



EMPLOYER PAYMENT REMITTANCE

This form is mandatory to accompany payments in order to help the Ohio Police & Fire Pension Fund (OP&F) to process employer payments accurately and eliminate the need for research or calling the employer. Employer representatives must enter their employer's office street address and phone number on this form; do not enter your home address or phone number, even if you work from home. This form is mandatory under Ohio Administrative Code section 742-9-10.

Section A: Employer information

Employer name		Employer 4-digit code
Employer street address	<input type="checkbox"/> New address	Employer telephone <input type="checkbox"/> New number
City, State, ZIP code		Employer fax
Employer P.O. Box address, city, state, ZIP code		<input type="checkbox"/> New address
Employer representative/title	<input type="checkbox"/> New clerk	Email

Section B: Summary of Contributions and Deductions

Earning start:	Earning stop:																				
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A separate form is required for each reporting period.

Reporting Type (if applicable)

- Standard monthly report
- Corrected report & additional money owed

Payment Type (must check one)

- Funds will be sent by wire (date wire will be posted: _____)
- Funds will be sent by ACH (date ACH will be posted: _____)

	Police officers	Firefighters	Total
Gross pensionable wages	\$	\$	
Member contributions	\$	\$	\$
Employer contributions	\$	\$	\$
Payroll deduction purchases	\$	\$	\$
Accrued liability	\$	\$	\$
Military leave granting	\$	\$	\$
Terminal pay contributions	\$	\$	\$
Penalty and/or interest	\$	\$	\$
Total contributions submitted			\$

COMMENTS:

Section C: Signature and Acknowledgement

I hereby certify that the foregoing completed form is correct and complete to the best of my knowledge.

Employer representative signature:	Date of signature:
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