



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

New Employer Information Form

The New Employer Information Form is used to enroll a new employer with Ohio Police & Fire Pension Fund (OP&F). Complete this form and return to OP&F. If you have any questions or require assistance, please contact OP&F Employer Education at 1-888-864-8363.

Section A: Employer Information

Provide the complete name (e.g., "City of _____" or "_____ Township") and address information below.

Employer Name	
Department	If reporting for both fire and police, mark both fire and police boxes. ☐ Fire ☐ Police
Address Line 1	
Address Line 2	
City, State, ZIP Code	
County	

Section B: Primary Contact

Provide the information for the individual that will be the primary contact for the Employer. This individual will be given access to the Employer Portal to add any secondary contacts.

Primary Contact Name		
Title		
Telephone (include extension)		
Fax Number		
E-mail address		
☐ Same as Employer Address	Address Line 1	
	Address Line 2	
	City, State, ZIP Code	
	County	

Section C: Payroll Information

When completing the table below, if the pay frequency is Monthly or Semi-Monthly, do not provide the Earning Cycle.

Pay frequency (check one):	First Work History Report Start Date	First Work History Report End Date	Earning Cycle (e.g. Monday – Sunday)	Department
☐ Bi-Weekly ☐ Semi-Monthly ☐ Monthly ☐ Weekly				☐ Fire ☐ Police
☐ Bi-Weekly ☐ Semi-Monthly ☐ Monthly ☐ Weekly				☐ Fire ☐ Police
☐ Bi-Weekly ☐ Semi-Monthly ☐ Monthly ☐ Weekly				☐ Fire ☐ Police
☐ Bi-Weekly ☐ Semi-Monthly ☐ Monthly ☐ Weekly				☐ Fire ☐ Police

Contributions are either reported as taxed or tax deferred and refers to how employers tax member contributions prior to submitting to OP&F. 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. Model pick-up resolutions can be found online at www.op-f.org.

Do you have a Pick-up Plan? ☐ Yes ☐ No

Percentage Taxed: _____ Percentage Tax Deferred: _____

If Yes, please attach a copy with the New Employer Information Form.

Employer Authorization

I hereby certify that the foregoing information is accurate and authorize OP&F to create a new employer account.

Signature of authorized employer representative

Date of signature

OP&F USE ONLY

Employer Code:

Authorized by

Date