Ohio Police & Fire Pension Fund

Ohio Police & Fire Pension Fund
140 East Town Street
Columbus, OH 43215
Phone: 1-888–864–8363
www.op–f.org

EMPLOYER INFORMATION FORM

The Employer Information Form is used to create or update specific employer data for the Ohio Police & Fire Pension Fund (OP&F). Complete this form and return to OP&F if you are a new employer or if your employer contact information changes. If you have any questions or require assistance, please contact OP&F Employer Education at (614) 628-8311.

Section A: Employer information

Check one: ☐ New Employer ☐ Current Employer

Employer Name (complete name, "City of _____; "_____ Township"):	Employer Code (if current employer):
Address:	
City, state, ZIP code:	County:

If reporting for both police and fire and the information provided is *identical* for both divisions, mark both the Police and Fire boxes. If reporting for both police and fire and the information is *different* for each division, submit a separate form for each.

☐ Police   ☐ Fire

Section B: Primary payroll reporting contact information

Name:	Title and date payroll reporting duties were assumed:
Telephone (include extension):	Fax number:	E-mail address:

| ☐ Use same mailing address as in Section A | Mailing address (if different from Section A): |
| | City, state, ZIP code: |

Section C: Secondary contact information (if applicable)

To designate a responsible person other than the primary payroll reporting contact person for any of the following, please complete the appropriate sections below. (Attach additional pages if necessary.)

Name:	Title
Telephone:	Email address

| ☐ Use same mailing address as in Section A | Mailing address (if different from Section A) |
| | City, State, ZIP |

☐ Alternate payroll contact   ☐ Interim Payment Certifications   ☐ Employer Accounting of Member Contributions
☐ Job descriptions   ☐ Personal History Records   ☐ Pre-Employment Physicals
☐ Other

Police or Fire Chief, Mayor or City Council members (optional):

Name/Title:	Telephone	Name/Title	Telephone
Name/Title:	Telephone	Name/Title	Telephone
Name/Title:	Telephone	Name/Title	Telephone

Deliver to: Finance/Employer Services Group
1297   3/25/2024 Previous versions obsolete.

Employer Information Form

Section D: Payroll information

Pay frequency (check one):

❏ Bi-Weekly   ❏ Weekly   ❏ Semi-Monthly   ❏ Monthly

First *Report of Retirement Deductions* - Start and End dates	Earning cycle (example: Monday - Sunday):
From: To:	

In order for contributions to be reported to OP&F under a Tax Deferred Pick-up Plan, a pick-up resolution in the format approved by OP&F's Board of Trustees must be filed with OP&F per the Ohio Administrative Code 742-7-14. This resolution can be found online at www.op-f.org. If you have any questions regarding the pick-up resolution, contact OP&F Employer Education at (614) 628-8311.

Contributions are either reported as taxed or tax deferred and refers to how employers tax member contributions prior to sub-mitting to OP&F. If any portion of the contributions are tax deferred, check the Tax Deferred box below.

Contributions reported:	Is a pick-up resolution on file with OP&F?
Percentage Taxed: _____ Percentage Tax Deferred: _____	❏ Yes ❏ No ❏ no pick-up plan

Section E: Employer authorization

I hereby certify that the foregoing information is accurate and authorize OP&F to change the indicated employer information

Signature of authorized employer representative:	Date of signature:
▶	

OP&F USE ONLY

Employer code: _____

Authorized by: _____   Date: _____