



Ohio Public Employees Retirement System

277 East Town Street, Columbus, Ohio 43215-4642

1-800-222-PERS (7377) www.opers.org

Request for Optional Exemption as a Student

This form must be submitted to OPERS within the first month after a student's employment. It must be approved by OPERS and returned to the employer.

This exemption is only available to a student employee working for the public school, college, or university in which the student is enrolled and attending. This exemption remains valid as long as the student continues to be employed by and attending (except during scheduled breaks in classes) the school which certifies this form. If the student continues to work during an extended break (i.e. summer or other term) and is not enrolled in classes, the student must begin making contributions to OPERS on the student's earnable salary. If the student resigns from working for the school certifying this form and begins attending and working for the same or another public school, college, or university in Ohio, the student must file a new exemption.

If the student does not meet these requirements, the student must become a member of OPERS. If the student later becomes a member of OPERS, the student may be eligible to purchase this exempt service (Ohio Revised Code Section 145.28).

Section 1 - Personal Information

Social Security Number

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First Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

MI

Last Name

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Street or Mailing Address

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Apt. Number

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City

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State

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ZIP Code

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Date Of Birth

Month

--	--

Day

--	--

Year

--	--	--	--

Gender

Male

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Female

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Home Phone Number

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Work Phone Number

--	--	--	--	--	--	--	--	--	--

Fax Phone Number

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E-mail Address

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Section 2 - Employment Information

Month

Day

Year

Date on which I began working for institution where I am enrolled

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Name of school, college, or university

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Department

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Title or position

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Section 3- Acknowledgment

I have reviewed this form and I choose an optional exemption from membership in OPERS as a student working at the public school, college, or university where I attend. I understand that I must become a member of OPERS if my employment does not meet the requirements stated on this form.

Student Signature_____

DO NOT PRINT OR TYPE

Month

Day

Year

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Section 4 - Certification by Payroll or Fiscal Officer

I, _____ certify this employee is a student enrolled

Payroll or Fiscal Officer's printed name

and attending this school. I understand if this request is approved by OPERS, this form will be stamped "APPROVED" and returned to this school. After the school receives the approved exemption, no deductions will be taken from the student's salary. Membership shall be established if this exemption is not approved or if employment does not meet the requirements of Ohio Revised Code Section 145.03.

Payroll or Fiscal Officer Signature_____

DO NOT PRINT OR TYPE

Month

Day

Year

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Name of school, college, or university

[illegible]

Department

[illegible]

**WHEN APPROVED BY OPERS AND RETURNED, THIS BECOMES THE PERMANENT EMPLOYER COPY.
DO NOT DESTROY. THIS IS THE ONLY COPY OF THIS EXEMPTION.**

DO NOT WRITE BELOW THIS LINE - FOR OPERS OFFICE USE ONLY