



INDEPENDENT CONTRACTOR/WORKER ACKNOWLEDGMENT

Ohio Public Employees Retirement System
277 East Town Street, Columbus, Ohio 43215-4642

Employer Services: 1-888-400-0965
www.opers.org

This form is to be completed if you are an individual who begins providing personal services to a public employer on or after Jan. 7, 2013 but are not considered by the public employer to be a public employee (e.g., you are an independent contractor) and will not have contributions made to OPERS. This form must be completed not later than 30 days after you begin providing personal services to the public employer.

STEP 1: Personal Information

Social Security Number

— — —

Date of Birth

Month Day Year
/ /

First Name

MI Last Name

Name of Current Employer

I am an OPERS or other retirement system benefit recipient

STEP 2: Public Employer Information

Name of Public Employer for Which You Are Providing Personal Services

New Richmond

Employer Contact

First Name

MI Last Name

Lynn

Board

Employer Code

Employer Contact Phone Number

4653-08

513-553-4146
x12

Service Provided to Public Employer

Start Date of Service

End Date of Service

Month Day Year
/ /

Month Day Year
/ /

