the retirement system.~~

(C) An employer that failed to deduct employee contributions from a public employee during a period of employment, after January 1, 1935, for state employees or after July 1, 1938, for all other employees, for which employee contributions were required shall certify the earnable salary for such noncontributing service period on a form provided by the retirement system. This certification must be based on records available to the employer.

(D)

- (1) After receipt of the employer's certification, the retirement system shall prepare an employer billing statement for employee and employer contributions and interest for the period of noncontributing service.
- (2) Interest shall be calculated through the end of the year preceding the date of the employer billing statement.
- (3) The amount of employee contributions shall be calculated using the employee contribution rate, earnable salary and maximum contribution limits in effect during the period of noncontributing service.
- (4) The amount of employer contributions shall be calculated using the employer contribution rate in effect during the period of noncontributing service.
- (5) The employer is liable for the total amount due in the employer billing statement.
- (6) If the amount contained in the employer billing statement is not paid, it shall be added to the employer's monthly billing summary.
- (7) Service credit for the period of non-contributing service shall be granted to the member on the earlier of the date the system receives payment in full from the employer or the due date of the employer billing statement described in paragraph (D) (5) of this rule.

(E)

- (1) An employer shall not be billed for a period of noncontributing service which occurred before a period of contributing service for which a member received a refund of the member's accumulated contributions, pursuant to section 145.40 of the Revised Code or Article VIII of the combined plan document, until the member has made a redeposit of the refund, pursuant to section 145.31 of the Revised Code or rule 145-3-22 of the Administrative Code.
- (2) The following applies when an employee who is or was exempt from membership pursuant to section 145.03 of the Revised Code with a public employer also has noncontributing service and is an employee with the same public employer.
 - (a) Absent a written exemption, the period of noncontributing service shall be billed to the employer pursuant to section 145.483 of the Revised Code and this rule.
 - (b) An employer shall not be billed for periods of exempt service that are subsequent to a period of noncontributing service unless the subsequent

period of exempt service begins within three months from the last date of compensation for the noncontributing service.

(c) Once the service credit is granted to the member as described in paragraph (D)(7) of this rule, a properly executed written exemption will no longer be accepted by the retirement system.

(3) A member who has service that was exempt and not billed to an employer may purchase such exempt service pursuant to section 145.28 of the Revised Code and PERS rules.

(F) Except as provided in paragraph (F)(4) of this rule:

(1) Employee contributions paid by the employer pursuant to section 145.483 of the Revised Code and this rule shall be held in the employers' accumulation fund as defined in division (B) of section 145.23 of the Revised Code.

(2) Employee contributions paid by the employer, pursuant to section 145.483 of the Revised Code and this rule, shall be refunded to such employer in the event the member receives a refund of the member's accumulated contributions pursuant to section 145.40 of the Revised Code, ~~or a distribution under article VIII of the combined plan document, or a payment under division (H) of section 145.384 of the Revised Code.~~ Amounts paid for employer contributions, interest or other fees, pursuant to section 145.483 of the Revised Code, shall remain with the retirement system.

(3) The employer ~~which that~~ received employee contributions, pursuant to paragraph (F)(2) of this rule, shall be liable for a return of such employee contributions if the employee again becomes a member of the retirement system and either makes a redeposit pursuant to section 145.31 of the Revised Code or rule 145-3-22 of the Administrative Code. The retirement system shall bill the employer for the employee contributions plus interest calculated from the date of the refund through the end of the year preceding the date of the statement.

(4)

(a) For members participating in the member-directed plan, employee contributions and interest paid by the employer pursuant to section 145.483 and this rule shall be held in the member's employer contribution account, as defined in section 1.19 of the member-directed plan document. The amount credited to the member's employer contribution account pursuant to section 145.483 of the Revised Code shall vest in accordance with section 7.02 of the member-directed plan document.

If the member receives a distribution under article VII of the member-directed plan document, the non-vested portion of the employee contributions shall be refunded to the employer.

- (b) For members participating in the member-directed plan, employer contributions and interest paid by the employer pursuant to section 145.483 of the Revised Code and this rule shall be credited to the member's employer contribution account, as defined in section 1.19 of the member-directed plan document, and the retiree medical account, as defined in rule 145-4-01 of the Administrative Code, in the percentages determined by the OPERS board. The amount credited shall vest in accordance with the relevant provisions of the member-directed and retiree medical account plan documents. If the member receives a distribution under article VIII of the member-directed plan document, the non-vested portion of the amounts paid for employer contributions, corresponding interest or other fees pursuant to section 145.483 of the Revised Code shall be transferred as described in section 7.04 of the member-directed plan document or section 4.02 of the retiree medical account plan document, as applicable.
- (G) If a member has contributions in more than one retirement plan, the contributions paid by the employer pursuant to section 145.483 of the Revised Code shall be credited to the plan in which the noncontributing service would have been earned, if it were remitted at the time the service occurred. If the member no longer has contributions in the retirement plan in which the noncontributing service would have been earned, the contributions paid by the employer pursuant to section 145.483 of the Revised Code shall be credited to the plan in which the member is now contributing.

Effective:

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Certification

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07/11/2009, 01/01/2016, 07/01/2016 (Emer.),
09/01/2016, 01/01/2019

145-1-71

Withdrawal of benefit application.

- (A) Except as provided in paragraph (F) of this rule, a member or contributor of the public employees retirement system may withdraw an application for retirement, disability, or annuity payments pursuant to section 145.384 or 145.64 of the Revised Code by either of the following methods:
- (1) Returning to the retirement system not later than thirty days after issuance of the initial benefit payment, all uncashed payments, along with a written request over the member's or retirant's signature to withdraw the application;
 - (2) Remitting to the retirement system a personal check or money order repaying the benefit payment(s) transmitted by or on behalf of the retirement system to the member's or retirant's financial institution not later than thirty days after the institution's receipt of the initial benefit payment, along with a written request over the member's or retirant's signature to withdraw the application.
- (B) Except as provided in division (C)(1) of section 145.45 of the Revised Code or paragraph (F) of this rule, a beneficiary eligible for monthly benefits pursuant to division (A) or (B) of section 145.45 of the Revised Code may withdraw an application for those benefits by either of the following methods:
- (1) Returning to the retirement system not later than thirty days after issuance of the initial benefit payment, all uncashed payments, along with a written request over the beneficiary's signature to withdraw the application and a completed application for a lump sum payment of the member's accumulated account;
 - (2) Remitting to the retirement system a personal check or money order repaying the benefit payments(s) transmitted by the retirement system to the beneficiary's financial institution, not later than thirty days after the institution's receipt of the initial benefit payment, along with a written request over the beneficiary's signature to withdraw the application and a completed application for a lump sum payment of the member's accumulated account.
- (C) If a member participating in the member-directed or combined plan, or the member's beneficiary, withdraws an application as provided in this rule and all or any portion of the member's individual defined contribution account is used to pay the benefit, the member or the beneficiary is not entitled to any investment gains or losses on the amount that was used to pay the benefit for the period beginning on the date the retirement system converts the units in the account for payment and ending on the date the account is reestablished by the retirement system as provided in this rule. The amount used to pay the benefit as provided in this rule shall be credited to the member's individual defined contribution account and invested in the same OPERS

investment options and in the same proportion as the account existed immediately prior to the payment.

- (D) Any non-vested amounts that were forfeited by a member participating in the member-directed plan or the member's beneficiary who withdraws a retirement application under this rule shall be restored to the member's individual defined contribution account or retiree medical account, as defined in rule 145-4-01 of the Administrative Code. Investment gains or losses shall not be applied to the amounts for the period that the amounts were not in the member's individual defined contribution account.
- (E)
- (1) If a member or contributor participating in the traditional pension plan withdraws an application as provided in this rule, the application of the member or contributor for an additional annuity payment under section 145.64 of the Revised Code, if any, shall also be withdrawn.
 - (2) All payments issued pursuant to section 145.64 of the Revised Code shall be returned to the retirement system in accordance with paragraph (A) of this rule.
 - (3) A member is not entitled to any investment gains or losses on the additional annuity account for the period beginning on the date the retirement system converts the units in the account for payment and ending on the date the account is reestablished by the retirement system. The member's additional annuity account shall be credited based on the daily value of the OPERS stable value fund on the date the account is reestablished by the retirement system.
- (F) A member, contributor, or beneficiary may not withdraw an application as described in this rule if either any of the following have occurred:
- (1) The retirement system has made a distribution from the health reimbursement arrangement, retiree medical account or wellness retiree medical account or the retirement system or third-party health care administrator has paid claims for health care coverage for an eligible benefit recipient or eligible dependent, as those terms are defined in rule 145-4-01 of the Administrative Code.
 - (2) The retirement system has paid a portion of the benefit to satisfy a court order.
 - (3) The retirement system has made a distribution in accordance with paragraph (E) of rule 145-1-21 of the Administrative Code.
 - (4) In the case of an application for an additional annuity payment under section 145.64 of the Revised Code, the member, contributor, or beneficiary fails to

also withdraw the individual's application for retirement, disability, or annuity payments under section 145.384 of the Revised Code.

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145-2-22

Receipt of disability benefits.

- (A) ~~After the board has acted on a member's application, it~~ The public employees retirement system shall notify, by regular mail, the member and the member's last employer reporting to the retirement system or other retirement system, as applicable, of its action an approval or denial of an application for a disability benefit.
- (B) The board may require a member to submit to medical examination(s) by an examining physician(s) provided the medical consultant recommends such examination(s) in order to evaluate continued eligibility for disability benefits. The board's consideration shall remain limited to the disabling condition(s) described in paragraph (B)(2) of rule 145-2-21 of the Administrative Code or as described in paragraph (G) of this rule.
- (C) The board may waive the periodic medical examination as described in section 145.362 of the Revised Code upon the recommendation of the board's medical consultant or when the recipient of a disability allowance is within twelve months of becoming eligible for a benefit under section 145.331 of the Revised Code. A waiver of the periodic medical examination does not prohibit the board from requiring the member to submit to future medical examinations.
- (D) Continued medical treatment
- (1) A member whose disability benefit is approved with the requirement of continued medical treatment must submit required medical treatment reports on a form provided by the retirement system. If the member fails to submit a required report or does not continue the required treatment, the member's disability benefit shall be suspended until such report is received by the retirement system or the member resumes treatment. If such failure continues for one year, the disability benefit shall be terminated in accordance with section 145.35 of the Revised Code and is not subject to appeal to the public employees retirement board.
 - (2) The medical consultant may waive the requirement for continued medical treatment if the medical consultant determines that the treatment is no longer helpful or advisable.
 - (3) A disability benefit recipient enrolled in the rehabilitative services program shall comply with the continued medical treatment as described in paragraph (F) of this rule.
- (E) Reemployment of or public service provided by a disability benefit recipient

(1) If a disability benefit recipient is restored to service by a public employer as defined in this rule, the disability benefit shall cease in accordance with section 145.362 of the Revised Code and is not subject to appeal to the public employees retirement board.

(2) Subject to paragraph (E)(3) of this rule, "restored to service" means holding elective office or service as a public employee with any public employer covered by Chapter 145. of the Revised Code, regardless of whether the service is similar or dissimilar to the public employment from which the recipient was found disabled, the amount or type of compensation, if any, or whether the compensation is earnable salary.

(3) "Restored to service" does not include either of the following:

(a) On and after July 1, 2015, service the disability benefit recipient terminates immediately upon notice from the retirement system as described in this paragraph.

Upon receipt of notice that the disability benefit recipient has been restored to service, the system shall notify the recipient on a form provided by the system. The form shall require an affirmation by the recipient that either the service will be terminated in order to continue to receive a disability benefit or the service will continue, which will cause the disability benefit to be terminated. The recipient shall return to the retirement system the signed and notarized form not later than forty-five days after the date it was mailed by the retirement system. If the recipient affirms a continuation of service or the recipient fails to return the form to the retirement system within forty-five days, the disability benefit shall be terminated on the date the recipient was restored to service and any overpayment of disability benefits shall be collected as authorized in Chapter 145. of the Revised Code. If the recipient affirms a termination of service, the termination of service shall be effective on receipt of the notice from the retirement system and any employee contributions remitted for the service shall be unauthorized and returned to the employer. The corresponding employer contributions shall be unauthorized and shall be credited against future employer liabilities.

(b) Service performed as an election worker, as defined in rule 145-1-44 of the Administrative Code, who is not a public employee pursuant to section 145.012 of the Revised Code.

(4) The retirement board shall review the employment of a disability benefit recipient who seeks employment or is employed or compensated by an employer other

than a public employer in a position similar to the position the recipient held as a public employee to determine if the recipient must undergo a medical examination to determine if the disability is ongoing or whether the benefit should be terminated.

(F) Rehabilitative services program

- (1) A disability benefit recipient whose application for a disability benefit was received by the retirement system on or after January 7, 2013, and who was not a law enforcement officer at the time contributing service terminated, may elect to participate in the rehabilitative services program. If the recipient withdraws from the rehabilitative services program, the recipient is eligible to make one additional election to participate. A recipient may elect to participate in the rehabilitative services program under this paragraph not later than six months prior to the beginning of the third year following the benefit effective date.
- (2) For a disability benefit recipient who has elected to participate in the rehabilitative services program, the continued treatment requirement will be satisfied by the recipient's participation in the case management treatment plan through the rehabilitative services program. Prior to the conclusion of the third year following the benefit effective date, non-compliance with the case management treatment plan shall be treated as described in paragraph (D) of this rule. After the conclusion of the third year following the benefit effective date, non-compliance with the case management treatment plan irrevocably terminates the disability benefit recipient's participation in the rehabilitative services program and thereafter the medical examination of the recipient shall be conducted under the standard described in division (B) of section 145.362 of the Revised Code.
- (3) If the recipient has been receiving the benefit for less than five years and the medical consultant determines that there are no rehabilitative services acceptable to the board's medical consultant, the recipient shall be considered on leave of absence and the standard for termination of the benefit is that the recipient is not physically or mentally incapable of resuming the service from which the recipient was found disabled.

(G) Disability from the duties of any position

- (1) Consideration of a recipient's ability to perform any position that meets the criteria in division (B) of section 145.362 of the Revised Code shall include the recipient's physical and mental functionality as based on the recipient's disability record.

- (2) For purposes of evaluating the ability to perform the duties of any position described in division (B) of section 145.362 of the Revised Code, all criteria described in that division shall be determined at the beginning of each review.
- (H) Information gathered or obtained regarding the disabling condition(s) under this rule becomes part of the disability record that is available for review by the medical examiner and medical consultant.

Effective:

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Certification

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01/07/2013 (Emer.), 03/24/2013, 07/07/2013 (Emer.),
09/16/2013, 11/06/2014, 03/23/2015 (Emer.),
06/06/2015, 01/01/2017, 09/01/2017

145-2-23

Disability appeals.

(A) Except as provided in this paragraph, this rule applies when ~~the public employees retirement board either denies~~ an application for a disability benefit filed pursuant to section 145.35 of the Revised Code is denied or ~~terminates~~ a disability benefit pursuant to section 145.362 of the Revised Code is terminated due to the recipient no longer being disabled. The termination of a disability benefit due to any of the following are not subject to the discretion of nor appeal to the public employees retirement board:

- (1) The disability benefit recipient being restored to service, refusing to undergo medical examination, or noncompliance with the annual statement requirement as provided in section 145.362 of the Revised Code and rule 145-2-22 of the Administrative Code;
- (2) The disability benefit recipient's failure to obtain treatment or submit a medical report as provided in division (F) of section 145.35 of the Revised Code and rule 145-2-22 of the Administrative Code.

(B)

- (1) After ~~the board has either denied~~ an application ~~for~~, is denied or ~~terminated~~, a disability benefit is terminated, the member shall be notified in writing of such action.
- (2) The notice shall be sent by regular mail.
- (3) The notice shall include the following information:
 - (a) The ~~board's~~ denial or termination of the disability benefit.
 - (b) The member's right to file a written request to appeal. Such written request to appeal must be received by the ~~board~~ public employees retirement system no later than thirty days from the date of the notice of denial or termination.
 - (c) Failure of a member to submit a written request to appeal shall make the ~~board's~~ action final as to such application or benefit.
 - (d) In addition to the written request to appeal, the member must also submit additional objective medical evidence. For appeals under the own occupation standard of review, such additional evidence shall be current medical evidence documented by a licensed physician specially trained in the field of medicine covering the illness or injury for which the disability is claimed and such evidence has not been considered previously by the

board examining physician or medical consultant. For appeals under the any occupation standard of review, such additional medical evidence shall be current medical evidence documented by a licensed physician specially trained in the field of medicine covering the illness or injury that supports the member's inability to perform the duties of any occupation described in division (B) of section 145.362 of the Revised Code. Such additional medical evidence shall be presented on a form provided by the retirement system.

- (e) Failure to provide the additional medical evidence within forty-five days of the member's appeal request shall make the ~~board's~~ action final to such application or benefit unless an extension for submission of such evidence has been requested and granted within the forty-five days. Only one extension, not to exceed forty-five days, may be granted by the ~~board's~~ staffretirement system.
- (f) All medical costs of physicians selected by the member and incident to the appeal shall be at the expense of the member.
- (g) Returning to public employment covered by Chapter 145. of the Revised Code during an appeal process that follows a termination of benefits automatically voids the member's appeal and the ~~board's~~ termination of disability benefits is final.

(C)

- (1) After submission of any additional medical evidence as described in paragraph (B)(3)(d) of this rule, all evidence shall be reviewed by the ~~board's~~ medical consultant(s) who shall recommend action for concurrence by the board.
- (2) If the board concurs with a recommendation for approval of the appeal, disability benefits shall be paid from the date that was established when the original application for a disability benefit was filed. If a recommendation for termination of a disability benefit was appealed and the appeal is approved by the board, the payments shall be resumed from the date of termination. The member shall be notified by regular mail of the board's decision.
- (3) If the board concurs with a recommendation for denial of the appeal, the member shall be notified by regular mail of the board's decision and such decision shall be final.

- (D) The following apply to disability appeals or applications after the board's decision on an appeal is final:

- (1) .If two years have elapsed since the date the member's contributing service terminated, no subsequent application shall be accepted.
 - (2) Any subsequent applications for a disability benefit filed after the board's final decision on a denial of an appeal and within the two years following the date the member's contributing service terminated shall be submitted with medical evidence supporting progression of the disabling condition or a new disabling condition. The board shall not consider an application under this paragraph if the medical consultant or examining physician concludes there is no evidence of progression or a new disabling condition and the application shall be voided.
 - (3) Notwithstanding paragraph (D)(2) of this rule, a member may file a new disability application without showing progression or a new condition if the member has changed his or her position of public employment since the board's decision on the appeal became final.
- (E) If an appeal is pending, the retirement system shall void the appeal of a member who returns to public employment covered by Chapter 145. of the Revised Code or files a new disability application and the board's denial or termination of disability benefits is final.

Effective:

Five Year Review (FYR) Dates: 9/29/2021

Certification

Date

Promulgated Under: 111.15
Statutory Authority: 145.09
Rule Amplifies: 145.35, 145.36, 145.361, 145.362, 145.37
Prior Effective Dates: 09/18/1963, 02/01/1993, 10/07/1999, 01/01/2003,
02/01/2011 (Emer.), 04/18/2011, 01/01/2012,
12/10/2012, 01/07/2013 (Emer.), 03/24/2013,
11/06/2014, 03/23/2015 (Emer.), 06/06/2015,
01/01/2017

145-3-01

Plan documents.

- (A) This rule amplifies sections 145.81 and 145.811 of the Revised Code.
- (B) To meet the requirements of section 401(a) of the Internal Revenue Code, the public employees retirement board shall adopt the documents entitled the "public employees retirement system of Ohio defined contribution plan" and the "public employees retirement system of Ohio combined defined benefit/defined contribution plan." The board may amend the provisions of the plans in accordance with the provisions of the plan documents.

Five Year Review (FYR) Dates: 9/30/2019 and 09/29/2024

CERTIFIED ELECTRONICALLY

Certification

09/30/2019

Date

Promulgated Under:	111.15
Statutory Authority:	145.80
Rule Amplifies:	145.81,145.811
Prior Effective Dates:	01/01/2003

145-3-02

Combined and member-directed plan provisions.

(A) The combined plan consists of all of the following:

- (1) Sections 145.01 to 145.20 and 145.80 to 145.98 of the Revised Code and any corresponding administrative rules;
- (2) The provisions of the plan document for the PERS combined defined benefit/defined contribution plan, and any amendments thereto;
- (3) Any rules adopted pursuant to section 145.80 of the Revised Code.

(B) The member-directed plan consists of all of the following:

- (1) Section 145.01 to 145.20 and 145.80 to 145.98 of the Revised Code and any corresponding administrative rules;
- (2) The provisions of the plan document for the PERS defined contribution plan, and any amendments thereto;
- (3) Any rules adopted pursuant to section 145.80 of the Revised Code.

Five Year Review (FYR) Dates: 9/30/2019 and 09/29/2024

CERTIFIED ELECTRONICALLY

Certification

09/30/2019

Date

Promulgated Under:	111.15
Statutory Authority:	145.80
Rule Amplifies:	145.81, 145.82
Prior Effective Dates:	01/01/2003, 12/24/2004

145-3-04

Impact of weekend or holiday on initial plan selection.

- (A) This rule amplifies section 145.19 of the Revised Code and sections 2.01 of the combined and member-directed plan documents.
- (B) If the last day of the one hundred-eighty-day election period occurs on a weekend or holiday, the public employees retirement system may accept the election on the first business day after the last day of the one hundred-eighty-day period.

Five Year Review (FYR) Dates: 9/30/2019 and 09/29/2024

CERTIFIED ELECTRONICALLY

Certification

09/30/2019

Date

Promulgated Under:	111.15
Statutory Authority:	145.80
Rule Amplifies:	145.19(A)
Prior Effective Dates:	01/01/2012

145-3-06

Procedure for additional deposits.

- (A) This rule amplifies section 3.04 of the combined plan document and member-directed plan document.
- (B) A member participating in the combined plan or member-directed plan who makes a payment of additional after-tax contributions to the member's miscellaneous contribution account shall remit the payment with a form provided by the public employees retirement system.

Five Year Review (FYR) Dates: 9/30/2019 and 09/29/2024

CERTIFIED ELECTRONICALLY

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09/30/2019

Date

Promulgated Under:	111.15
Statutory Authority:	145.80
Rule Amplifies:	145.81, 145.97
Prior Effective Dates:	01/01/2003, 12/24/2004, 07/01/2007 (Emer.), 08/09/2007

145-3-08

Active/inactive administrative fee.

- (A) This rule amplifies section 24.03(a)(2) and (3) of the combined plan document and section 21.03(a)(2) and (3) of the member-directed plan document.
- (B) The public employees retirement board shall establish the administrative fee, if any, to be assessed under section 24.03(a)(2) and (3) of the combined plan document and section 21.03(a)(2) and (3) of the member-directed plan document.

Five Year Review (FYR) Dates: 9/30/2019 and 09/29/2024

CERTIFIED ELECTRONICALLY

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09/30/2019

Date

Promulgated Under:	111.15
Statutory Authority:	145.80
Rule Amplifies:	145.81, 145.88(A)
Prior Effective Dates:	01/01/2003

145-3-10

Application by participant for refund of contributions.

- (A) This rule amplifies section 8.01(c) of the member-directed plan document and section 8.04(c) of the combined plan document.
- (B) For purposes of section 8.01(c) of the member-directed plan document and section 8.04(c) of the combined plan document, "eligible for benefits under article IX" means a participant is eligible for a benefit under section 9.01 of the member-directed plan document or combined plan document with an effective retirement benefit date on or before the first of the month following the date application for a refund is received by the public employees retirement system.

Five Year Review (FYR) Dates: 9/30/2019 and 09/29/2024

CERTIFIED ELECTRONICALLY

Certification

09/30/2019

Date

Promulgated Under:	111.15
Statutory Authority:	145.80
Rule Amplifies:	145.81
Prior Effective Dates:	01/01/2003

145-3-11

Waiver of spousal consent.

- (A) This rule amplifies sections 9.02(b) and 9.03(e) of the combined plan document and section 9.02(b) of the member-directed plan document.
- (B) For payment options under the combined plan or the member-directed plan, the board may waive the requirement of spousal consent in accordance with rule 145-1-70 of the Administrative Code.

Five Year Review (FYR) Dates: 9/30/2019 and 09/29/2024

CERTIFIED ELECTRONICALLY

Certification

09/30/2019

Date

Promulgated Under:	111.15
Statutory Authority:	145.80
Rule Amplifies:	145.81
Prior Effective Dates:	01/01/2003

145-3-13

Beneficiary and payment plan changes after retirement.

- (A) This rule amplifies section 9.03(e) of the combined plan document and, in the case of a monthly annuity payment option only, sections 9.02 of the combined and member-directed plan documents.
- (B) Beneficiary and plan of payment changes for a retirement allowance under section 9.03(e) of the combined plan document or for a monthly annuity under section 9.02 of the combined plan document shall be made in accordance with rules 145-2-44, 145-2-46, and 145-2-47 of the Administrative Code.
- (C) Beneficiary and plan of payment changes for a monthly annuity under section 9.02 of the member-directed plan document shall be made in accordance with rules 145-2-44 and 145-2-47 of the Administrative Code.

Five Year Review (FYR) Dates: 9/30/2019 and 09/29/2024

CERTIFIED ELECTRONICALLY

Certification

09/30/2019

Date

Promulgated Under:	111.15
Statutory Authority:	145.09
Rule Amplifies:	145.80
Prior Effective Dates:	01/01/2003, 12/24/2004, 10/27/2006

145-3-14

Designation of beneficiaries under the multiple-life plan.

- (A) This rule amplifies section 9.03(e) of the combined plan document and, in the case of a monthly annuity payment option only, sections 9.02 of the combined and member-directed plan documents
- (B) Designation of beneficiaries pursuant to a plan of payment under which a portion of the benefit continues, after the death of the retirant, to two, three, or four surviving beneficiaries shall be made in accordance with rule 145-2-60 of the Administrative Code.

Five Year Review (FYR) Dates: 9/30/2019 and 09/29/2024

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Certification

09/30/2019

Date

Promulgated Under:	111.15
Statutory Authority:	145.09
Rule Amplifies:	145.80
Prior Effective Dates:	10/27/2006, 01/01/2014

145-3-15

Calculation of amount due retirant with multiple beneficiaries under the multiple-life plan.

- (A) This rule amplifies section 9.03(e) of the combined plan document and, in the case of a monthly annuity payment option only, sections 9.02 of the combined and member-directed plan documents.
- (B) Calculation of the amount due to a retirant receiving a benefit pursuant to a plan of payment under which a portion of the benefit continues, after the death of the retirant, to two, three, or four surviving beneficiaries shall be calculated in accordance with rule 145-2-62 of the Administrative Code.

Five Year Review (FYR) Dates: 9/30/2019 and 09/29/2024

CERTIFIED ELECTRONICALLY

Certification

09/30/2019

Date

Promulgated Under: 111.15
Statutory Authority: 145.09
Rule Amplifies: 145.80
Prior Effective Dates: 10/27/2006, 09/01/2013 (Emer.), 09/16/2013

145-3-16

Priority of multiple court orders under the multiple-life plan.

- (A) This rule amplifies section 9.03(e) of the combined plan document and, in the case of a monthly annuity payment option only, sections 9.02 of the combined and member-directed plan documents.
- (B) The priority of multiple court orders shall be established in accordance with rule 145-2-64 of the Administrative Code.

Five Year Review (FYR) Dates: 9/30/2019 and 09/29/2024

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Certification

09/30/2019

Date

Promulgated Under:	111.15
Statutory Authority:	145.09
Rule Amplifies:	145.80
Prior Effective Dates:	10/27/2006, 09/01/2013 (Emer.), 09/16/2013

145-3-21

Purchase of service credit by combined plan members.

- (A) This rule amplifies division (C) of section 145.82 of the Revised Code and section 3.05 of the combined plan document.
- (B) A member participating in the combined plan may purchase service credit under section 145.20, 145.201, 145.291, 145.292, 145.293, 145.299, 145.2915, 145.302, or 145.47 of the Revised Code, former section 145.295, 145.2911, or 145.2913 of the Revised Code as they existed prior to January 7, 2013, or section 3.11 or 3.12 of the combined plan document.
- (C) For purposes of determining the member's eligibility to purchase service credit under section 145.28, 145.295, 145.2911, or 145.2913 of the Revised Code or section 3.11 of the combined plan document, "eighteen months of contributing service credit in the system" means eighteen months of contributing service credit under the combined plan, inclusive of service credit transferred from a prior plan to the combined plan pursuant to rule 145-3-40 of the Administrative Code.

Five Year Review (FYR) Dates: 9/30/2019 and 09/29/2024

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Certification

09/30/2019

Date

Promulgated Under:

111.15

Statutory Authority:

145.80

Rule Amplifies:

145.20,145.201,145.28,145.29,145.291,145.292,145.293,145.295,145.2

Prior Effective Dates:

01/01/2003, 12/24/2004, 01/01/2009, 01/07/2013
(Emer.), 03/24/2013, 07/07/2013 (Emer.), 09/16/2013,
01/01/2016

145-3-22

Restored service.

- (A) This rule amplifies section 145.97 of the Revised Code and section 3.06 of the combined plan document.
- (B) A member participating in the combined plan or a former member who participated in the combined plan may redeposit the amounts withdrawn under article VIII of the combined plan, subject to all of the following:
- (1) The member or former member has at least eighteen months of contributing service in the combined plan or in the Ohio police and fire pension fund or state highway patrol retirement system;
 - (2) The member or former member shall redeposit the amount withdrawn with interest on that amount compounded annually at a rate to be determined by the public employees retirement board from the first day of the month of withdrawal to and including the month of redeposit.
 - (3) If a former member is eligible to buy the service credit as a member of the Ohio police and fire pension fund, state highway patrol retirement system, or the city of Cincinnati retirement system, the former member is ineligible to restore that service credit under this section.
- (C) The amount withdrawn shall be redeposited and credited as follows:
- (1) To the employers' accumulation fund, the amount that equals the amount, if any, distributed under section 8.02 of the combined plan document.
 - (2) To the member's accounts, as defined in section 1.01 of the combined plan document, the amount distributed under section 8.01 of the combined plan document.
 - (3) To the member's account in the employees' savings fund, any remaining amount including the interest required in paragraph (B)(2) of this rule.
- (D) The member may choose to purchase only part of such credit in any one payment, subject to rules adopted by the board. Except for the amount described in paragraph (C)(1) of this rule, the amounts paid to restore service credit under this rule shall vest as described in section 7.01 of the combined plan document.

Five Year Review (FYR) Dates: 9/30/2019 and 09/29/2024

CERTIFIED ELECTRONICALLY

Certification

09/30/2019

Date

Promulgated Under:	111.15
Statutory Authority:	145.80
Rule Amplifies:	145.81,145.82,145.97
Prior Effective Dates:	01/01/2003, 12/24/2004, 01/07/2013 (Emer.), 03/24/2013

145-3-23

Additional liability for service purchases in the combined plan.

(A) This rule amplifies section 145.29 of the Revised Code.

(B) As used in this rule, "service credit" means both of the following:

(1) Service credit that may be purchased or obtained under sections 145.20, 145.201, 145.291, 145.292, 145.293, 145.299, and 145.47 of the Revised Code, as those sections existed on and after January 7, 2013.

(2) Service credit that may be purchased or obtained under section 145.814 of the Revised Code or rule 145-3-40 of the Administrative Code for a plan change that is effective on or after July 7, 2013, under section 2.03 of the combined or member-directed plan document, as amended on January 7, 2013.

(C)

(1) Except as provided in this paragraph, the public employees retirement system shall calculate the cost to purchase service credit by using the greater of the member's final average salary or the member's earnable salary for the twelve months of contributing service under the combined plan immediately preceding the month in which the application to purchase is received by the system. If the member's election to purchase service described in paragraph (B)(2) of this rule occurs less than twelve months after the effective date of a plan change, the system shall calculate the cost to purchase service credit by using the final average salary or last twelve months of earnable salary in the prior plan.

(2) The public employees retirement board shall, based upon its actuary's recommendation, establish the percentage rate for the cost of the service credit under the combined plan.

(D) Payments made by a member to purchase service credit under section 145.29 of the Revised Code and this rule shall be credited to the employees' savings fund and shall be considered the accumulated contributions of the member.

Five Year Review (FYR) Dates: 9/30/2019 and 09/29/2024

CERTIFIED ELECTRONICALLY

Certification

09/30/2019

Date

Promulgated Under:	111.15
Statutory Authority:	145.09
Rule Amplifies:	145.29
Prior Effective Dates:	01/07/2013 (Emer.), 03/24/2013, 07/07/2013 (Emer.), 09/16/2013, 05/08/2014, 03/23/2015 (Emer.), 06/06/2015

ACTION: No Change

DATE: 09/30/2019 2:15 PM

145-3-24

Purchase of workers' compensation service.

A member participating in the combined plan may purchase service credit under section 145.2915 of the Revised Code in accordance with rule 145-2-03 of the Administrative Code.

Five Year Review (FYR) Dates: 9/30/2019 and 09/29/2024

CERTIFIED ELECTRONICALLY

Certification

09/30/2019

Date

Promulgated Under: 111.15
Statutory Authority: 145.80
Rule Amplifies: 145.2915
Prior Effective Dates: 07/07/2013 (Emer.), 09/16/2013

ACTION: No Change

DATE: 09/30/2019 2:15 PM

145-3-27

Purchase of service credit pursuant to section 145.293 of the Revised Code.

A member participating in the combined plan may purchase service credit under section 145.293 of the Revised Code in accordance with rule 145-2-04 of the Administrative Code.

Five Year Review (FYR) Dates: 9/30/2019 and 09/29/2024

CERTIFIED ELECTRONICALLY

Certification

09/30/2019

Date

Promulgated Under:	111.15
Statutory Authority:	145.80
Rule Amplifies:	145.293,145.81,145.82
Prior Effective Dates:	01/01/2003

145-3-28

Free military service credit.

(A) This rule amplifies section 145.30 of the Revised Code as applicable to members participating in the combined plan.

(B) Definitions

(1) "Maintained his membership" means any of the following:

(a) The member's contributions to the combined plan under section 145.85 of the Revised Code remained with the public employees retirement system during the military service;

(b) The member's contributions before the military service were refunded under article VIII of the combined plan document and redeposited in accordance with rule 145-3-22 of the Administrative Code;

(c) The member was exempt from membership or not a contributor to the retirement system before the member's military service, but Chapter 145. of the Revised Code authorizes a retroactive payment to establish membership before the member's military service.

(2) "Military service," "total service credit as defined in section 145.01 of the Revised Code of twenty years," and "was or is out of active service as a public employee by reason of having become a member of the armed forces" have the same meanings as described in rule 145-2-05 of the Administrative Code.

(3) "Was a member" means membership before the member's military service was established in the same manner as described in paragraph (B)(1) of this rule.

(C)

(1) The service credit to which a member is entitled shall be calculated from the date the member entered military service through the date the military service terminated.

(2) The member shall submit to the retirement system report(s) of separation (form DD214) or other satisfactory documentation as evidence of the member's military service and discharge.

Five Year Review (FYR) Dates: 9/30/2019 and 09/29/2024

CERTIFIED ELECTRONICALLY

Certification

09/30/2019

Date

Promulgated Under:	111.15
Statutory Authority:	145.80
Rule Amplifies:	145.30,145.81,145.82
Prior Effective Dates:	01/01/2003

145-3-29

Purchase of military service credit.

(A) This rule amplifies section 145.302 of the Revised Code as applicable to members participating in the combined plan and sections 3.12 and 24.02 of the combined plan document.

(B) A member participating in the combined plan may purchase service credit under section 145.302 of the Revised Code and section 3.12 of the combined plan document.

(C) The member shall submit report(s) of separation (form DD214) or other satisfactory documentation to the public employees retirement system as evidence of the member's military service and discharge.

(D) If a member has been in military service more than once as evidenced by more than one report of separation or service and wishes to purchase credit under section 145.302 of the Revised Code for more than one period of military service, interest as set in rule 145-1-35 of the Administrative Code shall be charged from the date the member last terminated military service.

(E) For military service purchased under section 3.12 of the combined plan document:

(1) A member shall have at least twelve months of contributing service for purposes of the calculation described in paragraph (E)(2) of this rule;

(2) The retirement system shall calculate the cost by using the greater of the member's final average salary or earnable salary for the twelve months of contributing service under Chapter 145. of the Revised Code immediately preceding the month in which the application to purchase is received by the system.

The cost of the service credit shall be not less than fifty percent of the additional liability to the combined plan resulting from that year of service as determined by an actuary employed by the public employees retirement board.

(F) Where applicable, the member's public employer shall certify information including, but not limited to, the earnable salary the member would have earned during the member's military service on a form provided by the retirement system.

(G) The employer contributions due pursuant to section 145.302 of the Revised Code shall be billed to the employer for payment after the member has paid all or part of the employee contributions due. If the employer fails to make the payments required, any employer amounts not paid shall be certified for collection and subject to the same penalty and interest described in section 145.51 of the Revised Code.

Five Year Review (FYR) Dates: 9/30/2019 and 09/29/2024

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Certification

09/30/2019

Date

Promulgated Under:	111.15
Statutory Authority:	145.80
Rule Amplifies:	145.301,145.302,145.81,145.82
Prior Effective Dates:	01/01/2003, 07/07/2013 (Emer.), 09/16/2013

145-3-31

Additional service credit under section 145.201 of the Revised Code.

- (A) This rule amplifies section 145.201 of the Revised Code as applicable to members participating in the combined plan.
- (B) A member participating in the combined plan may purchase service credit under section 145.201 of the Revised Code in accordance with rule 145-2-07 of the Administrative Code.
- (C) A member participating in the combined plan may elect to receive a refund of amounts paid to purchase service credit under section 145.201 of the Revised Code in accordance with rule 145-2-07 of the Administrative Code.

Five Year Review (FYR) Dates: 9/30/2019 and 09/29/2024

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Certification

09/30/2019

Date

Promulgated Under:	111.15
Statutory Authority:	145.09,145.80
Rule Amplifies:	145.201,145.82
Prior Effective Dates:	01/01/2003, 04/06/2007 (Emer.), 07/01/2007

ACTION: No Change

DATE: 09/30/2019 2:15 PM

145-3-32

Purchase of school board member service.

- (A) This rule amplifies section 145.299 of the Revised Code as applicable to members participating in the combined plan.
- (B) A member participating in the combined plan may purchase service credit under section 145.299 of the Revised Code in accordance with rule 145-2-08 of the Administrative Code.

Five Year Review (FYR) Dates: 9/30/2019 and 09/29/2024

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09/30/2019

Date

Promulgated Under:	111.15
Statutory Authority:	145.09,145.80
Rule Amplifies:	145.299,145.81,145.82
Prior Effective Dates:	01/01/2003

145-3-34

Purchase of exempted service credit.

(A) This rule amplifies section 3.11 of the combined plan document.

(B)

(1) For service that would have been covered by Chapter 145. of the Revised Code, but was exempted, a member shall make a request to purchase credit for this service on a form provided by the public employees retirement system.

(2) The employer for which the service was performed shall complete the certification of such service on the form and attach to the form a copy of each approved written exemption from membership on file with the employer for such member.

(3) After receipt of the completed form, the retirement system shall determine the amount of service credit that would have been earned had the service not been exempted.

(C) The service credit purchased pursuant to section 3.11 of the combined plan document and this rule shall be adjusted to the extent that one of the following apply:

(1) The service is concurrent with any other service that will be used in calculating a benefit;

(2) The purchase of the service credit results in more than twelve months of credit in a year.

Five Year Review (FYR) Dates: 9/30/2019 and 09/29/2024

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Certification

09/30/2019

Date

Promulgated Under: 111.15
Statutory Authority: 145.09,145.80
Rule Amplifies: 145.28,145.29,145.81,145.82
Prior Effective Dates: 01/01/2003, 01/07/2013 (Emer.), 03/24/2013,
07/07/2013 (Emer.), 09/16/2013

145-3-35

Police and fire or highway patrol service.

- (A) This rule amplifies sections 145.295 and 145.2913 of the Revised Code as applicable to members participating in the combined plan.
- (B) Any payments made by a member to purchase credit pursuant to section 145.295 or 145.2913 of the Revised Code shall not be refunded to a member except as authorized or required under those sections, article VIII of the combined plan document, as amended on January 7, 2013, or rule 145-2-11 of the Administrative Code.
- (C) This paragraph applies to purchases and transfers initiated after January 7, 2013. The member's effective date of retirement or disability benefit shall be no earlier than the first day of the month following receipt by the retirement system of the first partial payment or total payment, if paid in full by one payment. The member's effective date of retirement or disability benefit shall be no later than the first day of the month following the ninetieth day after receipt by the retirement system of the first partial payment or total payment, if paid in full by one payment. If the member fails to retire, or terminate employment for purposes of a disability benefit, before the ninetieth day after the first partial payment or total payment is received, the retirement system shall return the amount paid by the member to the member. If the payment was transmitted to the retirement system by a financial institution, the amount received by the retirement system shall be returned to the financial institution.

Five Year Review (FYR) Dates: 9/30/2019 and 09/29/2024

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Certification

09/30/2019

Date

Promulgated Under: 111.15
Statutory Authority: 145.80
Rule Amplifies: 145.295,145.2913,145.81,145.82
Prior Effective Dates: 01/01/2003, 12/24/2004, 01/07/2013 (Emer.),
03/24/2013, 01/01/2015

145-3-36

Purchase of optional service.

- (A) This rule amplifies section 145.292 of the Revised Code as applicable to members participating in the combined plan.
- (B) A member participating in the combined plan may purchase service credit under section 145.292 of the Revised Code in accordance with rule 145-2-12 of the Administrative Code.

Five Year Review (FYR) Dates: 9/30/2019 and 09/29/2024

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Certification

09/30/2019

Date

Promulgated Under:	111.15
Statutory Authority:	145.80
Rule Amplifies:	145.292
Prior Effective Dates:	01/07/2013 (Emer.), 03/24/2013

145-3-37

Purchase of leave of absence.

- (A) This rule amplifies section 145.291 of the Revised Code as applicable to members participating in the combined plan.
- (B) A member participating in the combined plan may purchase service credit under section 145.291 of the Revised Code in accordance with rule 145-2-13 of the Administrative Code.

Five Year Review (FYR) Dates: 9/30/2019 and 09/29/2024

CERTIFIED ELECTRONICALLY

Certification

09/30/2019

Date

Promulgated Under:	111.15
Statutory Authority:	145.80
Rule Amplifies:	145.291,145.81,145.82
Prior Effective Dates:	01/01/2003

145-3-38

Cincinnati retirement system.

- (A) This rule amplifies sections 145.2910 and 145.2911 of the Revised Code as applicable to members participating in the combined plan.
- (B) Except as provided in paragraph (C) of this rule, a member participating in the combined plan may purchase service credit under sections 145.2910 and 145.2911 of the Revised Code in accordance with rule 145-2-15 of the Administrative Code.
- (C) Any payments made by a member to purchase credit pursuant to section 145.2910 or 145.2911 of the Revised Code shall not be refunded to a member except as authorized or required under those sections, article VIII of the combined plan document, as amended on January 7, 2013, or rule 145-2-15 of the Administrative Code.
- (D) For purchases and transfers described in paragraph (F) of rule 145-2-15 of the Administrative Code, if the payment was transmitted to the retirement system by a financial institution, the amount received by the retirement system shall be returned to the financial institution.

Five Year Review (FYR) Dates: 9/30/2019 and 09/29/2024

CERTIFIED ELECTRONICALLY

Certification

09/30/2019

Date

Promulgated Under:	111.15
Statutory Authority:	145.80
Rule Amplifies:	145.2910, 145.2911, 145.81, 145.82
Prior Effective Dates:	01/01/2003, 12/24/2004, 01/01/2009, 01/01/2010, 01/07/2013 (Emer.), 03/24/2013, 01/01/2015

145-3-39

Purchase of firefighter service.

- (A) As used in this rule, "firefighter" has the same meaning as in rule 145-1-50 of the Administrative Code.
- (B) A firefighter employed before May 1, 1991, who is or becomes a member on May 1, 1991, may purchase the firefighter service as described in rule 145-2-17 of the Revised Code.

Five Year Review (FYR) Dates: 9/30/2019 and 09/29/2024

CERTIFIED ELECTRONICALLY

Certification

09/30/2019

Date

Promulgated Under:	111.15
Statutory Authority:	145.80
Rule Amplifies:	145.81,145.82
Prior Effective Dates:	01/01/2003

145-3-40

Service credit for participation in member-directed plan.

- (A) This rule amplifies section 145.814 of the Revised Code and section 6.02 of the member-directed plan document.
- (B) For each member who elects to transfer funds from the member-directed plan to purchase service in the combined plan under division (D) of section 145.814 of the Revised Code and section 2.03 of the member-directed plan document, the public employees retirement system shall prepare a statement of cost for service credit to be purchased in the combined plan based on participation in the member-directed plan, at the request of an eligible member. An actuary employed by the public employees retirement board shall determine the additional liability, as defined in section 145.814 of the Revised Code, as described in rule 145-3-23 of the Administrative Code.
- (C) An eligible member shall purchase the service credit only by a lump-sum payment of the amount on deposit, as defined in rule 145-1-35 of the Administrative Code, except that a member described in division (D)(1) of section 145.814 of the Revised Code may, pay any additional liability that exceeds the amount on deposit by initiating payroll deduction under rule 145-1-38 of the Administrative Code or by direct partial payment. For plan elections effective on or before July 1, 2015, the payroll deduction shall be initiated or direct partial payment shall be made not later than one hundred eighty days after the effective date of an election to participate in the combined plan under section 2.03 of the member-directed plan document. Service credit purchased under this rule shall be included in the member's total service credit in the combined plan. If the member elects to receive pro-rated service credit, for purposes of section 1.41 of the combined plan document, the period of service upon which contributing service is based shall be the member's earliest service credit available to purchase under this rule.
- (D) Any funds remaining in an eligible member's accounts, as defined in section 1.01 of the member-directed plan document, after the purchase of service credit under this rule shall be credited to the member's rollover account in the combined plan and treated as a rollover, except that amounts transferred to the member-directed plan under section 2.02 of the member-directed plan document shall be credited to the participant contribution account in the combined plan, as if the contributions had been originally transferred under section 2.02 of the combined plan document. A member may also elect, at the time of service purchase, to leave any remaining funds on deposit in the member-directed plan; any funds remaining shall be credited to the member's rollover account, as defined in section 1.31 of the member-directed plan document, and treated as a rollover.
- (E)

- (1) Service credit purchased under this rule cancels the corresponding years of participation in the member-directed plan.
- (2) For plan elections effective on or before July 1, 2015, years of participation in the member-directed plan that are not purchased under this rule shall be cancelled immediately upon the expiration of the one hundred eighty day period following the effective date of an election to participate in the combined plan under section 2.03 of the member-directed plan document.

Five Year Review (FYR) Dates: 9/30/2019 and 09/29/2024

CERTIFIED ELECTRONICALLY

Certification

09/30/2019

Date

Promulgated Under: 111.15
Statutory Authority: 145.80
Rule Amplifies: 145.81,145.814
Prior Effective Dates: 01/01/2003, 11/15/2003, 12/24/2004, 01/01/2009,
07/11/2009, 01/01/2010, 01/01/2011, 01/07/2013
(Emer.), 03/24/2013, 06/06/2015

145-3-41

Application for a disability benefit.

- (A) This rule amplifies division (C) of section 145.82 of the Revised Code and sections 10.02 and 10.03 of the combined plan document.
- (B) Subject to paragraph (C) of this rule, a member participating in the combined plan who has disability coverage under section 10.01 of the combined plan document may apply for disability benefits in accordance with rule 145-2-21 of the Administrative Code.
- (C) In addition to the agreement required under paragraph (C)~~(1)~~~~(4)~~(4) of that rule, a member participating in the combined plan shall, prior to ~~the public employees retirement board's~~ approval of the member's application, elect one of the options listed in section 10.03 of the combined plan document.

Effective:

Five Year Review (FYR) Dates: 9/30/2019

Certification

Date

Promulgated Under:	111.15
Statutory Authority:	145.80
Rule Amplifies:	145.81, 145.82
Prior Effective Dates:	01/01/2003

145-3-43

Disability appeals.

- (A) This rule applies when ~~the public employees retirement board denies~~ an application for a disability benefit filed under rule 145-3-41 of the Administrative Code is denied.
- (B) After ~~the board has denied~~ an application under rule 145-3-41 of the Administrative Code is denied, the board shall comply with rule 145-2-23 of the Administrative Code.

Effective:

Five Year Review (FYR) Dates: 9/30/2019

Certification

Date

Promulgated Under:	111.15
Statutory Authority:	145.80
Rule Amplifies:	145.81, 145.82
Prior Effective Dates:	01/01/2003

145-3-50

Designation of beneficiary prior to retirement.

- (A) This rule amplifies section 13.02 of the combined plan document and section 11.02 of the member-directed plan document.
- (B) The member participating in the combined or member-directed plan may designate a beneficiary in accordance with section 145.431 of the Revised Code and rule 145-2-30 of the Administrative Code.

Five Year Review (FYR) Dates: 9/30/2019 and 09/29/2024

CERTIFIED ELECTRONICALLY

Certification

09/30/2019

Date

Promulgated Under:	111.15
Statutory Authority:	145.80
Rule Amplifies:	145.431
Prior Effective Dates:	07/07/2013 (Emer.), 09/16/2013

145-3-51

Survivor benefits.

(A) This rule amplifies division (C) of section 145.82 of the Revised Code and section 11.02 of the combined plan document.

(B) Subject to division (C)(1) of section 145.45 of the Revised Code, the beneficiary or beneficiaries of a deceased member participating in the combined plan may elect to forfeit the sums payable under article VIII of the combined plan document and to substitute survivor benefits if the beneficiary or beneficiaries:

(1) Meet the requirements of section 145.45 of the Revised Code;

(2) Elect to transfer to the traditional pension plan under section 11.02 of the combined plan document.

Five Year Review (FYR) Dates: 9/30/2019 and 09/29/2024

CERTIFIED ELECTRONICALLY

Certification

09/30/2019

Date

Promulgated Under:	111.15
Statutory Authority:	145.80
Rule Amplifies:	145.45,145.81,145.82
Prior Effective Dates:	01/01/2003, 12/24/2004

ACTION: No Change

DATE: 09/30/2019 2:16 PM

145-3-52

Proof of dependency.

Where dependency is required for eligibility for benefits under rule 145-3-51 of the Administrative Code, proof of dependency shall be made in accordance with rule 145-2-31 of the Administrative Code.

Five Year Review (FYR) Dates: 9/30/2019 and 09/29/2024

CERTIFIED ELECTRONICALLY

Certification

09/30/2019

Date

Promulgated Under:	111.15
Statutory Authority:	145.80
Rule Amplifies:	145.45,145.81,145.82
Prior Effective Dates:	01/01/2003

ACTION: No Change

DATE: 09/30/2019 2:16 PM

145-3-53

Validity of marriage.

In the absence of a valid marriage certificate, validity of marriage shall be established in accordance with rule 145-2-35 of the Administrative Code.

Five Year Review (FYR) Dates: 9/30/2019 and 09/29/2024

CERTIFIED ELECTRONICALLY

Certification

09/30/2019

Date

Promulgated Under:	111.15
Statutory Authority:	145.80
Rule Amplifies:	145.43,145.81,145.82
Prior Effective Dates:	01/01/2003

ACTION: No Change

DATE: 09/30/2019 2:16 PM

145-3-71

Actuarial reduction factors.

The public employees retirement board shall, based on the recommendation of the board's actuary, establish the percentage rate for the reductions described in section 9.03(a) of the combined plan document, as amended on January 7, 2013.

Five Year Review (FYR) Dates: 9/30/2019 and 09/29/2024

CERTIFIED ELECTRONICALLY

Certification

09/30/2019

Date

Promulgated Under:	111.15
Statutory Authority:	145.09
Rule Amplifies:	145.33, 145.82
Prior Effective Dates:	01/07/2013 (Emer.), 03/24/2013

145-3-73

Cost of living adjustment.

- (A) As used in this rule, "alternate payee" has the same meaning as in section 3105.80 of the Revised Code
- (B) A benefit recipient who has received an allowance under section 9.03 of the combined plan document for at least twelve months shall have such allowance increased pursuant to section 145.323 of the Revised Code and as provided in this rule on the annual anniversary of the recipient's effective benefit date.
- (C) A new benefit base upon which a cost of living adjustment shall be calculated shall be established when:
- (1) A post retirement increase is granted, other than a cost of living adjustment or a payment representing reimbursement of premium for medicare part "B".
 - (2) A retirant receiving under the joint-life plan dies and the surviving beneficiary begins receiving a portion of the amount previously paid to the retirant.
 - (3) A retirant receiving under the joint-life plan reverts to the single-life plan as a result of the death of the beneficiary spouse, or divorce or dissolution of marriage as authorized in section 9.03 of the combined plan document and rule 145-3-13 of the Administrative Code.
 - (4) A retirant receiving under the multiple-life plan reverts to the single-life plan as a result of the removal of all beneficiaries as authorized in section 9.03 of the combined plan document and rule 145-3-13 of the Administrative Code.
 - (5) The benefit established at retirement is recalculated for any reason except for a cost of living adjustment or reimbursement of premium for medicare part "B."
 - (6) A part of a benefit is waived then the base shall be the portion being paid. If a waiver is withdrawn, the full base shall be re-established.
- (D) For allowances that became payable before October 27, 2006, the apportionment of a cost of living adjustment between a benefit recipient and an alternate payee pursuant to section 9.03(d) of the combined plan document shall begin with the next cost of living adjustment granted on or after October 27, 2006, and shall continue while the order is in effect.

Five Year Review (FYR) Dates: 9/30/2019 and 09/29/2024

CERTIFIED ELECTRONICALLY

Certification

09/30/2019

Date

Promulgated Under: 111.15
Statutory Authority: 145.80
Rule Amplifies: 145.323,145.81,145.82
Prior Effective Dates: 01/01/2003, 10/27/2006, 09/01/2013 (Emer.),
09/16/2013

145-3-75 **Death benefit payment.**

- (A) This rule shall apply only to the death benefit payable pursuant to section 145.451 of the Revised Code.
- (B) A retirant may designate a beneficiary or beneficiaries to receive only the death benefit payment.
 - (1) Such designation may be changed on a form provided by the public employees retirement system.
 - (2) Unless a different distribution is specified, the death benefit payment shall be divided equally among the surviving beneficiaries if the retirant designated multiple beneficiaries.
- (C) If the death benefit is payable to the person responsible for the retirant's burial expenses, such person shall submit proof of financial liability for these expenses by paid bills or cancelled checks.

Five Year Review (FYR) Dates: 9/30/2019 and 09/29/2024

CERTIFIED ELECTRONICALLY

Certification

09/30/2019

Date

Promulgated Under:	111.15
Statutory Authority:	145.80
Rule Amplifies:	145.451,145.81,145.82
Prior Effective Dates:	01/01/2003

ACTION: No Change

DATE: 09/30/2019 2:16 PM

145-3-77

Annual interest credited to contributor accounts in the employee savings fund.

The public employees retirement board shall set pursuant to division (A) of section 145.473 of the Revised Code the annual interest rate to be credited to the accounts in the employees' savings fund of members who are participating in the combined plan.

Five Year Review (FYR) Dates: 9/30/2019 and 09/29/2024

CERTIFIED ELECTRONICALLY

Certification

09/30/2019

Date

Promulgated Under: 111.15
Statutory Authority: 145.80
Rule Amplifies: 145.473, 145.81,145.82
Prior Effective Dates: 01/01/2003

145-3-81 **Military service.**

- (A) This rule amplifies section 21.02 of the member-directed plan document.
- (B) A member participating in the member-directed plan may make contributions under section 145.302 of the Revised Code in accordance with rule 145-2-06 of the Administrative Code. Notwithstanding section 145.302 of the Revised Code, a member who makes contributions in accordance with that section shall receive a year or portion of a year of participation, as defined in section 1.38 of the member-directed plan document, rather than service credit.
- (C) Contributions received from a member described in paragraph (B) of this rule shall be deposited and credited in accordance with section 3.03 of the member-directed plan document. Contributions received from the member's employer shall be deposited and credited in accordance with section 3.02 of the member-directed plan document.

Five Year Review (FYR) Dates: 9/30/2019 and 09/29/2024

CERTIFIED ELECTRONICALLY

Certification

09/30/2019

Date

Promulgated Under:	111.15
Statutory Authority:	145.80
Rule Amplifies:	145.302,145.81
Prior Effective Dates:	01/01/2003

145-3-82

Purchase of service credit by member-directed plan members.

- (A) This rule amplifies section 145.47 of the Revised Code as applicable to members participating in the member-directed plan.
- (B) A member participating in the member-directed plan may purchase service credit under section 145.47 of the Revised Code in accordance with rule 145-3-23 of the Administrative Code.

Five Year Review (FYR) Dates: 9/30/2019 and 09/29/2024

CERTIFIED ELECTRONICALLY

Certification

09/30/2019

Date

Promulgated Under: 111.15
Statutory Authority: 145.80
Rule Amplifies: 145.47
Prior Effective Dates: 07/07/2013 (Emer.), 09/16/2013

742-5-09

Purchase of lay-off service credit.

(A) Upon a member's request to purchase service credit for any period during which the member was laid off, OP&F shall provide the member with certification forms to be completed by both the member and the member's employer where the period of lay-off occurred. The member shall certify all of the following information to OP&F:

- (1) The date that he or she was removed from active service as a result of an involuntary lay-off;
- (2) The name of the employer that laid the member off;
- (3) The date that the member returned to full-time service; and
- (4) That, during the period of lay-off, the member did not render any service that is used in the calculation of any public or private retirement benefit, except any federal social security retirement benefit.

(B) The employer shall certify all of the following to OP&F:

- (1) That the member was hired into a full-time position;
- (2) That the member was involuntarily laid off from the full-time position;
- (3) The last day the member worked prior to the involuntary lay-off;
- (4) The first day the member worked after the involuntary lay-off; and
- (5) The total gross wages subject to retirement contributions the member would have received had he or she not been laid off.

(C) The member service credit purchase certification form and the employer service credit purchase certification form, last modified June 12, 2013, can be found on OP&F's website, www.op-f.org. Notwithstanding these certifications, OP&F will review the documentation and determine the member's eligibility to purchase the service credit. If the member is eligible to purchase the lay-off credit, OP&F shall provide the member with a cost statement to purchase the service credit.

(D) For purposes of division (C) of section 742.27 of the Revised Code, the "additional liability" to OP&F resulting from the purchase of lay-off credit shall be the amount that the member and his or her employer would have contributed during the lay-off period, including interest. The amount of the contributions shall be based upon the salary that the member would have earned had there not been an interruption in service. Interest shall be calculated at OP&F's actuarially assumed interest rate and compounded annually based on the effective method of calculating interest from the

date the member returned to full-time active service to the date that OP&F receives payment for the lay-off service credit.

- (E) Service credit for lay-off time shall be purchased in increments of one-year periods, unless the period of lay-off is less than one year. If the lay-off period is less than one year, then the purchase shall be for the full amount of the lay-off time. If the member submits a payment that is less than the full amount of the cost statement, OP&F shall prorate the amount of lay-off service credit. The prorated amount of service credit will be determined by dividing the amount received by the total amount due, then multiplying the result by the amount of service credit the cost was calculated for.

Five Year Review (FYR) Dates: 10/28/2019 and 01/28/2024

CERTIFIED ELECTRONICALLY

Certification

10/28/2019

Date

Promulgated Under:	111.15
Statutory Authority:	742.10
Rule Amplifies:	742.27
Prior Effective Dates:	07/17/1993, 03/09/2001 (Emer.), 05/24/2001, 05/24/2004, 09/28/2014

742-7-03

Payment Issuance date of benefits and DPO payments.

Except as otherwise required by law, all ~~benefit checks~~ benefits and division of property order payments shall be ~~paid~~ issued by Ohio police and fire pension fund ("OP&F") as follows:

- (A) For benefit recipients and alternate payees who ~~request the payment of benefits~~ receive payment by direct ~~deposits~~ deposit, OP&F shall transfer the funds to the ~~benefit recipient's account~~ financial institution on record on the first business day of each month; In the event the first business day of the month falls on a legal holiday, the funds will be transferred on the first business day following the legal holiday.
- (B) For benefit recipients and alternate payees who ~~do not request the~~ cannot receive payment of benefits by direct deposit, OP&F shall mail checks on the last business day of the month ~~for benefits due the following month, even though the issue date of the check will be the first day of the next month, as provided for in rule 742-7-01 of the Administrative Code. In the event a benefit recipient negotiates the check prior to its issue date and OP&F incurs a fee for such transaction, the board of trustees may adopt a policy that provides for the reimbursement of such fees by the benefit recipient.~~
- (C) ~~In the event the first business day of the month falls on a legal holiday, the funds will be available for benefit recipients who request direct deposit on the first business day following the legal holiday.~~

Effective:

Five Year Review (FYR) Dates: 10/28/2019

Certification

Date

Promulgated Under: 111.15
Statutory Authority: 742.10
Rule Amplifies: 742.37, 742.40
Prior Effective Dates: 05/04/2000, 11/30/2004, 09/28/2014

742-21-02

Information to be released pursuant to court order issued under section 3105.87 of the Revised Code.

For purposes of complying with an order issued pursuant to section 3105.87 of the Revised Code that does not specifically reference the information to be disclosed from a member's personal history record, Ohio police and fire pension fund ("OP&F") shall provide the following information about the member:

- (A) Status with OP&F;
- (B) Contribution history;
- (C) Service credit history;
- (D) If receiving a periodic benefit from OP&F, the gross monthly amount of the member's benefit;
- (E) If the member is participating in, or has participated in, the deferred retirement option plan under section 742.43 of the Revised Code, the amounts accrued to the member's benefit pursuant to section 742.443 of the Revised Code; and
- (F) Date of entry into OP&F and, if applicable, the member's effective date of retirement.

Five Year Review (FYR) Dates: 10/28/2019 and 01/28/2024

CERTIFIED ELECTRONICALLY

Certification

10/28/2019

Date

Promulgated Under:	111.15
Statutory Authority:	742.10
Rule Amplifies:	3105.87
Prior Effective Dates:	07/19/2004, 09/28/2014

3309-1-35

Health care.

(A) Definitions

As used in this rule:

- (1) "Benefit recipient" means an age and service retirant, disability benefit recipient, or a beneficiary as defined in section 3309.01 of the Revised Code, who is receiving monthly benefits due to the death of a member, age and service retirant or disability benefit recipient.
- (2) "Member" has the same meaning as in section 3309.01 of the Revised Code.
- (3) "Age and service retirant" means a former member who is receiving a retirement allowance pursuant to section 3309.34, 3309.35, 3309.36 or 3309.381 of the Revised Code. A former member with an effective retirement date after June 13, 1986 must have accrued ten years of service credit, exclusive of credit obtained after January 29, 1981 pursuant to sections 3309.021, 3309.301, 3309.31, and 3309.33 of the Revised Code.
- (4) "Disability benefit recipient" means a member who is receiving a benefit or allowance pursuant to section 3309.35, 3309.39, 3309.40 or 3309.401 of the Revised Code.
- (5) "Dependent" means an individual who is either of the following:
 - (a) A spouse of an age and service retirant, disability benefit recipient, or member,
 - (b) A biological, adopted or step-child of an age and service retirant, disability benefit recipient, member, deceased age and service retirant, deceased disability benefit recipient, or deceased member or other child in a parent-child relationship in which the age and service retirant, disability benefit recipient, member, deceased age and service retirant, deceased disability benefit recipient, or deceased member has or had custody of the child, so long as the child:
 - (i) Is under age twenty-six, or
 - (ii) Regardless of age is permanently and totally disabled, provided that the disability existed prior to the age and service retirant's, disability benefit recipient's, or member's death and prior to the child reaching age twenty-six. For purposes of this paragraph "permanently and totally disabled" means the individual is unable to engage in any substantial gainful activity by reason of any

medically determinable physical or mental impairment which can be expected to result in death, or which has lasted or can be expected to last for a continuous period of not less than twelve months.

- (6) "Health care coverage" means ~~any~~ either of the following group plans offered by the system:
- (a) A medical and prescription drug plan; ~~or~~
 - (b) Limited wraparound coverage, which provides limited benefits that wrap around an individual health insurance plan; ~~or-~~
 - (c) An excepted benefit health reimbursement arrangement, which provides reimbursement of medical expenses incurred under an individual health insurance plan.
- (7) "Premium" means a monthly amount that may be required to be paid by a benefit recipient to continue enrollment for health care coverage for the recipient or the recipient's eligible dependents.
- (8) "Employer" and "public employer" have the same meaning as in section 3309.01 of the Revised Code.

(B) Eligibility

- (1) A person is eligible for health care coverage under the school employees retirement system's health care plan so long as the person qualifies as one of the following:
- (a) An age and service retiree or the retiree's dependent,
 - (b) A disability benefit recipient or the recipient's dependent,
 - (c) The dependent of a deceased member, deceased age and service retiree, or deceased disability benefit recipient, if the dependent is receiving a benefit pursuant to section 3309.45 or 3309.46 of the Revised Code,
 - (d) The dependent child of a deceased member, deceased disability benefit recipient, or deceased age and service retiree if the spouse is receiving a benefit pursuant to section 3309.45 or 3309.46 of the Revised Code and the spouse elects to be covered.
- (2) Eligibility for health care coverage shall terminate when the person ceases to qualify as one of the persons listed in paragraph (B)(1) of this rule, except that a

dependent described in paragraph (A)(5)(b)(i) of this rule shall cease to qualify on the first day of the calendar year following the dependent's twenty-sixth birthday.

- (3) Except for a dependent described in paragraph (A)(5)(b) of this rule, eligibility for health care coverage shall terminate when the person is not enrolled in medicare part B and on or after January 1, 2016 commences employment that provides access to a medical plan with prescription coverage 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 drug coverage available through the employer is equivalent to the medical plan with prescription coverage at the cost available to fulltime employees as defined by the employer. For purposes of this paragraph, employer means a public or private employer.

(C) Enrollment

- (1) Except as otherwise provided in this rule, an eligible benefit recipient may enroll in school employees retirement system's health care coverage only at the time the benefit recipient applies for an age and service retirement, disability benefit, or monthly benefits pursuant to section 3309.45 of the Revised Code.
- (2) An eligible spouse of an age and service retirant or disability benefit recipient may only be enrolled in the system's health care coverage at the following times:
 - (a) At the time the retirant or disability benefit recipient enrolls in school employees retirement system's health care coverage.
 - (b) Within thirty-one days of the eligible spouse's:
 - (i) Marriage to the retirant or disability benefit recipient;
 - (ii) Voluntary or involuntary termination of health care coverage under medicaid; or
 - (iii) Involuntary termination of health care coverage under another plan, including a medicare advantage plan, or medicare part D plan.
 - (c) Within ninety days of becoming eligible for medicare.
- (3) An eligible dependent child of an age and service retirant, disability benefit recipient, or deceased member may be enrolled in the system's health care coverage at the following times:

- (a) At the time the retirant, disability benefit recipient, or surviving spouse enrolls in school employees retirement system's health care coverage.
- (b) Within thirty-one days of the eligible dependent child's:
 - (i) Birth, adoption, or custody order; or
 - (ii) Voluntary or involuntary termination of health care coverage under medicaid;
 - (iii) Involuntary termination of health care coverage under another plan, including a medicare advantage plan, or medicare part D plan.
- (c) Within ninety days of becoming eligible for medicare.

(D) Cancellation of health care coverage

(1) Health care coverage of a person shall be cancelled when:

- (a) The person's eligibility terminates as provided in paragraph (B)(2) of this rule;
- (b) The person's eligibility terminates as provided in paragraph (B)(3) of this rule;
- (c) The person's health care coverage is cancelled for default as provided in paragraph (F) of this rule;
- (d) The person's health care coverage is waived as provided in paragraph (G) of this rule;
- (e) The person's health care coverage is cancelled due to the person's enrollment in a medicare advantage plan or medicare part D plan as provided in paragraph (H) of this rule;
- (f) The health care coverage of a dependent is cancelled when the health care coverage of a benefit recipient is cancelled; or
- (g) The person's benefit payments are suspended for failure to submit documentation required to establish continued benefit eligibility under division (B)(2)(b)(i) of section 3309.45 of the Revised Code, division (F) of section 3309.39 of the Revised Code, division (D) of section 3309.41 of the Revised Code, or division (D) of section 3309.392 of the Revised Code.

(E) Effective date of coverage

- (1) The effective date of health care coverage for persons eligible for health care coverage as set forth in paragraph (B) of this rule shall be as follows:
 - (a) For a disability benefit recipient or dependent of a disability benefit recipient, health care coverage shall be effective on the first of the month following the determination and recommendation of disability to the retirement board or on the benefit effective date, whichever is later.
 - (b) For an age and service retirant or dependent of an age and service retirant, health care coverage shall be effective on the first of the month following the date that the retirement application is filed with the retirement system or on the benefit effective date, whichever is later.
 - (c) For an eligible dependent of a deceased member, deceased disability benefit recipient, or deceased age and service retirant, health care coverage shall be effective on the effective date of the benefit if the appropriate application is received within three months of the date of the member's or retirant's death, or the first of the month following the date that the appropriate application is received if not received within three months of the date of the member's or retirant's death.

(F) Premiums

- (1) Payment of premiums for health care coverage shall be by deduction from the benefit recipient's monthly benefit. If the full amount of the monthly premium cannot be deducted from the benefit recipient's monthly benefit, the benefit recipient shall be billed for the portion of the monthly premium due after any deduction from the monthly benefit.
- (2) Premium payments billed to a benefit recipient shall be deemed in default after the unpaid premiums for coverage under this rule and supplemental health care coverage under rule 3309-1-64 of the Administrative Code reach a total cumulative amount of at least three months of billed premiums. The retirement system shall send written notice to the benefit recipient that payments are in default and that coverage will be cancelled on the first day of the month after the date of the notice unless payment for the total amount in default is received prior to the date specified in the notice. If coverage is cancelled due to a recipient's failure to pay premium amounts in default, the recipient shall remain liable for such amounts due for the period prior to cancellation of coverage.

- (3) After cancellation for default, health care coverage can be reinstated as provided in paragraph (I) of this rule, or upon submission of an application for reinstatement supported by medical evidence acceptable to SERS that demonstrates that the default was caused by the benefit recipient's physical or mental incapacity. "Medical evidence" means documentation provided by a licensed physician of the existence of the mental or physical incapacity causing the default. Health care coverage reinstated after termination for default shall be effective on the first of the month following the date that the application for reinstatement is approved and payment for the total amount in default is received.
- (4) A person enrolled in SERS' health care plan cannot receive a premium subsidy unless that person is:
- (a) A dependent child.
 - (b) An age and service retiree:
 - (i) An age and service retiree with an effective retirement date before August 1, 1989; or
 - (ii) An age and service retiree with an effective retirement date on or after August 1, 1989 and before August 1, 2008 who had earned fifteen years of service credit; or
 - (iii) An age and service retiree with an effective retirement date on or after August 1, 2008 who had earned twenty years of service credit, exclusive of credit obtained after January 29, 1981, pursuant to sections 3309.021, 3309.301, 3309.31, and 3309.33 of the Revised Code, and who:
 - (a) Was eligible to participate in the health care plan of his or her employer at the time of retirement or separation from SERS service; or
 - (b) Was eligible to participate in the health care plan of his or her employer at least three of the last five years of service preceding retirement or separation from SERS service.
 - (c) A disability benefit recipient:
 - (i) A disability benefit recipient with an effective benefit date before August 1, 2008; or

(ii) A disability benefit recipient with an effective benefit date on or after August 1, 2008 who:

(a) Was eligible to participate in the health care plan of his or her employer at the time of separation from SERS service; or

(b) Was eligible to participate in the health care plan of his or her employer at least three of the last five years of service preceding separation from SERS service.

(d) A spouse:

(i) A spouse or surviving spouse of an age and service retiree or disability benefit recipient with an effective retirement date or benefit date before August 1, 2008 who had earned twenty-five years of service credit, exclusive of credit obtained after January 29, 1981, pursuant to sections 3309.021, 3309.301, 3309.31, and 3309.33 of the Revised Code;

(ii) A spouse or surviving spouse of an age and service retiree or disability benefit recipient with an effective retirement date or benefit date on or after August 1, 2008 who had earned twenty-five years of service credit, exclusive of credit obtained after January 29, 1981, pursuant to sections 3309.021, 3309.301, 3309.31, and 3309.33 of the Revised Code, and who:

(a) Was eligible to participate in the health care plan of his or her employer at the time of retirement or separation from SERS service; or

(b) Was eligible to participate in the health care plan of his or her employer at least three of the last five years of service preceding retirement or separation from SERS service.

(iii) A surviving spouse of a deceased member who had earned twenty-five years of service credit, exclusive of credit obtained after January 29, 1981, pursuant to sections 3309.021, 3309.301, 3309.31, and 3309.33 of the Revised Code, with an effective benefit date before August 1, 2008; or

(iv) A surviving spouse of a deceased member who had earned twenty-five years of service credit, exclusive of credit obtained after January 29, 1981, pursuant to sections 3309.021, 3309.301,

3309.31, and 3309.33 of the Revised Code, with an effective benefit date on or after August 1, 2008, and the member;

- (a) Was eligible to participate in the health care plan of his or her employer at the time of death or separation from SERS service; or
 - (b) Was eligible to participate in the health care plan of his or her employer at least three of the last five years of service preceding the member's death or separation from SERS service.
- (e) For purposes of determining eligibility for a subsidy under paragraph (F) (4) of this rule, when the last contributing service of an age and service retiree, disability benefit recipient, or member was as an employee as defined by division (B)(2) of section 3309.01 of the Revised Code, the health care plan participation requirement shall be if the individual would have been eligible for the public employer's health care plan if the individual were an employee as defined by division (B)(1) of section 3309.01 of the Revised Code.
- (f) Any other individual covered under a SERS health care plan shall be eligible for a premium subsidy under the standard set forth for spouses.
- (g) In all cases of doubt, the retirement board shall determine whether a person enrolled in a SERS health care plan is eligible for a premium subsidy, and its decision shall be final.

(G) Waiver

- (1) A benefit recipient may waive health care coverage by completing and submitting a SERS waiver form to SERS.
- (2) The health care coverage of a benefit recipient's dependent may be waived as follows:
 - (a) For non-medicare eligible dependents, the benefit recipient may waive their coverage by completing and submitting a signed written request to SERS on their behalf.
 - (b) For medicare eligible dependents, the dependent may waive their coverage by completing and submitting a signed written request to SERS.

(H) Medicare advantage or medicare part D

SERS shall cancel the health care coverage of a benefit recipient or dependent who enrolls in a medicare advantage or medicare part D plan that is not offered by the system.

(I) Reinstatement to SERS health care coverage

- (1) An eligible benefit recipient, or dependent of a benefit recipient with health care coverage, whose coverage has been previously waived or cancelled may be reinstated to SERS health care coverage by filing a health care enrollment application as follows:
 - (a) The application is received no later than ninety days after becoming eligible for medicare. Health care coverage shall be effective the later of the first day of the month after becoming medicare eligible or receipt of the enrollment application by the system;
 - (b) The application is received no later than thirty-one days after voluntary or involuntary termination of coverage under medicaid. Health care coverage shall be effective the later of the first day of the month after termination of coverage or receipt of proof of termination and the enrollment application by the system; or
 - (c) The application is received no later than thirty-one days after involuntary termination of coverage under another plan, medicare advantage plan, or medicare part D plan with proof of such termination. Health care coverage shall be effective the later of the first day of the month after termination of the other plan or receipt of proof of termination and the enrollment application by the system.
- (2) An eligible person whose coverage was cancelled pursuant to paragraph (D)(1)(g) of this rule shall be reinstated to SERS health care plan when benefit payments are reinstated.
- (3) An eligible person whose coverage was cancelled pursuant to paragraph (D)(1)(b) of this rule may be reinstated to SERS health care plan when they no longer have access to the medical plan of an employer by filing a health care enrollment application within thirty-one days of the employment ending.
- (4) An eligible benefit recipient or dependent of a benefit recipient with health care coverage, whose coverage has been previously cancelled and who is enrolled in medicare parts A and B or medicare part B only on December 31, 2007 may be reinstated to SERS health care coverage by filing a healthcare enrollment

application during the period of time beginning October 1, 2007 and ending November 30, 2007. Health care coverage shall be effective January 1, 2008.

- (5) An eligible benefit recipient or dependent of a benefit recipient with health care coverage, whose coverage has been previously cancelled pursuant to paragraph (H) of this rule and who is enrolled in medicare parts A and B or medicare part B only on June 30, 2009 may be reinstated to SERS health care coverage by filing a health care enrollment application during the period of time beginning May 21, 2009 and ending July 15, 2009.
- (6) An eligible benefit recipient who had an effective retirement or benefit date on or after August 1, 2008, who qualifies for a premium subsidy under paragraph (F) (4) of this rule, and whose coverage has previously been waived as provided in paragraph (G) of this rule, may be reinstated to school employees retirement system health care coverage by submitting a complete health care enrollment application on or before December 14, 2012. Health care coverage shall be effective January 1, 2013.
- (7) An eligible benefit recipient for whom SERS is transferring funds to another Ohio retirement system in accordance with paragraph (G) of rule 3309-1-55 of the Administrative Code may be reinstated to SERS health care coverage by submitting a health care enrollment application during open enrollment periods for health care coverage starting January 1, 2015 or January 1, 2016.

(J) Medicare part B

- (1) A person who is enrolled in SERS' health care shall enroll in medicare part B at the person's first eligibility date for medicare part B.
- (2)
 - (a) The board shall determine the monthly amount paid to reimburse an eligible benefit recipient for medicare part B coverage. The amount paid shall be no less than forty-five dollars and fifty cents, except that the board shall make no payment that exceeds the amount paid by the recipient for the coverage.
 - (b) As used in paragraph (J) of this rule, an "eligible benefit recipient" means:
 - (i) An eligible person who was a benefit recipient and was eligible for medicare part B coverage before January 7, 2013, or
 - (ii) An eligible person who is a benefit recipient, is eligible for medicare part B coverage, and is enrolled in SERS' health care.

- (3) The effective date of the medicare part B reimbursement to be paid by the board shall be as follows:
- (a) For eligible benefit recipients who were a benefit recipient and were eligible for medicare B coverage before January 7, 2013 the later of:
 - (i) January 1, 1977; or
 - (ii) The first of the month following the date that the school employees retirement system received satisfactory proof of coverage.
 - (b) For eligible benefit recipients not covered under paragraph (J)(3)(a) of this rule, the later of:
 - (i) The first month following the date that the school employees retirement system received satisfactory proof of coverage, or
 - (ii) The effective date of SERS health care.
- (4) The board shall not:
- (a) Pay more than one monthly medicare part B reimbursement when a benefit recipient is receiving more than one monthly benefit from this system; nor
 - (b) Pay a medicare part B reimbursement to a benefit recipient who is eligible for reimbursement from any other source.

Effective:

Five Year Review (FYR) Dates: 2/1/2024

Certification

Date

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