

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):
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Address:

City, state, ZIP code:	County:
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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:

<input type="checkbox"/> 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

<input type="checkbox"/> Use same mailing address as in Section A	Mailing address (if different from Section A):
	City, State, ZIP

<input type="checkbox"/> Alternate payroll contact	<input type="checkbox"/> Interim Payment Certifications	<input type="checkbox"/> Employer Accounting of Member Contributions
<input type="checkbox"/> Job descriptions	<input type="checkbox"/> Member Information Form	<input type="checkbox"/> Pre-Employment Physicals
<input type="checkbox"/> Employer Certification of Member Enrollment	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

Section D: Payroll information

Pay frequency (check one):

☐ Bi-Weekly ☐ Weekly ☐ Semi-Monthly ☐ Monthly

First Report of Retirement Deductions - Start and End dates

From:

To:

Earning cycle (example: Monday - Sunday):

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 submitting to OP&F. If any portion of the contributions are tax deferred, check the Tax Deferred box below.

Contributions reported:

Percentage Taxed: _____ Percentage Tax Deferred: _____

Is a pick-up resolution on file with OP&F?

☐ 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: _____