

Tracy A. Jemison – Geauga County Auditor  
Payroll Manual

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**This Manual Available on County Intranet**

This manual will outline **payroll procedures** in the following pages. The County Auditor, as the chief fiscal officer and chief disbursing agent, issues the payroll warrants, or *checks*, for all County employees. The payroll checks are written bi-weekly, or every two weeks.

An electronic version of the Payroll Manual is available on the Geauga County intranet. The County Auditor's Office will periodically update portions of this manual and insert new forms as needed. To access the electronic version of this manual, please do the following:

On the Address line in Internet explorer, type <http://petey> and press Enter. Click on the Auditor Payroll Manual icon.

You must have the free Adobe Acrobat Reader installed on your PC to open these files.

**Adobe Download**



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### **Medicare**

The Medicare tax rate is 1.45%, paid by both the employee and the employer, on gross payroll. All employees hired after April 1986 are subject to the Medicare tax, unless they had a continuous service transfer from another county department.

### **United Way Contributions**

County employees can contribute to the United Way of Geauga County through payroll deduction. United Way representatives will distribute contribution cards during the campaign drive.

### **Other Payroll Deductions**

Certain other payroll deduction programs are available, such as fraternal organization fees. A general rule of thumb is that for a new payroll deduction program to be initiated, at least 10% of the payroll population must participate. However, each request for a new payroll deduction program will be reviewed on a case-by-case basis.

### **Certain Mandatory Garnishments or Levies**

IRS levies and court orders are mandatory garnishments. If this is an issue, employees should receive information from the agency initiating the garnishment or levy action.

### **Terminating Employees**

When a County employee retires, resigns, or is terminated, the County Auditor will prepare the final pay in accordance with departmental policy and an approved payroll voucher.

The department must inform the County Auditor (on an approved payroll voucher) whether to pay the terminated employee for unused sick leave, vacation leave, and comp time.

The County Auditor cannot immediately remove an employee from the accounting system while that employee is in active pay status. As a result, a terminated employee's name will appear on the payroll voucher one period after the final payoff.

### **Ohio Public Employees Deferred Compensation Plan — 60-Day Option**

If the terminating employee has contributions in the Ohio Public Employees Deferred Compensation Plan, that employee must contact the company at 1-877-644-6457 within sixty days to set up a benefit payment option.

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**Payroll Vouchers**

Each department must complete “time-sheets,” or payroll vouchers, that document hours worked, compensated absences, and the gross amount due to each employee for each bi-weekly pay period. The elected official, department head, or authorized designee must sign the payroll vouchers; otherwise, those sheets will not be accepted. The County Auditor will not prepare and write payroll checks without the authorized signature.

The department should manually enter new employees on the payroll vouchers for the employee’s first pay, in the period in which the employee first began working. The department should have already forwarded the new employee packet of forms to the County Auditor.

The department may submit changes to existing employee files, such as credit union deductions, direct deposit information, address change, and name change, up to 12:00 p.m. noon on Friday of non-pay week. The employee’s paycheck may not reflect those changes submitted after the voucher deadline until the next pay period.

**The County Auditor’s Payroll Department strongly urges departments to submit employee file changes as soon as they are known.** Departments should strive to submit those changes during the first week of the two-week pay period.

**Due Date for the Payroll Vouchers**

Departments must submit signed and approved payroll vouchers in the County Auditor’s Office on or before noon of the Friday that precedes the subsequent Friday pay date.

Holidays can significantly affect the timing of the payroll process. The County Auditor will inform all departments of changes to payroll due dates because of holidays.

**Payroll-Related Budgetary Issues**

Your department must have sufficient cash and appropriations balances to cover all transactions. These transactions include but are not limited to PERS, Medicare, and salary. If you anticipate an insufficient cash balance, but expect a forthcoming pay-in to alleviate the cash shortage, you must inform the County Auditor of that pending transaction at the time you present your department’s payroll vouchers for processing. You should review your appropriation balances to ensure they are sufficient to cover your department’s payroll. The County Auditor will not distribute paychecks to employees in those departments where there exists an insufficient appropriation or cash balance.

**Payroll Check Distribution**

Each department may pick up payroll checks on the Friday pay dates at 8:00 a.m. in the County Auditor’s Accounting Department, providing a signature at that time. If there is a variation of the Friday 8:00 a.m. pick-up time, the County Auditor will notify all departmental officials.

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### **Early Distribution of Payroll Checks**

Geauga County pays its employees on a bi-weekly schedule, normally every other Friday. Whenever it is feasible, the County Auditor may distribute payroll checks “early” to departments with the understanding that no checks will be cashed until the check date. The County Auditor can ask the employee to show identification.

### **Voiding Payroll Checks**

If you follow the departmental controls and approvals described in this manual, you will seldom need to void payroll checks. However, if you do need to void a payroll check for a reason described below, follow the appropriate procedure:

- If the payroll check is still in-house (the County has physical possession of the check), notify the County Auditor of the problem and return the check. The County Auditor will void the check and restore the appropriations.
- If an employee’s payroll check has been lost or stolen, that employee must prepare a “Lost Check Affidavit Form”.
- The County Auditor will void the original check and re-issue the check on the next available check run.

Payroll checks must be voided on a timely basis so as to avoid significant reporting problems with the IRS and PERS.

### **W-2 Distribution**

The County Auditor will prepare Form W-2 for each employee for the year just ended on or before the IRS deadline of January 31st. The W-2 forms will be distributed to all departments in the same manner as payroll check distribution.

### **Public Employees Retirement System, and State Teachers Retirement System**

Each County Employee is either a member of the Public Employees Retirement System (PERS) or the State Teachers Retirement System (STRS). No employee is exempt.

Starting January 1, 2003, PERS will offer three different retirement plans. An employee must choose one of the three retirement plans within 180 days of employment. For more information regarding these plans, contact PERS.

Specific information about the retirement programs can be found in various pamphlets available from the retirement programs.

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**PERS Member Beneficiary Designation**

If you wish to change your beneficiaries with PERS, you must contact PERS and request a Member Beneficiary Designation form.

**Sample Forms Included in this Manual**

- Status Change Form - [Click here for fillable form](#)
- Municipal Tax New Hire Form
- Municipal Tax Change Form
- IT-4 Form
- W-4 Form
- Direct Deposit Authorization Form
- Direct Deposit Change Request Form
- PERS Member Beneficiary Designation
- PERS Application for Retirement
- PERS Purchasing Service Credit Form
- PERS Supplemental History Record
- PERS Member's Application for Refund of Accumulated Contributions

**Copies of these forms may be obtained from the Payroll Department at the Auditor's office.**

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**Important Phone Numbers and Websites**

**RETIREMENT PLANS**

**Organization How to Contact**

Public Employees Retirement System (PERS) 800-222-7377  
[www.opers.org](http://www.opers.org)

State Teachers Retirement System (STRS) 888-535-4050  
[www.strsoh.org](http://www.strsoh.org)

**DEFERRED COMPENSATION PLANS**

**Organization How to Contact**

Public Employees Deferred Compensation Program 877-644-6457

County Commissioners Association of Ohio Deferred Compensation Plan 800-423-3699



Geauga County Auditor Payroll Dept.  
Municipal Tax New Hire Form  
(to be completed by all new employees)

Name: \_\_\_\_\_

SS#: \_\_\_\_\_

Residence Community: \_\_\_\_\_  
(include City, Village, Township)

Work Community: \_\_\_\_\_  
(include City, Village, Township)

I (do) (do not) want residence tax   from my paycheck.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

S  
A  
M  
P  
L  
E

NOTE: CCA and RITA are the only tax collection agencies we are working with for automatic deduction at this time. It is your responsibility to notify the Payroll Department and your department head/payroll clerk of any changes in your residence and work communities.

Geauga County Auditor Payroll Dept.  
Municipal Tax Change Form

Name: \_\_\_\_\_

SS#: \_\_\_\_\_

Residence Community: \_\_\_\_\_  
(include City, Village, Township)

Work Community: \_\_\_\_\_  
(include City, Village, Township)

I (do) (do not) want residence tax withheld from my paycheck.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

NOTE: CCA and RITA are the only collection agencies we are working with for automatic deduction at this time. It is your responsibility to notify the Payroll Department and your department head/payroll clerk of any changes in your residence and work communities.

S  
A  
M  
P  
L  
E

**Notice to Employee**

1. For state purposes, an individual may claim only natural dependency exemptions. This includes the taxpayer, spouse, and each dependent. Dependents are the same as defined in the Internal Revenue Code and as claimed in the taxpayer's federal income tax return for the taxable year, or which the taxpayer would have been permitted to claim had the taxpayer filed such a return.
2. You may file a new certificate at anytime if the number of exemptions **increases**.

If possible, file a new certificate by December 1st of the year in which the death occurs.

For further information, consult the Ohio Department of Taxation, Income tax Division, or your employer.

If you expect to owe more Ohio income tax than will be withheld, you may claim a smaller number of exemptions; or under an agreement with your employer, you may have an additional amount withheld each pay period.

You must file a new certificate within 10 days if the number of exemptions previously claimed by you **decreases** because:

- (a) Your spouse for whom you have been claiming exemption is divorced or legally separated, or claim her (or his) own exemption on a separate certificate.
- (b) The support of a dependent for whom you claimed exemption is taken over by someone else.
- (c) You find that a dependent for whom you claimed exemption must be dropped for Federal purposes.

A married couple with both spouses working and filing a joint return will, in many cases, be required to file a Declaration of Estimated Individual Income Tax even though Ohio income tax is being withheld from their wages. This is because the tax on their combined income will be greater than the sum of the taxes withheld from the husband's wages and the wife's wages. This requirement to file a Declaration of Estimated Individual Income Tax may also apply to an individual who has two jobs, both of which are subject to withholding. In lieu of filing the Declaration of Estimated Individual Income Tax, the individual may provide for additional withholding with his employer by using line 5.

The death of a spouse or a dependent does not affect your withholding until the next year but requires the filing of a new certificate.

✂ please detach here



**Employee's Withholding Exemption Certificate**

IT-4  
Rev. 12/00

Print Full Name \_\_\_\_\_ Security Number \_\_\_\_\_

Home Address and Zip Code \_\_\_\_\_

Public School District of Residence \_\_\_\_\_ School District No. \_\_\_\_\_

1. Personal exemption for yourself, enter "1" if claimed \_\_\_\_\_
2. If married, personal exemption for your spouse if not separately claimed (enter "1" if claimed) \_\_\_\_\_
3. Exemptions for dependents \_\_\_\_\_
4. Add the exemptions which you have claimed above and enter total \_\_\_\_\_
5. Additional withholding per pay period under agreement with employer \_\_\_\_\_ \$ \_\_\_\_\_

Under the penalties of perjury, I certify that the number of exemptions claimed on this certificate does not exceed the number to which I am entitled.

Signature \_\_\_\_\_

Date \_\_\_\_\_

# Form W-4 (20xx)

**Purpose.** Complete Form W-4 so your employer can withhold the correct Federal income tax from your pay. Because your tax situation may change, you may want to refigure your withholding each year.

**Exemption from withholding.** If you are exempt, complete only lines 1, 2, 3, 4, and 7, and sign the form to validate it. Your exemption for 2001 expires February 18, 2002.

**Note:** You cannot claim exemption from withholding if (1) your income exceeds \$750 and includes more than \$250 of unearned income (e.g., interest and dividends) and (2) another person can claim you as a dependent on their tax return.

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 adjust your withholding allowances based on itemized deductions, certain credits, adjustments to

income, or two-earner/two-job situations. Complete all worksheets that apply. They will help you figure the number of withholding allowances you are entitled to claim. **However, you may claim fewer (or zero) allowances.**

**Head of household.** Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See line **E** below.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See **Pub. 919, How Do I Adjust My Tax Withholding?** for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends,

consider making estimated tax payments using **Form 1040-ES, Estimated Tax for Individuals.** Otherwise, you may owe additional tax.

**Two earners/two jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2001. Get Pub. 919 especially if you used the **Two-Earner/Two-Job Worksheet** on page 2 and your earnings exceed \$150,000 (Single) or \$200,000 (Married).

**Recent name change?** If your name on line 1 differs from that shown on your social security card, call 1-800-772-1213 for a new social security card.

Personal Allowances (see instructions for your records.)

- A** Enter "1" for **yourself** if no one else can claim you as a dependent . . . . . **A** \_\_\_\_\_
  - B** Enter "1" if:
    - You are single and have only one job; or
    - You are married, have only one job, and your spouse does not work; or
    - Your wages from a second job or your spouse's wages (for the total of both) are \$1,000 or less. . . . . **B** \_\_\_\_\_
  - C** Enter "1" for your **spouse**. But, you may choose to enter **-0-** if you are married and have either a working spouse or more than one job. (Entering **-0-** may help you avoid having too little tax withheld.) . . . . . **C** \_\_\_\_\_
  - D** Enter number of **dependents** (other than your spouse or yourself) you will claim on your tax return . . . . . **D** \_\_\_\_\_
  - E** Enter "1" if you will file as **head of household** on your tax return (see conditions under **Head of household** above) . . . . . **E** \_\_\_\_\_
  - F** Enter "1" if you have at least \$1,500 of **child or dependent care expenses** for which you plan to claim a credit . . . . . **F** \_\_\_\_\_
- (Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)**
- G Child Tax Credit** (including additional child tax credit)
    - If your total income will be between \$18,000 and \$45,000 (or \$27,000 and \$63,000 if married), enter "1" for each eligible child.
    - If your total income will be between \$50,000 and \$80,000 (or \$75,000 and \$115,000 if married), enter "1" if you have two eligible children, enter "2" if you have three or four eligible children, enter "3" if you have five or more eligible children. . . . . **G** \_\_\_\_\_
  - H** Add lines A through G and enter total here. **(Note: This may be different from the number of exemptions you claim on your tax return.)** ▶ **H** \_\_\_\_\_
- For accuracy, complete all worksheets that apply.
- If you plan to **itemize or claim deductions** to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
  - If you are **single**, have **more than one job**, and your combined earnings from all jobs exceed \$35,000, or if you are **married** and have a **working spouse** on **more than one job** and the combined earnings from all jobs exceed \$60,000, see the **Two-Earner/Two-Job Worksheet** on page 2 to avoid having too little tax withheld.
  - If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

Cut here and give Form W-4 to your employer. Keep the top part for your records.

Form <b>W-4</b> Department of the Treasury Internal Revenue Service	<h2>Employee's Withholding Allowance Certificate</h2> <p>▶ For Privacy Act and Paperwork Reduction Act Notice, see page 2.</p>	OMB No. 1545-0010  <b>20xx</b>		
1 Type or print your first name and middle initial Last name		2 Your social security number		
Home address (number and street or rural route)		<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <i>If married, but legally separated, or spouse is a nonresident alien, check the Single box.</i>		
City or town, state, and ZIP code		<input type="checkbox"/> <b>your last name differs from that on your social security card, check here. You must call 1-800-772-1213 for a new card.</b> ▶ <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		<table border="1" style="width: 100%;"> <tr> <td style="width: 20px;">5</td> <td style="width: 100px;"> </td> </tr> </table>	5	
5				
6 Additional amount, if any, you want withheld from each paycheck		<table border="1" style="width: 100%;"> <tr> <td style="width: 20px;">6</td> <td style="width: 100px;">\$</td> </tr> </table>	6	\$
6	\$			
7 I claim exemption from withholding for 2001, and I certify that I meet <b>both</b> of the following conditions for exemption: <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of <b>all</b> Federal income tax withheld because I had <b>no</b> tax liability <b>and</b></li> <li>• This year I expect a refund of <b>all</b> Federal income tax withheld because I expect to have <b>no</b> tax liability.</li> </ul> If you meet both conditions, write "Exempt" here				
Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate, or I am entitled to claim exempt status.				
<b>Employee's signature</b> (Form is not valid unless you sign it.) ▶		<b>Date</b> ▶		
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)		
		10 Employer identification number		

### Deductions and Adjustments Worksheet

**Note:** Use this worksheet only if you plan to itemize deductions, claim certain credits, or claim adjustments to income on your 2001 tax return.

- 1 Enter an estimate of your 2001 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions. (For 2001, you may have to reduce your itemized deductions if your income is over \$132,950 (\$66,475 if married filing separately). See **Worksheet 3** in Pub. 919 for details.) . . . 1 \$ \_\_\_\_\_
- 2 Enter:  $\left\{ \begin{array}{l} \$7,600 \text{ if married filing jointly or qualifying widow(er)} \\ \$6,650 \text{ if head of household} \\ \$4,550 \text{ if single} \\ \$3,800 \text{ if married filing separately} \end{array} \right.$  . . . . . 2 \$ \_\_\_\_\_
- 3 **Subtract** line 2 from line 1. If line 2 is greater than line 1, enter -0- . . . . . 3 \$ \_\_\_\_\_
- 4 Enter an estimate of your 2001 adjustments to income, including alimony, deductible IRA contributions, and student loan interest . . . . . 4 \$ \_\_\_\_\_
- 5 **Add** lines 3 and 4 and enter the total (Include any amount for credits from **Worksheet 7** in Pub. 919.) . . . . . 5 \$ \_\_\_\_\_
- 6 Enter an estimate of your 2001 nonwage income (such as dividends or interest) . . . . . 6 \$ \_\_\_\_\_
- 7 **Subtract** line 6 from line 5. Enter the result, but not less than 0 . . . . . 7 \$ \_\_\_\_\_
- 8 **Divide** the amount on line 7 by \$3,000 and enter the result. Do not round up any fraction . . . . . 8 \_\_\_\_\_
- 9 Enter the number from the **Personal Allowances Worksheet**, page 1 . . . . . 9 \_\_\_\_\_
- 10 **Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earner/Two-Job Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 . . . . . 10 \_\_\_\_\_

### Two-Earner/Two-Job Worksheet

- Note:** Use this worksheet only if the instructions under line 10 direct you here.
- 1 Enter the number from line H, page 1 (or from line 10 above if you use the **Deductions and Adjustments Worksheet**) . . . . . 1 \_\_\_\_\_
  - 2 Find the number in **Table 1** below that applies to the highest paying job and enter it here . . . . . 2 \_\_\_\_\_
  - 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter -0-) and on Form W-4, line 5, page 1. **Do not** use this worksheet . . . . . 3 \_\_\_\_\_
- Note:** If line 1 is **less than** line 2, enter -0- on Form W-4, line 5, page 1. Complete lines 4-9 below to calculate the additional withholding amount necessary to pay your estimated tax bill.
- 4 Enter the number from line 2 of this worksheet . . . . . 4 \_\_\_\_\_
  - 5 Enter the number from line 1 of this worksheet . . . . . 5 \_\_\_\_\_
  - 6 **Subtract** line 5 from line 4 . . . . . 6 \_\_\_\_\_
  - 7 Find the amount in **Table 2** below that applies to the highest paying job and enter it here . . . . . 7 \$ \_\_\_\_\_
  - 8 **Multiply** line 7 by line 6 and enter the result here. This is the total annual withholding needed . . . . . 8 \$ \_\_\_\_\_
  - 9 Divide line 8 by the number of pay periods remaining in 2001. For example, divide by 26 if you are paid every two weeks and you complete this form in December. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck . . . . . 9 \$ \_\_\_\_\_

**Table 1: Two-Earner/Two-Job Worksheet**

Married Filing Jointly				All Others			
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above
\$0 - \$4,000	0	42,001 - 47,000	8	\$0 - \$6,000	0	65,001 - 80,000	8
4,001 - 8,000	1	47,001 - 55,000	9	6,001 - 12,000	1	80,001 - 105,000	9
8,001 - 14,000	2	55,001 - 65,000	10	12,001 - 17,000	2	105,001 and over	10
14,001 - 19,000	3	65,001 - 70,000	11	17,001 - 22,000	3		
19,001 - 25,000	4	70,001 - 90,000	12	22,001 - 28,000	4		
25,001 - 32,000	5	90,001 - 105,000	13	28,001 - 40,000	5		
32,001 - 38,000	6	105,001 - 115,000	14	40,001 - 50,000	6		
38,001 - 42,000	7	115,001 and over	15	50,001 - 65,000	7		

**Table 2: Two-Earner/Two-Job Worksheet**

Married Filing Jointly		All Others	
If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$50,000	\$440	\$0 - \$30,000	\$440
50,001 - 100,000	800	30,001 - 60,000	800
100,001 - 130,000	900	60,001 - 120,000	900
130,001 - 250,000	1,000	120,001 - 270,000	1,000
250,001 and over	1,100	270,001 and over	1,100

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. The Internal Revenue Code requires this information under sections 3402(f)(2)(A) and 6109 and their regulations. **Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may also subject you to penalties.** Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, to cities, states, and the District of Columbia for use in administering their tax laws, and using it in the National Directory of New Hires.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB

control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The time needed to complete this form will vary depending on individual circumstances. The estimated average time is: **Recordkeeping**, 46 min.; **Learning about the law or the form**, 13 min.; **Preparing the form**, 59 min. If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Tax Forms Committee, Western Area Distribution Center, Rancho Cordova, CA 95743-0001. **DO NOT** send the tax form to this address. Instead, give it to your employer.



# DIRECT DEPOSIT AUTHORIZATION FORM

## GEAUGA COUNTY AUDITOR/PAYROLL OFFICER

### AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT OF PAYROLL

I hereby authorize THE COUNTY OF GEAUGA to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account or accounts listed below with regard to the direct deposit of payroll.

	BANK NAME, BRANCH NAME	TRANSIT/ ROUTING #	ACCOUNT #	
1			ACCOUNT TYPE	NEW AMOUNT TO DEPOSIT
			<input type="checkbox"/> chk <input type="checkbox"/> sav	\$ _____ *
2			ACCOUNT TYPE	NEW AMOUNT TO DEPOSIT
			<input type="checkbox"/> chk <input type="checkbox"/> sav	\$ _____ *

\* Indicate "ALL" if your entire pay will be deposited to the \_\_\_\_\_ account direct deposited to your second bank account number could be left blank as the amount will always be a balance of your net pay. This will accommodate for any fluctuations in gross pay or deductions.

I have fully read and agree to the following terms of Payroll Direct Deposit:

- Should it be deemed necessary, due to emergency, technical difficulty, or otherwise, I give THE COUNTY OF GEAUGA the full authorization to by-pass direct deposit and issue me a check.
- I agree to notify the COUNTY PAYROLL department \_\_\_\_\_ (2) weeks in advance before closing a bank account, which I have indicated as my direct deposit account. I understand that such action will remove me from the direct deposit program until the next open enrollment period.
- I agree to verbally verify with my bank that they have received my authorization the first time my pay is direct deposited and to notify immediately the COUNTY PAYROLL department if there are any problems or delays.
- I take full responsibility for any mis-direction of funds due to changes in bank account information; such as, closing of an account, incorrect account numbers, incorrect transit/routing numbers, etc.
- I take full responsibility in assuming any fees incurred by THE COUNTY OF GEAUGA as a result of any mis-direction of funds due to changes in my bank account information; such as, closing of an account, providing incorrect account number, incorrect transit/routing numbers, etc.

This authority is to remain in full force until THE COUNTY OF GEAUGA has received written notification from me of its termination in such timely manner as to afford THE COUNTY OF GEAUGA and HUNTINGTON BANK a reasonable opportunity to act on it.

NAME \_\_\_\_\_ SS# \_\_\_\_\_  
(please print)

DEPARTMENT \_\_\_\_\_ PHONE \_\_\_\_\_ EXT \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PLEASE ATTACH AN ACTUAL BANK DEPOSIT SLIP FROM YOUR CHECKING ACCOUNT

# DIRECT DEPOSIT CHANGE REQUEST

## AUTHORIZATION FOR CHANGE OF AUTOMATIC DEPOSIT OF PAYROLL

I hereby authorize **THE COUNTY OF GEAUGA** to initiate the following listed changes to my account or accounts with regard to the direct deposit of payroll. I am aware that my change request may not be effective immediately and that it will be processed at the discretion of the **COUNTY PAROLL DEPARMENT**.

Please indicate which of the following changes you are requesting:

- Delete an existing account from my direct deposit plan** (List account below)
- Change the amount deposited to one or all of my accounts** (List new amount(s) below)
- Terminate my enrollment in the direct deposit program**

The following will involve pre-note processing

- Add a new account to my existing direct deposit plan** (List the new account info. below)  
PLEASE ATTACH AN ORIGINAL BANK DEPOSIT SLIP FROM YOUR CHECKING ACCOUNT.

(Provide the account information for your request in the space below)

	BANK NAME, BRANCH NAME	TRANSIT/ ROUTING	ACCOUNT #	
1			ACCOUNT TYPE	NEW AMOUNT TO DEPOSIT
			<input type="checkbox"/> chk <input type="checkbox"/> sav	\$ _____ *
2			ACCOUNT TYPE	NEW AMOUNT TO DEPOSIT
			<input type="checkbox"/> chk <input type="checkbox"/> sav	\$ _____ *

\* Indicate "ALL" if your entire pay will be deposited to this account. The amount direct deposited to your second bank account number could be left blank as the amount of your net pay. This will accommodate for any fluctuations in gross pay or deductions.

**This authority is to remain in full force until THE COUNTY OF GEAUGA has received written notification from me of its termination in such timely manner as to afford THE COUNTY OF GEAUGA and HUNTINGTON BANK a reasonable opportunity to act on it.**

NAME \_\_\_\_\_ SS# \_\_\_\_\_  
(please print)

DEPARTMENT \_\_\_\_\_ PHONE \_\_\_\_\_ EXT \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



## SECTION 2 - SPECIFIC DESIGNATION OF BENEFICIARY

Please consider the following information prior to making your beneficiary designation:

- If, at the time of your death, you are survived by eligible children they will receive monthly benefits regardless of your designation. An eligible child is any unmarried natural or legally adopted child under 18 (or 22 if a qualified student attending an accredited school) or regardless of age if adjudged physically or mentally incompetent.
- You may designate multiple (joint) beneficiaries. Joint beneficiaries will equally share a refund of any eligible benefit. If joint beneficiaries are named, your spouse (if applicable) would not be entitled to monthly benefits.
- If you are, or later become, a member of the State Teachers Retirement System and/or the School Employees Retirement System, the latest approved designation of beneficiary filed will apply in all systems.
- If you designate your estate, trust, or an institution, only a lump sum payment will be issued with no further benefits due.

*To list additional beneficiaries, use a separate page, date, and have this page(s) witnessed.*

Name	Relationship (Name)	Date of Birth	Address
<b>PRIMARY BENEFICIARY(IES)</b>			
1. _____	_____	____ / ____ / ____	_____ _____ _____
2. _____	_____	____ / ____ / ____	_____ _____ _____
<b>FIRST CONTINGENT BENEFICIARY(IES)</b> - applies in the event of death of ALL primary beneficiary(ies)			
1. _____	_____	____ / ____ / ____	_____ _____ _____
2. _____	_____	____ / ____ / ____	_____ _____ _____
<b>SECOND CONTINGENT BENEFICIARY(IES)</b> - applies only in the event of death of ALL primary and first contingent beneficiary(ies)			
1. _____	_____	____ / ____ / ____	_____ _____ _____
2. _____	_____	____ / ____ / ____	_____ _____ _____

**I wish to have the designation shown above apply on my account. I understand that my signature must be witnessed by two adults, other than the beneficiary(ies) listed above.**

\_\_\_\_\_ Your longhand signature \_\_\_\_\_ Date

We, the undersigned, being of lawful age, certify we are acquainted with the member signing this form and the member requested us to acknowledge his/her signature as his/her free act.

Signature _____	Signature _____
Street Address _____	Street Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____

### APPLICATION FOR RETIREMENT

A retirement benefit is effective on the first day of the month after service termination or upon attainment of minimum age and service qualifications, whichever is later. (Section 145.32, Ohio Revised Code)

## SECTION I PERSONAL INFORMATION

Name \_\_\_\_\_ Date \_\_\_\_\_

Social Security Number          Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_

Marital Status:  Single  Married  Divorced  Widowed  Separated

Home Address \_\_\_\_\_  
Street

City \_\_\_\_\_ State \_\_\_\_\_ Home Telephone(\_\_\_\_) \_\_\_\_\_

Work # \_\_\_\_\_ optional Fax \_\_\_\_\_ E-Mail \_\_\_\_\_ optional

If you wish to have your monthly benefit check deposited directly to your bank, **attach a deposit slip** and complete the following information: **(CHECK WITH YOUR BANK TO DETERMINE IF CHECKS SHOULD BE SENT TO YOUR LOCAL BRANCH OR TO A CENTRAL PROCESSING CENTER WITH THE CORRECT ACCOUNT NUMBER.)**

Name of your bank \_\_\_\_\_

Complete Address \_\_\_\_\_  
Street City State Zip

Account Type (Mark only one):  Checking  Savings Account Number: \_\_\_\_\_

I understand that in the event the Retirement System notifies my financial institution that I am not entitled to the funds deposited to my account, my bank is authorized to debit my account for the amount of the adjustment.

## SECTION II SERVICE INFORMATION

1. My last day of employment was/will be \_\_\_\_\_ with \_\_\_\_\_

2. Have you been a member of any of the following retirement system(s)?

- a) Ohio Police & Fire Pension Fund (OP&F)  yes  no
- b) Cincinnati Retirement System (CRS)  yes  no
- c) State Highway Patrol Retirement System (SHPRS)  yes  no
- d) School Employees Retirement System (SERS)  yes  no
- e) State Teachers Retirement System (STRS)  yes  no

If you answered "yes" to any of the above, provide the following information for each system marked:

Membership date(s) from \_\_\_\_\_ to \_\_\_\_\_ System(s) \_\_\_\_\_

Retired?  yes  no Date(s) \_\_\_\_\_ System(s) \_\_\_\_\_

Refunded Account?  yes  no Date(s) \_\_\_\_\_ System(s) \_\_\_\_\_

**If you have membership with SERS and/or STRS this credit will be used in computing your PERS benefit unless otherwise directed.**

Do not combine my SERS and/or STRS account with my PERS account.

3. Have you served on active military duty?  yes  no

If "yes", list inclusive dates from \_\_\_\_\_ to \_\_\_\_\_

Are you interested in purchasing this credit?  yes  no  already purchased

If "yes", forward a copy of your military discharge papers, form DD214.

4. Have you received Workers' Compensation while a PERS member? yes  no

If "yes", provide your Claim Number \_\_\_\_\_

### SECTION III HEALTH CARE COVERAGE

Health care coverage is provided to a qualified retirant who also may elect coverage for a spouse and/or dependent child(ren); there is a premium charge for dependent coverage. The effective date of health care coverage is the first of the month following PERS receipt of your completed Application or the effective date of your retirement, whichever is later.

Complete the following information:

1. Are you now eligible for Medicare A hospital insurance?  yes  no

2. Do you receive another benefit from any of the following?

- a) Public Employees Retirement System (PERS)  yes  no
- b) Ohio Police and Fire Pension Fund (OP&F)  yes  no
- c) Highway Patrol Retirement System (HPRS)  yes  no
- d) School Employees Retirement System (SERS)  yes  no
- e) State Teachers Retirement System (STRS)  yes  no

3. Do you wish coverage for your spouse?  yes  no

Spouse's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Is your spouse now eligible for Medicare A hospital insurance?  yes  no

Is your spouse now eligible for Medicare B medical insurance?  yes  no

Please provide proof of coverage for any Medicare eligibility.

Is your spouse receiving a monthly benefit from (Mark all which apply):

- PERS  OP&F  HPRS  STRS  SERS

4. Do you wish PERS coverage for your eligible child(ren)?  yes  no

If "yes", the number of children to be covered is \_\_\_\_\_

Child's Name	Date of Birth	Relationship	Attending School	Incapacitated
_____	_____	_____	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>
_____	_____	_____	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>
_____	_____	_____	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>
_____	_____	_____	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>

Children are eligible to be covered up to the age of 22 as long as the child is unmarried, financially dependent, and regularly attending an accredited school. A mentally or physically incapacitated child may be covered after the age of 22 if the incapacity occurred prior to the limiting age.

5. To replace the PERS health care plan, you may be eligible for one of the health maintenance organizations (HMOs) offered by PERS. If we find you live in one of the HMO areas and you are interested in more information about an HMO plan, check the box.

6. At the first eligibility date, PERS benefit recipients with PERS health care coverage are required to obtain Medicare B medical insurance. A qualified recipient may receive reimbursement for the basic premium cost of Medicare B coverage as long as enrollment continues and reimbursement is not received from another source. To receive payment for the basic premium cost, you must provide PERS with a photocopy of your Medicare health insurance card or Social Security letter of eligibility.

I do or will receive reimbursement for Medicare B medical insurance premiums from a source other than PERS.  yes  no

If you marked "no" and at a later date you do receive a Medicare B premium reimbursement from another source, you must notify PERS immediately. If at any time you are no longer covered under Medicare B medical coverage, you must notify PERS immediately.

# SECTION IV SELECTION OF PAYMENT PLAN AND BENEFICIARY DESIGNATION

In order for your Application For Retirement to be processed, you must select a plan of payment and you must designate your beneficiary. By completing a form provided by PERS, you may change your plan of payment and/or beneficiary at any time before you cash your first benefit warrant.

**PLAN OF PAYMENT - 1) Choose only one plan by marking with an X. 2) Proof of your date of birth must be submitted to PERS regardless of your PLAN OF PAYMENT selection. 3) If you select PLAN A, C, or D, proof of your beneficiary's date of birth must be submitted. 4) If you are married and select a plan other than PLAN A, your spouse must sign the SPOUSE'S CONSENT in the following AFFIDAVIT Section.**

**PLAN A:** A joint survivorship annuity providing for the payment of an annuity to me as long as I live and thereafter one-half (50 percent) of such annuity to my spouse if he/she survives me for as long as he/she lives. (When PLAN A is selected, your spouse must sign the SPOUSE'S CONSENT in the following AFFIDAVIT Section.) (If you would like a percentage other than 50, see PLAN C or D below.)

**PLAN B:** An annuity payable throughout my life only and terminating at my death with no further payment. If the total allowance received during my lifetime does not equal the total of my payments into the Retirement System, the remaining balance will be paid to my beneficiary or estate. (If more than one beneficiary is named, connect each full name and address with the word "and." Any additional pages must be signed and notarized.)

**PLAN C:** A joint survivorship annuity providing for the payment of an annuity to me as long as I live and thereafter in a specified percentage to my beneficiary. I choose \_\_\_\_\_ percent of such annuity to be paid to my beneficiary if he/she survives me for as long as he/she lives. (Only one beneficiary may be designated.) [Use PLAN C ONLY if you are naming a beneficiary other than your spouse (see PLAN A above) or if you wish your spouse, as beneficiary, to receive an amount other than 50 percent. If you would like 100 percent of your annuity to go to your beneficiary, see PLAN D below.]

**PLAN D:** A joint survivorship annuity providing for the payment of an annuity to me as long as I live and thereafter in the same amount (100 percent) paid to my beneficiary if he/she survives me for as long as he/she lives. (Only one beneficiary may be designated.)

**PLAN E:** An annuity payable throughout my life or for a guaranteed period whichever is greater. If I die before the end of the guaranteed period which begins from the date of my retirement, the same amount will be payable to my beneficiary for the remainder of the specified period. Should I and my beneficiary both die before the end of the guaranteed period, the remaining payments shall be paid at the present value to the estate of whomever was last receiving the monthly benefit. I choose a guaranteed period of \_\_\_\_\_ (5, 10, 15) years. (Only one beneficiary may be designated.)

## DESIGNATION OF BENEFICIARY

- I authorize the Public Employees Retirement System of Ohio to pay, after my death, my qualified beneficiary listed below, any benefits due under the Plan selected above and the lump sum death benefit as provided by Section 145.451, Ohio Revised Code, unless I specifically designate someone else to receive the lump sum death benefit.
- If you wish to specifically designate a separate beneficiary to receive **only** the lump sum death benefit, a special form will be sent to you if you check this box.  If you do not complete and return this special form, the beneficiary(ies) you name below will receive the lump sum death benefit and any benefits due under the Plan selected above at your death.
- I also reserve the right to change my beneficiary designation as provided under retirement law.
- If you wish to designate multiple beneficiaries to share any payments equally, list them on a separate sheet of paper; any additional pages must be signed and notarized.

Beneficiary's Name \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Relationship to member \_\_\_\_\_ Date of Birth \_\_\_\_\_

(Please turn over to complete AFFIDAVIT sections.)

**SECTION V AFFIDAVIT**

State of \_\_\_\_\_ County of \_\_\_\_\_

**SPOUSE'S STATEMENT** (Use only when PLAN A has been chosen.)

I, the undersigned, am the **spouse** of \_\_\_\_\_.

\_\_\_\_\_  
Signature of Spouse

**SPOUSE'S CONSENT** (Use only when Plan B, C, D, or E has been chosen.)

I, the undersigned, am the **spouse** of \_\_\_\_\_. I have read the plans of payment and consent to the selection of a plan other than Plan A or a beneficiary other than myself.

\_\_\_\_\_  
Signature of Spouse

**If your spouse refuses to consent, your retirement allowance will be paid under Plan A.** If your spouse's signature cannot be obtained, you must submit one of the following: 1) a written statement from your spouse's doctor that he/she is medically incapable of consenting; or 2) a PERS affidavit form (only available from PERS) that states your spouse's whereabouts is unknown.

**MEMBER'S STATEMENT**

Being duly sworn the undersigned says that the statements made in this Application are true and accurate to the best of my knowledge and belief. Further, I authorize the Public Employees Retirement System of Ohio to calculate and process my retirement benefit based on this Application.

\_\_\_\_\_  
Signature of Member

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ by

and

\_\_\_\_\_  
Member's Name

\_\_\_\_\_  
Spouse's Name

\_\_\_\_\_  
Notary Public

**SECTION VI CERTIFICATION BY PAYROLL OFFICER**

This certified information must be accurate; errors may require later revision of the retiree's monthly benefit amount. Retirement contributions must be exact; estimated figures are not acceptable. If exact figures are not available indicate this on the PAY-BEGIN DATE line; a Form F-85 will be sent for later completion. Any changes regarding final contributions or termination date must be forwarded to the PERS office at the earliest possible date.

Payment of accrued, but unused sick leave, personal leave, or vacation time resulting in a lump sum payment is considered terminal compensation and retirement contributions are not to be withheld.

State final day for which this employee was compensated: \_\_\_\_\_  
Name of position from which retired: \_\_\_\_\_

The final three pay periods to be submitted to PERS for the above named applicant are as follows:

PAY-BEGIN DATE	PAY-END DATE	PERS RETIREMENT CONTRIBUTION
_____	_____	_____
_____	_____	_____
_____	_____	_____

If the retirement contribution is larger or smaller than usual, please provide an explanation: \_\_\_\_\_

If countersignature is necessary:

\_\_\_\_\_  
Official

\_\_\_\_\_  
Signature of Payroll Officer Reporting to PERS

**PURCHASING SERVICE CREDIT  
UNDER SECTION 145.293, OHIO REVISED CODE**

**I. DESCRIPTION OF SERVICE WHICH MAY BE PURCHASED**

- 1) A member may purchase additional service credit for service performed:
  - a) in another state,
  - b) with an entity operated by the federal government, or
  - c) for which contributions were made to an Ohio municipal retirement system.

2) Service in another state or with the federal government must be comparable to Ohio service. This means if the service had been performed for an Ohio public employer the employee would have been covered by the Public Employees Retirement System (PERS), State Teachers Retirement System (STRS), School Employees Retirement System (SERS), Ohio Police and Fire Pension Fund (OP&F), or the State Highway Patrol Retirement System (HPRS). Out-of-state service credit may be purchased by a member if such credit was purchased in one of the other Ohio Retirement Systems.

**II. LIMITATIONS**

- 1) The total number of years of all service which is purchased is the lesser of five (5) years or the number of years of PERS Ohio service credit. Effective July 24, 1990, when retiring on a joint basis, purchase of out-of-state service is limited to a maximum of five (5) years among PERS, STRS, SERS.
- 2) Credit cannot be purchased for service which is covered by any other retirement system or program, except Social Security.
- 3) Service with the federal government does not constitute military credit. Military credit may be available under Sections 145.30 or 145.301, Ohio Revised Code. You may obtain information about this service from the PERS office.
- 4) If municipal retirement system service has been purchased in PERS under Section 145.44, Ohio Revised Code, it cannot be purchased under Section 145.293, Ohio Revised Code.

**III. PAYMENT**

- 1) The cost for each year of service credit purchased is the amount contributed by a member for the first year of full-time Ohio service credit which began after the termination date of the service credit to be purchased, plus interest. "Year of full-time Ohio service credit" means the first 12 months of full-time contributions.
- 2) Interest begins the first date of PERS membership following the termination date of the service credit to be purchased. The interest is compounded annually at 6% through the end of the month in which payment is made.
- 3) Payment dates shall be the end of each month. Service credit purchased must be paid not later than the last day of the month preceding a member's effective retirement date.

**IV. CERTIFICATION**

- 1) A member must have a certification of the service credit to be purchased.
- 2) The reverse side of this Form OS-1, shall be used for certification of service.
  - a) For certification of out-of-state service or Ohio municipal retirement system service send this Form OS-1 to the present fiscal officer of the department in which you were employed.
  - b) For certification of federal employment write:  
General Services Administration  
National Personnel Records Center  
Civilian Personnel Records  
111 Winnebago Street  
St. Louis, MO 63118
- 3) Upon certification return this form to PERS for a determination on the availability of the service credit.

### SUPPLEMENTAL HISTORY RECORD

Name \_\_\_\_\_  
(Print or type)

--	--	--	--	--	--	--	--

Social Security Number

Address \_\_\_\_\_  
Street

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Date \_\_\_\_\_

#### TO: THE PUBLIC EMPLOYEES RETIREMENT SYSTEM

In accordance with Chapter 145, Ohio Revised Code, I hereby request additional credit as certified on the reverse side of this form, for service with \_\_\_\_\_ in the

Department of \_\_\_\_\_

as \_\_\_\_\_

I am presently employed with \_\_\_\_\_ in the

Department of \_\_\_\_\_

as \_\_\_\_\_

Employee Signature (Do not print or type) \_\_\_\_\_ Date \_\_\_\_\_

#### TO: PRESENT FISCAL OFFICER OF DEPARTMENT IN WHICH CREDIT IS CLAIMED

##### A. Information needed regarding exemptions submitted:

- If you are submitting a copy of an approved exemption form, please certify if the member exceeded the limitation as stated on the exemption form. If the limitation was exceeded, certify whether service beginning with the payroll period in which the limitation was exceeded through date of termination.
- If employee was under an approved student exemption, please state if employee ever terminated employment and was then rehired or if he/she ever terminated student status.

##### B. Complete all columns on the reverse side as follows:

- (1) EMPLOYER;
- (2) POSITION (if applicable, specify teaching or non-teaching);
- (3) PERIODS OF SERVICE (list all service in chronological order as follows: January 1 through June 30 and July 1 through December 31. EXCEPTIONS: for the years 1943 and 1945, list January 1 through September 30 and October 1 through December 31; for the year 1951, list January 1 through June 30, July 1 through August 31, and September 1 through December 31);
- (4) ACTUAL PAID SERVICE (list exact number of months worked for each period of service);
- (5) RATE OF PAY;
- (6) MAINTENANCE (if applicable, report maintenance if it is not included in the rate of pay shown in previous column); and
- (7) AMOUNT PAID FOR PERIOD (list total gross paid).

# MEMBER'S APPLICATION FOR REFUND OF ACCUMULATED CONTRIBUTIONS

## ELIGIBILITY FOR A REFUND

You are guaranteed a return of the contributions you have made to the Retirement System. Upon leaving public employment in Ohio you may apply for and receive your accumulated contributions. Payment will be sent based on the instructions you provide on this application.

Before your PERS account can be refunded, state law requires that three months must have passed since your termination of covered public employment. You are not eligible for a refund from PERS if you continue to maintain an account with either the State Teachers Retirement System of Ohio or the School Employees Retirement System of Ohio. Should you receive a check refunding your contributions after you have returned to public employment that is covered by PERS, the refund check must be returned to PERS uncashed. If you choose to have your refund directly rolled over to an IRA or another qualified plan and then become re-employed in a PERS covered position within three months, you are responsible for the redeposit of the amount. PERS is not able to take directly rolled over money back from an IRA or qualified plan.

You do not have to take a refund of your contributions when you leave your job. Many times it is better to leave your account intact. Reasons for maintaining your account include the following:

- If you have one and one-half years of full service credit, you have earned survivor benefit protection for your spouse, your children, or your dependent parents if you should die within 27 months of your service termination.
- If you have five or more years of service credit and you become permanently disabled within two years of your termination of employment, you may file for disability benefits.
- You may be entitled to a monthly benefit at age 60 if you have five years of service credit.

## INSTRUCTIONS

1. **Section I** of the Application should be completed in full. **Address changes after we receive your application, you must submit the change in writing over your signature.** Be sure your date of birth and Social Security Number, which are used to identify your account, are entered correctly.
2. Complete **Section II** only if you want to directly rollover all or part of your distribution to an IRA or another qualified plan (see TAX NOTICE REGARDING PERS REFUNDS on pages 3 & 4 for details).
3. **If you have been separated from your former employer for less than one year** your former payroll officer must certify **Section III.** Return, or ask the employer to return, the completed A-4 to the office.
4. After returning to public employment for at least 18 months in a job covered by one of Ohio's state retirement systems, you are eligible to redeposit money withdrawn from PERS. The redeposit automatically restores the service credit which was lost by taking a refund. The cost of the redeposit will include the amount refunded plus interest.
5. Complete **Section IV** and sign in the presence of a Notary Public or your fiscal officer. We cannot accept a typed or printed signature.

## SECTION I - PERSONAL INFORMATION

Name \_\_\_\_\_  
(Print or Type) \_\_\_\_\_ Social Security Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex  M  F Are you legally married?  yes  no  
(Month/Day/Year)

Home Telephone (\_\_\_\_\_) \_\_\_\_\_ Work Telephone (\_\_\_\_\_) \_\_\_\_\_

Fax Number (\_\_\_\_\_) \_\_\_\_\_ E-mail address \_\_\_\_\_

**Do not write below this line - For PERS use only**

**SECTION II - ROLLOVER REQUEST**

Mark this box if you wish to know your refundable amount (taxable and non-taxable) before making this decision

Trustee name \_\_\_\_\_  
*(You may name only one trustee.)*

Trustee address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Account number \_\_\_\_\_

Percentage or amount of taxable amount to be rolled over to this trustee \_\_\_\_\_ % or \$ \_\_\_\_\_

Percentage or amount of non-taxable amount to be rolled over to this trustee \_\_\_\_\_ % or \$ \_\_\_\_\_  
*(These amounts can be rolled over only to an IRA or defined contribution plan. See tax notice.)*

Indicate whether the amount is being rolled over to your  IRA  another qualified plan. *(Mark only one.)*

Choose only one of the following rollover alternatives:

My trustee will not accept a rollover of my distribution directly from PERS, send the check to my mailing address provided on this form and I will present the check to my trustee.

My trustee will accept a rollover of my distribution, send the check directly to the address provided.

**SECTION III - DEPARTMENT CERTIFICATION**

I certify that the applicant has terminated covered employment and that no leave of absence has been granted. The last day this employee was paid for covered public service was \_\_\_\_\_, 20\_\_\_\_.

The last retirement deduction is on the Report of Retirement Contributions for the period ending \_\_\_\_\_.

\_\_\_\_\_  
Fiscal Officer Signature \_\_\_\_\_ PERS Name \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Employer Code \_\_\_\_\_ Department \_\_\_\_\_ Telephone Number \_\_\_\_\_

**SECTION IV - TO THE PUBLIC EMPLOYEES RETIREMENT SYSTEM:**

In accordance with Section 145.40, Ohio Revised Code, I hereby apply for a refund of my account with the Public Employees Retirement System. I am no longer employed with \_\_\_\_\_.

The date of my last service was \_\_\_\_\_, 20\_\_\_\_. I have not returned to covered public service, I am not on a leave of absence, and do not expect to transfer to another government unit covered by PERS. I am not a member of the State Teachers Retirement System of Ohio or the School Employees Retirement System of Ohio. I UNDERSTAND THAT A REFUND WILL CANCEL MY SERVICE CREDIT AND BENEFITS UNDER CHAPTER 145, OHIO REVISED CODE.

State of \_\_\_\_\_, County of \_\_\_\_\_ Being duly sworn, I \_\_\_\_\_,  
Print or Type Name

state that the information contained in this form is complete and true to the best of my knowledge and belief.

Date \_\_\_\_\_, 20\_\_\_\_ MEMBER'S SIGNATURE \_\_\_\_\_  
Do Not Print or Type

Sworn and subscribed to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

NOTARY PUBLIC'S SIGNATURE \_\_\_\_\_ My commission expires \_\_\_\_\_

**OR**

FISCAL OFFICER'S VERIFICATION \_\_\_\_\_ Date \_\_\_\_\_

This Section **must** be signed in presence of Notary Public or Fiscal Officer.

## TAX NOTICE REGARDING PERS REFUNDS

This notice is required by the Internal Revenue Service (IRS) and contains important information you will need before you decide how to receive your PERS refund. This notice is provided to you by PERS because all or part of your refund may be eligible for rollover by you. Your refund may consist of taxable and non-taxable contributions. Taxable contributions were not subject to income tax at the time of contribution but are subject to federal income tax and withholding at the time of refund. Non-taxable contributions already have been taxed. If you have additional questions after reading this notice, you can contact a PERS customer service representative at 1-800-222-7377.

### Refunds That Can and Cannot be Rolled Over

PERS refunds may be “eligible rollover distributions.” This means that they can be rolled over to an eligible retirement plan that accepts rollovers. PERS can tell you what portion of your refund is taxable and/or non-taxable.

An eligible retirement plan is:

1. A traditional IRA, but does not include a Roth IRA, SIMPLE IRA or education IRA;
2. Another qualified employer plan under Code section 401(a) or an annuity plan under Code section 403(a);
3. An annuity contract described in Code section 403(b); or
4. An eligible deferred compensation plan under Code section 457(b) which is maintained by a state, political subdivision of a state, or any agency or instrumentality of a state or local government entity and which agrees to accept your rollover and separately account for amounts transferred into such plan from PERS.

Subject to the circumstances noted below, generally only the taxable portion of your refund can be rolled over. If you have non-taxable employee contributions, these contributions will be non-taxable and paid to you, and they generally cannot be rolled over, except as provided below. We can tell you how much of your refund is the taxable portion and how much is the non-taxable employee contribution portion.

The above requirement that only the taxable portion of a refund may be rolled over does not apply if you elect to rollover to certain types of accounts. The non-taxable portion of your refund may be rolled over to (1) a traditional IRA, or (2) a qualified defined contribution plan, if it is made by a direct rollover and if the defined contribution plan agrees to account for amounts so transferred, including separately accounting for the non-taxable portion of the refund and the taxable portion of the refund. If you have the non-taxable contributions paid to you first, you cannot then roll them over to a qualified defined contribution plan, but they can be directly rolled over to a traditional IRA (see, “Refund Paid to You” below).

Beginning when you reach age 70½ or retire, whichever is later, a certain portion of your refund cannot be rolled over because it is a “required minimum refund” that must be paid to you.

A direct rollover is a refund from PERS directly to an eligible retirement plan. You can choose a direct rollover of all or any portion of your refund that is an eligible rollover distribution (see above). You are not required to roll over any portion of your refund for which you choose a direct rollover until you later take it out of the eligible retirement plan. In addition, no federal income tax withholding is required for any portion of your PERS refund for which you choose a direct rollover.

**Direct Rollover to a Traditional IRA.** You can only roll over to a traditional IRA to receive the direct rollover. If you choose to have your refund made directly to a traditional IRA, contact an IRA sponsor (usually a bank) to find out how to have your refund made in a direct rollover to a traditional IRA at that institution. If you are unsure of how to invest your money, you can temporarily establish a traditional IRA to receive the refund. However, in choosing a traditional IRA, you may wish to consider whether the traditional IRA you choose will allow you to move all or a part of your refund to another traditional IRA at a later date, without penalties or other restrictions. See IRS Publication 590, *Individual Retirement Arrangements*, for more information on traditional IRAs (including limits on how often you can roll over between IRAs).

**Direct Rollover to a Plan.** If you are employed by a state or local government that has an eligible retirement plan, and you want a direct rollover to that plan, ask the Plan Administrator of that plan whether it will accept your rollover. An eligible retirement plan that is not a traditional IRA is not legally required to accept a rollover and may choose to accept only certain types of funds as rollovers. If your new employer’s plan does not accept a rollover, you can choose a direct rollover to a traditional IRA. If the employer plan accepts your rollover, the plan may restrict subsequent distributions of the rollover amount, or may require spousal consent to any subsequent distribution. You should check with the Plan Administrator before making your decision.

If your refund can be rolled over as described above and the refund is made to you and the taxable portion is \$200 or more, it is subject to 20 percent federal income tax withholding. The refund is taxed in the year you receive it unless, within 60 days, you roll it over to an eligible retirement plan. If you do not roll it over, special tax rules may apply. The IRS is permitted to waive the 60-day requirement if the failure to do so would be against equity or good conscience. Examples of such waivers may include cases of casualty, disaster, or other events beyond the reasonable control of the individual subject to such requirement, including, but not limited to, death, disability, hospitalization, incarceration, restrictions imposed by a foreign country, or postal error. You must apply to the IRS for this waiver.

**Mandatory Withholding.** If any portion of your refund can be rolled over and you do not elect to make a direct rollover, PERS is required by law to withhold 20 percent of that amount. This amount is sent to the IRS as income tax withholding. For example, if you can roll over a refund of \$10,000, only \$8,000 will be paid to you because PERS must withhold \$2,000 as income tax. However, when you prepare your income tax return for the year, you must report the full \$10,000 as a PERS refund. You must report the \$2,000 as tax withheld, and it will be credited against any income tax you owe for the year.

**60-Day Rollover Option.** If you receive a refund that can be rolled over, you can still decide to roll over all or part of it to an eligible retirement plan. If you decide to roll over, you must contribute the amount of the refund you received to an eligible retirement plan within 60 days after you receive the refund. The portion of your refund that is rolled over will not be taxed until you take it out of the eligible retirement plan.

You can roll over up to 100 percent of your refund that can be rolled over, including an amount equal to the 20 percent that was withheld. If you choose to roll over 100 percent, you must find other money within the 60-day period to contribute to the eligible retirement plan, to replace the 20 percent that was withheld. On the other hand, if you roll over only the 80 percent that you received, you will be taxed on the 20 percent that was withheld.

**Example:** The portion of your refund that can be rolled over is \$10,000, and you choose to have it paid to you. You will receive \$8,000, and \$2,000 will be sent to the IRS as income tax withholding. Within 60 days after receiving the \$8,000, you may roll over the entire \$10,000 to an eligible retirement plan. To do this, you roll over the \$8,000 you received from PERS, and you will have to find \$2,000 from other sources (your savings, a loan, etc.). In this case, the entire \$10,000 is not taxed until you take it out of the eligible retirement plan. If you roll over the entire \$10,000, when you file your income tax return you may get a refund of part or all of the \$2,000 withheld.

If, on the other hand, you roll over only \$8,000, the \$2,000 you did not roll over is taxed in the year it was withheld. When you file your income tax return you may get a refund of part of the \$2,000 withheld. However, any refund is likely to be larger if you roll over the entire \$10,000.

**Additional 10 percent Tax.** If you receive a refund before you reach age 59½ and you do not roll it over, then, in addition to the regular income tax, you will have to pay an extra tax equal to 10 percent of the taxable portion of the refund. See IRS Form 5329 for more information on this additional tax.

**Special Tax Treatment If You Were Born Before 1936.** If you receive a refund that can be rolled over and you do not roll it over to an eligible retirement plan, the refund will be taxed in the year you receive it. However, if the refund qualifies as a “lump sum distribution,” it may be eligible for special tax treatment. A lump sum distribution is a refund within one year, of your entire PERS balance (and certain other similar plans of the employer) that is payable to you because you have separated from service with your employer. For a refund to be treated as a lump sum distribution, you must have been a participant in PERS for at least five years before the year in which you received the distribution. The special tax treatment for lump sum distributions that may be available to you is described below.

**10-Year Averaging.** If you were born before January 1, 1936, you can make a one-time election to figure the tax on the refund by using “10-year averaging” (using 1986 tax rates). Ten-year averaging often results in a lower tax bill than the regular tax rates you owe.

**Capital Gain Treatment.** If you were born before January 1, 1974, and you were a participant in PERS before 1974, you may elect to have the part of your refund that is attributable to your pre-1974 period taxed as long-term capital gain at a rate of 20 percent.

There are other limits on the special tax treatment for lump sum distributions. For example, you can generally elect this special tax treatment only once in your lifetime, and the election applies to all lump sum distributions that you receive in that same year. If you have previously rolled over a distribution from PERS (or certain other similar plans of the employer), you cannot use this special averaging treatment for later refunds from PERS. If you roll over your refund to a traditional IRA, you will not be able to use the special tax treatment for later refunds from the traditional IRA. Also, if you roll over only a portion of your refund to a traditional IRA, the special tax treatment is not available for the rest of the refund. See IRS Form 4972 for additional information on lump sum distributions and how to elect the special tax treatment.

However, your PERS refund is not eligible for capital gains or averaging treatment if there was a rollover to a plan that would not have been permitted under the law in effect before January 1, 2002. This includes a rollover to a plan that was established prior to January 1, 2002, if it was another qualified employer plan or a traditional IRA. Thus, in order to preserve capital gains and averaging treatment (if available) for your PERS refund that is rolled over, the rollover would have to be made to a “conduit IRA”, i.e., a traditional IRA which only includes the PERS refund, and then rolled back into a qualified plan.

There are two ways you may be able to receive a refund that is eligible for special tax treatment:

1. Certain refunds can be made directly to an eligible retirement plan that will accept it (direct rollover), or
2. The refund can be paid to you.

**If you choose a direct rollover:**

1. Your refund will not be taxed in the current year and no income tax will be withheld.
2. Your refund will be made directly to an eligible retirement plan.
3. The taxable portion of your refund will be taxed later when you take it out of the eligible retirement plan.

**If you choose to have your refund paid to you:**

1. If the taxable portion of your refund is \$200 or more, only 80 percent of the taxable portion of the refund, because PERS is required to withhold 20 percent of the refund as income tax withholding to be credited against your taxes.
2. The taxable portion of your refund will be taxed in the current year unless you roll it over. Under limited circumstances, you may be able to use special tax rules that could reduce the tax you owe. However, if you receive a refund before age 59½, you also may have to pay an additional 10 percent tax.
3. You can roll over the refund by paying it to an eligible retirement plan within 60 days after you receive the refund. The amount rolled over will not be taxed until you take it out of the eligible retirement plan.
4. If you want to roll over 100 percent of the refund to an eligible retirement plan, you must find other money to replace the 20 percent that was withheld. If you roll over only the 80 percent that you received, you will be taxed on the 20 percent that was withheld and that is not rolled over.

This notice summarizes only the federal (not state or local) tax rules that might apply to your refund. The rules described above are complex and contain many conditions and exceptions that are not included in this notice. Therefore, you may want to consult with a professional tax advisor before you take your refund from PERS. Also, you can find more specific information on the tax treatment of refunds from qualified retirement plans in IRS Publication 575, *Pension and Annuity Income*, and IRS Publication 590, *Individual Retirement Arrangements*. These publications are available from your local IRS office, on the IRS’s Internet Web Site at [www.irs.gov](http://www.irs.gov), or by calling 1-800-TAX-FORMS.