

3309-1-16

**Qualified child attending educational institution.**

(A) For purposes of this rule and division (B)(2)(b) of section 3309.45 of the Revised Code:

- (1) "Qualified child" means a qualified child as defined in division (B)(2)(b) of section 3309.45 of the Revised Code.
- (2) "School year" means the twelve-month period beginning the first day of July through the last day of June of the following calendar year.
- (3) "School" means an educational entity providing instruction through grade twelve and includes a vocational or technical school.
- (4) "College" or "university" means an educational entity providing instruction post grade twelve.
- (5) "Attending" means registered or enrolled at the institution of learning or training and attending classes.
- (6) "Institution of learning or training" means one of the following:
  - (a) A school:
    - (i) In Ohio and recognized by the Ohio department of education as meeting Ohio's compulsory education requirements;
    - (ii) In another state and recognized by that state as complying with the state's compulsory education requirements or accredited by a state-recognized, regionally-recognized, or nationally-recognized accrediting agency; or
    - (iii) Operated by the federal government.
  - (b) Home education provided in compliance with Ohio law, or with the law of the state in which the home education is provided.
  - (c) A college or university:
    - (i) In Ohio and recognized by the Ohio board of regents, the state board of career colleges and schools, or other applicable state agency or board; or

- (ii) In another state and recognized by the Ohio board of regents, the state board of career colleges and schools, or other applicable Ohio state agency or board, or by comparable state agencies where the college or university is located, or accredited by a state-recognized or nationally-recognized accrediting agency.
  - (d) An unrecognized or unaccredited private school, college, or university provided at least three recognized or accredited schools, colleges, or universities accept its credits on transfer on the same basis as if transferred from a recognized or accredited school, college, or university.
  - (e) A school, college, or university outside the United States if it meets comparable qualifications described in paragraphs (A)(6)(a) to (A)(6)(d) of this rule.
- (7) "Two-thirds of the full-time curriculum" means at least two-thirds of the full-time curriculum requirements as established and certified by the school, college or university. The curriculum may include the time a qualified child is employed in a position approved by the school, college, or university and required as part of the child's program of study.
- (B) Benefit payments made to a qualifying child under division (B)(2)(b) of section 3309.45 of the Revised Code shall be made as follows:
- (1) Benefit payments to a qualified child over age eighteen but under age twenty-two shall begin only after the child files an application for such benefits.
  - (2) Benefit payments shall be paid during an institution of learning or training vacation or other academic break provided the child:
    - (a) Was a qualified child before the vacation or break began;
    - (b) Intends to, and subsequently does, return to an institution of learning or training and certifies such return to the retirement system;
    - (c) Receives a benefit payment for no more than four consecutive months without returning to the institution of learning or training from the vacation or academic break;

~~(e)~~(d) Does not receive benefits for more than one vacation or break for a period which ~~is between~~exceeds one and three months~~month~~ in duration during a single school year.

- (3) If benefits are terminated because the child no longer ~~qualifies for such benefits~~attends an institution of learning or training, such benefits may be reinstated if ~~and~~ the child subsequently becomes eligible; and files a new application ~~shall be filed~~ for prospective payment of such benefits.

(C)

- (1) At the end of each academic year, a qualified child shall certify the child's registration with an institution of learning or training and completion of all courses for such academic year.
- (2) The retirement system may require or request such certification at any other time and/or additional supporting documentation.

(D)

- (1) The retirement system may delay or terminate benefits to a qualified child if:
- (a) The child is no longer attending an institution of learning or training; or
  - (b) The retirement system does not receive a timely and properly verified certification as required by this rule.
- (2) Any benefit payment made for a period in which the child was not attending an institution of learning or training, or for which there was no proper verified certification as required by this rule shall be deemed an overpayment of the benefit. Any overpayment of a benefit shall be repaid to the retirement system by the child or the child's parent or guardian or obtained by the retirement system pursuant to section 3309.70 of the Revised Code.

Effective:

R.C. 119.032 review dates: 02/01/2017

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**Certification**

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**Date**

Promulgated Under: 111.15  
Statutory Authority: 3309.04  
Rule Amplifies: 3309.45  
Prior Effective Dates: 1/7/13

3309-1-21Estimated Retirement Allowances.(A) For purposes of this rule:

(1) "Final Retirement Allowance" means a monthly retirement allowance paid pursuant to section 3309.35, 3309.36 or 3309.46 of the Revised Code that the retirement system calculates after the employer certifies the final contributions and service credit made on behalf of the member.

(2) "Estimated Retirement Allowance" means a monthly retirement allowance paid pursuant to section 3309.35, 3309.36 or 3309.46 of the Revised Code prior to the certification of a member's final contributions and service credit and the calculation of the final retirement allowance.

(B) A member retiring on or after March 1, 2014 under section 3309.35, 3309.36 or 3309.46 of the Revised Code who meets the following requirements shall receive an estimated retirement allowance:

(1) The retirement system has received the member's application for age and service retirement and all required forms and documents necessary to process the retirement application at least thirty days prior to the effective date of retirement.

(2) The member has sufficient service credit in this system to retire under section 3309.34 of the Revised Code, not including the following:

(a) Any additional service that may be credited following receipt of the certification of final deposits from the employer; and

(b) Service credit purchases not completed at least thirty days prior to the benefit effective date.

(C) Notwithstanding paragraph (B) of this rule, an estimated retirement allowance will not be issued if:

(1) The member elects to receive health care coverage and the amount of the benefit recipient's health care premium will exceed the amount of the estimated retirement allowance; or

(2) The member's retirement allowance is subject to any court order.

(D) An estimated retirement allowance shall be calculated using the accumulated contributions and service credit available in the account of the member at the time the application is received. The retirement system shall calculate the final retirement allowance following the receipt of the employer's certification of final deposits and all contributions on behalf of the member.

(1) If no additional contributions are received by the retirement system, the

estimated retirement allowance shall be the final retirement allowance.

(2) If the final retirement allowance is greater than the estimated retirement allowance the retirement system shall begin paying the greater amount on the first of the month next following receipt of the additional contributions. The retirement system shall issue a retroactive payment for the difference between the total amount paid as estimated retirement allowances and the amount that would have been paid had the member received payments in the amount of the final retirement allowance.

(3) If the final retirement allowance is less than the estimated retirement allowance, the retirement system shall begin issuing the final retirement allowance on the first of the month next following receipt of the certification of the member's final contributions and the retirant shall repay any overpayment to the retirement system pursuant to section 3309.70 of the Revised Code.

(E) Any change to a retirement plan selection, including an election to take or change to a partial lump sum option payment, must be made in accordance with rule 3309-1-33 of the Administrative Code.

(F) If the member elects to receive a partial lump sum option payment pursuant to division (B)(4) of section 3309.46 of the Revised Code, the retirement system shall make such payment on the first of the month next following the calculation of the final retirement allowance under division (D) of this Rule.

Effective:

R.C. 119.032 review dates:

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Certification

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Date

Promulgated Under:	111.15
Statutory Authority:	3309.04
Rule Amplifies:	3309.35, 3309.45, 3309.46





3309-1-31

**Adjusting retirement eligibility requirements.**

- (A) This rule applies only to members who retire under division (A)(2)(a) of section 3309.34 of the Revised Code.
- (B) For each quinquennial actuarial review conducted under division (B) of section 3309.21 of the Revised Code, the school employees retirement board shall direct its actuary to evaluate the retirement eligibility requirements in division (A)(2)(a) of section 3309.34 of the Revised Code.
- (1) If the actuary determines that an adjustment to the retirement eligibility criteria is necessary to ensure that the retirement system meets the thirty-year amortization period requirement of section 3309.211 of the Revised Code, the retirement board shall direct its administrative staff to develop recommendations for changes to the retirement eligibility criteria consistent with the actuarial determination.
- (2) The recommendations developed under paragraph (B)(1) of this rule shall be submitted to the retirement board at a regularly scheduled board meeting. The retirement board shall take no formal action on the recommendations at the meeting the recommendations are first presented.
- (3) No sooner than thirty days after the recommendations are presented to the retirement board, the retirement board shall schedule at least one special meeting, held in accordance with section 121.22 of the Revised Code, for the purpose of receiving public comments on the recommendations.
- (4) The retirement board shall modify the retirement eligibility criteria only after considering the recommendations and any public comments.
- (C) Any modifications to the retirement eligibility requirements made pursuant to this rule will go into effect no earlier than two years after the effective date of the administrative rule adopted under division (D) of section 3309.34 of the Revised Code.

Effective: 09/30/2013

R.C. 119.032 review dates: 02/01/2018

**CERTIFIED ELECTRONICALLY**

**Certification**

09/20/2013

**Date**

Promulgated Under: 111.15  
Statutory Authority: 3309.04  
Rule Amplifies: 3309.34

3309-1-33

**Retirement and benefit effective dates.**

(A) For purposes of this rule, "retirement allowance" refers to a monthly retirement allowance, including an "estimated retirement allowance" as defined in paragraph (A) of rule 3309-1-21 of the Administrative Code, as well as a lump sum payment made under a plan described in division (B)(4) of section 3309.46 of the Revised Code.

(B)

~~(A)(1)~~ The effective date of a service retirement or disability or survivor benefits under sections 3309.34, 3309.343, ~~3309.344~~, 3309.35, 3309.36, ~~3309.381, 3309.39, 3309.40, 3309.401, 3309.45~~ and 3309.46 of the Revised Code shall be as follows:

The first of the month following the last date of compensated service, or the first of the month following the date that age, and service credit eligibility is time restrictions and medical requirements are met, ~~pursuant to Chapter 3309 of the Revised Code~~, the first of the month after all purchases of service credit are completed, eligibility requirements as set forth in section 3309.45 of the Revised Code are met, or at the date requested by the applicant in writing, at retirement ~~or benefit application~~, whichever is later.

(2) The effective date of reemployment, conversion retirement, disability, and survivor benefits shall be the date as provided by section 3309.344, 3309.381, 3309.39, 3309.40, 3309.401, or 3309.45 of the Revised Code.

~~(B)~~(C) A member, a beneficiary eligible for benefits pursuant to section 3309.45 of the Revised Code, or a SERS retirant or other system retirant as defined in section 3309.341 of the Revised Code, may withdraw an application for a retirement allowance, survivor benefit or annuity to which the member, beneficiary, SERS or other system retirant is entitled as follows:

(1) If a retirement allowance, survivor benefit or annuity payment has not been sent, by sending a signed written request over the applicant's signature to the school employees retirement system prior to the date the first payment is sent or transmitted.

(2) If a retirement allowance, survivor benefit or annuity payment has been sent, then by:

(a) Returning to the retirement system all warrants sent, uncashed, with a signed written request over the applicant's signature to withdraw the application and, if applicable, a personal check or money order for any amounts deducted from the payment and disbursed by the retirement

system as authorized by law; and/or

- (b) Remitting to the retirement system a personal check or money order repaying all payments transmitted by the retirement system to the applicant's financial institution no later than thirty days after the institution's receipt of the first payment with a signed written request over the applicant's signature to withdraw the application, and, if applicable, a personal check or money order for any amounts deducted from the payment and disbursed by the retirement system as authorized by law.
- (3) If deductions equal the amount of the payment and no warrant was sent or payment was transmitted, by sending a written request over the applicant's signature to the retirement system to withdraw the application no later than thirty days after receipt of the first payment stub, and, if applicable, a personal check or money order for any amounts deducted from the payment and disbursed by the retirement system as authorized by law.
- ~~(C)~~(D) A beneficiary who requested his or her benefit payment to be distributed as a direct rollover pursuant to rule 3309-1-53 of the Administrative Code may withdraw the application for payment by delivering to the retirement system a signed written request over the applicant's signature to withdraw the application, and if the retirement plan that received the distribution returns to the retirement system the full amount transferred not later than sixty days after the transfer.
- ~~(D)~~(E) The retirement laws in effect on the benefit effective dates shall determine the amount and eligibility for a retirement allowance, survivor benefit, or annuity.
- ~~(E)~~(F) The annuity and option tables as adopted by the board and in effect shall be used to determine reserve liability and retirement allowance, survivor benefit payments and annuity.

Effective:

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Certification

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Date

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3309.381, 3309.39, 3309.40, 3309.401, 3309.45,  
3309.46  
Prior Effective Dates: 12/24/76, 2/1/92, 1/2/93, 5/2/01, 7/30/01 (Emer.),  
11/1/01, 1/2/03, 1/2/04, 5/11/06, 4/2/10, 1/7/13



3309-1-35

**Health care.****(A) Definitions**

As used in this rule:

- (1) "Benefit recipient" means an age and service retirant, disability benefit recipient, or a beneficiary as defined in section 3309.01 of the Revised Code, who is receiving monthly benefits due to the death of a member, age and service retirant or disability benefit recipient.
- (2) "Member" has the same meaning as in section 3309.01 of the Revised Code.
- (3) "Age and service retirant" means a former member who is receiving a retirement allowance pursuant to section 3309.34, 3309.35, 3309.36 or 3309.381 of the Revised Code. A former member with an effective retirement date after June 13, 1986 must have accrued ten years of service credit, exclusive of credit obtained after January 29, 1981 pursuant to sections 3309.021, 3309.301, 3309.31, and 3309.33 of the Revised Code.
- (4) "Disability benefit recipient" means a member who is receiving a benefit or allowance pursuant to section 3309.35, 3309.39, 3309.40 or 3309.401 of the Revised Code.
- (5) "Dependent" means an individual who is either of the following:
  - (a) A spouse of an age and service retirant, disability benefit recipient, or member,
  - (b) A biological, adopted or step-child of an age and service retirant, disability benefit recipient, member, deceased age and service retirant, deceased disability benefit recipient, or deceased member or other child in a parent-child relationship in which the age and service retirant, disability benefit recipient, member, deceased age and service retirant, deceased disability benefit recipient, or deceased member has or had custody of the child, so long as the child:
    - (i) Is under age twenty-six, or
    - (ii) Regardless of age is permanently and totally disabled, provided that the disability existed prior to the age and service retirant's, disability benefit recipient's, or member's death and prior to the child reaching age twenty-six. For purposes of this paragraph

"permanently and totally disabled" means the individual is unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death, or which has lasted or can be expected to last for a continuous period of not less than twelve months.

- (6) "Health care coverage" means ~~any plan offered by the system including, but not limited to,~~ the medical plan, and the prescription drug plan offered by the system.
- (7) "Premium" means a monthly amount that may be required to be paid by a benefit recipient to continue enrollment for health care coverage for the recipient or the recipient's eligible dependents.
- (8) "Employer" and "public employer" have the same meaning as in section 3309.01 of the Revised Code.

(B) Eligibility

- (1) A person is eligible for health care coverage under the school employees retirement system's health care plan so long as the person qualifies as one of the following:
  - (a) An age and service retirant or the retirant's dependent,
  - (b) A disability benefit recipient or the recipient's dependent,
  - (c) The dependent of a deceased member, deceased age and service retirant, or deceased disability benefit recipient, if the dependent is receiving a benefit pursuant to section 3309.45 or 3309.46 of the Revised Code,
  - (d) The dependent child of a deceased member, deceased disability benefit recipient, or deceased age and service retirant if the spouse is receiving a benefit pursuant to section 3309.45 or 3309.46 of the Revised Code and the spouse elects to be covered.
- (2) Eligibility for health care coverage shall terminate when the person ceases to qualify as one of the persons listed in paragraph (B)(1) of this rule, except that a dependent described in paragraph (A)(5)(b)(i) of this rule shall cease to qualify on the first day of the calendar year following the dependent's twenty-sixth birthday.



(C) Enrollment

- (1) Except as otherwise provided in this rule, an eligible benefit recipient may enroll in school employees retirement system's health care coverage only at the time the benefit recipient applies for an age and service retirement, disability benefit, or monthly benefits pursuant to section 3309.45 of the Revised Code.
- (2) An eligible spouse of an age and service retirant or disability benefit recipient may only be enrolled in the system's health care coverage as follows:
  - (a) At the time the retirant or disability benefit recipient enrolls in school employees retirement system's health care coverage; or,
  - (b) Within thirty-one days of the eligible spouse's:
    - (i) Marriage to the retirant or disability benefit recipient;
    - (ii) Attaining age sixty-five; or
    - (iii) Involuntary termination of health care coverage under another group plan, medicare advantage plan, or medicare part D plan.
- (3) An eligible dependent child of an age and service retirant, disability benefit recipient, or deceased member may be enrolled in the system's health care coverage as follows:
  - (a) At the time the retirant, disability benefit recipient, or surviving spouse enrolls in school employees retirement system's health care coverage; or,
  - (b) Within thirty-one days of the eligible dependent child's:
    - (i) Birth, adoption, or custody order; or
    - (ii) Involuntary termination of health care coverage under another group plan, medicaid, medicare advantage plan, or medicare part D plan.

(D) Cancellation of health care coverage

(1) Health care coverage of a person shall be cancelled when:

- (a) The person's eligibility terminates as provided in paragraph (B)(2) of this rule;
- (b) The person's health care coverage is cancelled for default as provided in paragraph (F) of this rule;
- (c) The person's health care coverage is waived as provided in paragraph (G) of this rule;
- (d) The person's health care coverage is cancelled due to the person's enrollment in a medicare advantage plan or medicare part D plan as provided in paragraph (H) of this rule;
- (e) The health care coverage of a dependent is cancelled when the health care coverage of a benefit recipient is cancelled; or
- (f) The person's benefit payments are suspended for failure to submit documentation required to establish continued benefit eligibility under division (B)(2)(b)(i) of section 3309.45 of the Revised Code, division (F) of section 3309.39 of the Revised Code, or division (D) of section 3309.41 of the Revised Code.

(E) Effective date of coverage

- (1) The effective date of health care coverage for persons eligible for health care coverage as set forth in paragraph (B) of this rule shall be as follows:
  - (a) For a disability benefit recipient or dependent of a disability benefit recipient, health care coverage shall be effective on the first of the month following approval of the benefit or the benefit effective date, whichever is later.
  - (b) For an age and service retirant or dependent of an age and service retirant, health care coverage shall be effective on the first of the month following the date that the retirement application is filed with the retirement system or the benefit effective date, whichever is later.
  - (c) For an eligible dependent of a deceased member, deceased disability

benefit recipient, or deceased age and service retirant, health care coverage shall be effective on the effective date of the benefit if the appropriate application is received within three months of the date of the member's or retirant's death, or the first of the month following the date that the appropriate application is received if not received within three months of the date of the member's or retirant's death.

(F) Premiums

~~(1) The school employees retirement board may establish premiums for a benefit recipient's health care coverage, including dependent coverage with the system.~~

~~(a)~~(1) Payment of premiums for health care coverage shall be by deduction from the benefit recipient's monthly benefit. If the full amount of the monthly premium cannot be deducted from the benefit recipient's monthly benefit, the benefit recipient shall be billed for the portion of the monthly premium due after any deduction from the monthly benefit.

~~(b)~~(2) Premium payments billed to a benefit recipient shall be deemed in default after three consecutive months of nonpayment. A benefit recipient who is in default shall be sent notice by certified U.S. mail informing the benefit recipient that payments are in default and that coverage will be cancelled on the first day of the month after the date of the notice unless payment is received. If coverage is cancelled due to a recipient's failure to pay premium amounts in default, the recipient shall remain liable for such amounts due for the period prior to cancellation of coverage.

~~(c)~~(3) After cancellation for default, health care coverage can be reestablished and coverage reinstated as provided in paragraph (I) of this rule, or upon submission of an application for reinstatement supported by medical evidence acceptable to SERS that demonstrates that the default was caused by the benefit recipient's physical or mental incapacity. "Medical evidence" means documentation provided by a licensed physician of the existence of the mental or physical incapacity causing the default. Health care coverage reinstated after termination for default shall be effective on the first of the month following the date that the application for reinstatement is approved.

~~(2)~~(4) A person enrolled in SERS' health care plan cannot receive a premium subsidy unless that person is:

(a) A dependent child.

(b) An age and service retirant:

- (i) An age and service retirant with an effective retirement date before August 1, 1989; or
- (ii) An age and service retirant with an effective retirement date on or after August 1, 1989 and before August 1, 2008 who had earned fifteen years of service credit; or
- (iii) An age and service retirant with an effective retirement date on or after August 1, 2008 who had earned twenty years of service credit, exclusive of credit obtained after January 29, 1981, pursuant to sections 3309.021, 3309.301, 3309.31, and 3309.33 of the Revised Code, and who:
  - (a) Was eligible to participate in the health care plan of his or her employer at the time of retirement or separation from SERS service; or
  - (b) Was eligible to participate in the health care plan of his or her employer at least three of the last five years of service preceding retirement or separation from SERS service.

(c) A disability benefit recipient:

- (i) A disability benefit recipient with an effective benefit date before August 1, 2008; or
- (ii) A disability benefit recipient with an effective benefit date on or after August 1, 2008 who:
  - (a) Was eligible to participate in the health care plan of his or her employer at the time of separation from SERS service; or
  - (b) Was eligible to participate in the health care plan of his or her employer at least three of the last five years of service preceding separation from SERS service.

(d) A spouse:

- (i) A spouse or surviving spouse of an age and service retiree or disability benefit recipient with an effective retirement date or benefit date before August 1, 2008 who had earned twenty-five years of service credit, exclusive of credit obtained after January 29, 1981, pursuant to sections 3309.021, 3309.301, 3309.31, and 3309.33 of the Revised Code;
- (ii) A spouse or surviving spouse of an age and service retiree or disability benefit recipient with an effective retirement date or benefit date on or after August 1, 2008 who had earned twenty-five years of service credit, exclusive of credit obtained after January 29, 1981, pursuant to sections 3309.021, 3309.301, 3309.31, and 3309.33 of the Revised Code, and who:
  - (a) Was eligible to participate in the health care plan of his or her employer at the time of retirement or separation from SERS service; or
  - (b) Was eligible to participate in the health care plan of his or her employer at least three of the last five years of service preceding retirement or separation from SERS service.
- (iii) A surviving spouse of a deceased member who had earned twenty-five years of service credit, exclusive of credit obtained after January 29, 1981, pursuant to sections 3309.021, 3309.301, 3309.31, and 3309.33 of the Revised Code, with an effective benefit date before August 1, 2008; or
- (iv) A surviving spouse of a deceased member who had earned twenty-five years of service credit, exclusive of credit obtained after January 29, 1981, pursuant to sections 3309.021, 3309.301, 3309.31, and 3309.33 of the Revised Code, with an effective benefit date on or after August 1, 2008, and the member:
  - (a) Was eligible to participate in the health care plan of his or her employer at the time of death or separation from SERS service; or
  - (b) Was eligible to participate in the health care plan of his or her employer at least three of the last five years of service preceding the member's death or separation from SERS service.

- (e) For purposes of determining eligibility for a subsidy under paragraph ~~(F)(2)~~(F)(4) of this rule, when the last contributing service of an age and service retirant, disability benefit recipient, or member was as an employee as defined by division (B)(2) of section 3309.01 of the Revised Code, the health care plan participation requirement shall be if the individual would have been eligible for the public employer's health care plan if the individual were an employee as defined by division (B)(1) of section 3309.01 of the Revised Code.
- (f) Any other individual covered under a SERS health care plan shall be eligible for a premium subsidy under the standard set forth for spouses.
- (g) In all cases of doubt, the retirement board shall determine whether a person enrolled in a SERS health care plan is eligible for a premium subsidy, and its decision shall be final.

#### (G) Waiver

- (1) A benefit recipient may waive health care coverage by completing and submitting a SERS waiver form to SERS.
- (2) The health care coverage of a benefit recipient's dependent may be waived as follows:
  - (a) For non-medicare eligible dependents, the benefit recipient may waive their coverage by completing and submitting a signed written request to SERS on their behalf.
  - (b) For medicare eligible dependents, the dependent may waive their coverage by completing and submitting a signed written request to SERS.

#### (H) Medicare advantage or medicare part D

- (1) SERS shall cancel the health care coverage of a benefit recipient or dependent who enrolls in a medicare advantage or medicare part D plan that is not offered by the system unless SERS receives proof of cancellation within fourteen days of receipt of notice of enrollment. The cancellation shall be effective on the first day of the month after SERS notifies the benefit recipient that the coverage has been cancelled.

(I) Reinstatement to SERS health care coverage

- (1) An eligible benefit recipient or dependent of a benefit recipient with health care coverage, whose coverage has been previously cancelled may be reinstated to SERS health care coverage by filing a health care enrollment application as follows.
  - (a) The application is received no later than thirty-one days after reaching age sixty-five. Health care coverage shall be effective the later of the first day of the month after reaching sixty-five or receipt of the enrollment application by the system;
  - (b) The application is received no later than thirty-one days after involuntary termination of coverage under another group plan, medicaid, medicare advantage plan, or medicare part D plan with proof of such termination. Health care coverage shall be effective the later of the first day of the month after termination of the other group plan or receipt of proof of termination and the enrollment application by the system.
- (2) An eligible person whose coverage was cancelled pursuant to paragraph (D)(1)(f) of this rule shall be reinstated to SERS health care plan when benefit payments are reinstated.
- (3) An eligible benefit recipient or dependent of a benefit recipient with health care coverage, whose coverage has been previously cancelled and who is enrolled in medicare A and B or medicare B only on December 31, 2007 may be reinstated to SERS health care coverage by filing a healthcare enrollment application during the period of time beginning October 1, 2007 and ending November 30, 2007. Health care coverage shall be effective January 1, 2008.
- (4) An eligible benefit recipient or dependent of a benefit recipient with health care coverage, whose coverage has been previously cancelled pursuant to paragraph (H) of this rule and who is enrolled in medicare A and B or medicare B only on June 30, 2009 may be reinstated to SERS health care coverage by filing a health care enrollment application during the period of time beginning May 21, 2009 and ending July 15, 2009.
- (5) An eligible benefit recipient who had an effective retirement or benefit date on or after August 1, 2008, who qualifies for a premium subsidy under paragraph ~~(F)(2)(F)(4)~~ of this rule, and whose coverage has previously been waived as provided in paragraph (G) of this rule, may be reinstated to school employees retirement system health care coverage by submitting a complete health care

enrollment application on or before December 14, 2012. Health care coverage shall be effective January 1, 2013.

(J) Medicare part "B"

(1) A person who is enrolled in SERS' health care shall enroll in medicare part B at the person's first eligibility date for medicare part B.

(2)

(a) The board shall determine the monthly amount paid to reimburse an eligible benefit recipient for medicare part B coverage. The amount paid shall be no less than forty-five dollars and fifty cents, except that the board shall make no payment that exceeds the amount paid by the recipient for the coverage.

(b) As used in paragraph (J) of this rule, an "eligible benefit recipient" means:

(i) An eligible person who was a benefit recipient and was eligible for medicare B coverage before January 7, 2013, or

(ii) An eligible person who is a benefit recipient, is eligible for medicare B coverage, and is enrolled in SERS' health care.

(3) The effective date of the medicare "B" premium to be paid by the board shall be as follows:

(a) For eligible benefit recipients who were a benefit recipient and were eligible for medicare B coverage before January 7, 2013 the later of:

(i) January 1, 1977; or

(ii) The first of the month following the date that the school employees retirement system received satisfactory proof of coverage.

(b) For eligible benefit recipients not covered under paragraph (J)(3)(a) of this rule, the later of:

(i) The first month following the date that the school employees retirement system received satisfactory proof of coverage, or



(ii) The effective date of SERS health care.

(4) The board shall not:

- (a) Pay more than one monthly medicare "B" premium when a benefit recipient is receiving more than one monthly benefit from this system; nor
- (b) Pay a medicare "B" premium to a benefit recipient who is receiving reimbursement for this premium from any other source.

Effective: 01/01/2014

R.C. 119.032 review dates: 02/01/2015

**CERTIFIED ELECTRONICALLY**

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Certification

10/21/2013

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Date

Promulgated Under: 111.15  
Statutory Authority: 3309.04  
Rule Amplifies: 3309.69  
Prior Effective Dates: 1/1/77, 3/20/80, 7/20/89, 1/2/93, 8/10/98, 11/9/98,  
6/13/03, 1/2/04, 3/1/07, 9/28/07 (Emer.), 12/24/07,  
8/8/08, 1/8/09, 5/22/09 (Emer.), 8/10/09, 6/11/10,  
7/1/10 (Emer.), 9/26/10, 8/14/11, 9/30/12, 1/7/13  
(Emer.), 3/8/13



automobile or other surface vehicle travel will be reimbursed at the lesser of "portal-to-portal" or "air travel cost".

- (i) "Portal-to-portal" reimbursable expenses include the actual cost of lodging, meals, parking at place of lodging and mileage at the reimbursable rate established by the retirement system or the actual cost of coach or economy class fare or the cost of a rental vehicle.
  - (ii) "Air travel cost" reimbursable expenses include the actual cost of coach or economy air fare, airport parking, transportation from the airport to destination lodging, and mileage between the board or staff member's home and the local airport at the reimbursable rate established by the retirement system.
- (c) The cost of a rental vehicle where it is a reasonable alternative means of transportation under the circumstances.
  - (d) The cost of parking for a personal or rental vehicle.
  - (e) The cost of taxi cabs or other public transportation where reasonable under the circumstances.
- (2) Lodging at the single occupancy rate.
  - (3) Meals and beverages, excluding alcohol, in reasonable amounts not to exceed limits as set by the retirement board.
  - (4) Tips as customary and reasonable.
  - (5) Telephone calls or other electronic transmissions for retirement system business; or personal telephone calls to home and/or family not to exceed limits set by the retirement board.
  - (6) Registration fees for appropriate meetings, sessions, seminars and conferences.
- (C) Reimbursable expenses do not include the following:
- (1) Expenditures of a personal nature except as provided in this rule.
  - (2) Expenditures for travel other than for retirement system business.

- (3) Except in the case of an emergency, expenditures by a board member for out-of-state travel not approved by the retirement board.
- (D) Requests for approval of out-of-state travel by a board member shall be submitted by the board member to the executive director of the retirement system who shall present the request to the board at its next regular meeting.
- (E) Requests for reimbursement for authorized travel shall be submitted on a the appropriate form attached as an appendix to this rule ~~provided by the retirement system~~ and in accordance with the retirement system's reimbursement procedures.

Effective:

R.C. 119.032 review dates: 06/21/2013

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Certification

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Date

Promulgated Under: 111.15  
Statutory Authority: 3309.04  
Rule Amplifies: 3309.041, 3309.10, 3309.14  
Prior Effective Dates: 1/2/96, 9/10/98, 8/11/05

3309-1-52

Appendix A

Page 1 of 1



School Employees Retirement System of Ohio

BOARD Expense Report

Name:

Name of Conference/Purpose of Trip:		Conference Dates:						Type of Travel (select from list below)	
Location of Trip:		Travel Dates:						Education	
Enter Dates								Total Amount	
Enter Name of City									
<b>Lodging</b>								-	
<b>Meals</b> Breakfast								-	
Lunch								-	
Dinner								-	
Daily Meal Total		0.00	0.00	0.00	0.00	0.00	0.00	0.00	
<b>Transportation</b>								-	
Airplane								-	
Personal Car Miles								-	
@ 0.565		-	-	-	-	-	-	-	
Taxi/Limousine								-	
Rental Vehicle								-	
Shuttle								-	
Parking								-	
Tolls								-	
<b>Other Expenses</b>								-	
Tips (not Meals/Taxis)								-	
Subtotals		-	-	-	-	-	-	-	
Total SERS Direct Bill								-	
Total Board Travel Card								-	
Board Travel Card Personal								-	
Total Out of Pocket								-	
<b>Total Daily Expenses</b>		-	-	-	-	-	-	-	
		Conference Registration Fee						-	
		<b>Total Expenses</b>						-	
Meals paid for multiple SERS employees/Board members/guests		Less: Direct Bill (Airfare, Hotel)						-	
Date	Names	Board Travel Card Charges						-	
		Prepaid Registration Fee						-	
		Other:						-	
		<b>Total Deductions</b>						-	
		Less: Reimburse SERS personal						-	
		<b>BALANCE DUE TO: Board Member</b>							
		<b>SERS</b>							
<b>Approvals</b>									
I certify that these expenses were actual and reasonable, are in compliance with SERS policy and were incurred for official business of the School Employees Retirement System. No portion of these expenses was provided free of charge or previously reimbursed from any other source. Should any portion of this reimbursement be found non-compliant with SERS policy, I will reimburse SERS within ten (10) days of being notified.					I certify that I have reviewed expenses associated with this reimbursement and hereby authorize payment.				
Signed:		Date:			Executive Director:		Date:		
Account #		Accounting Approval						DTL	





3309-1-53

**Rollover distributions and trustee-to-trustee transfers.**

(A) For purpose of SERS rules, "eligible rollover distribution," or "rollover distribution," means all or any portion of an amount that qualifies as an eligible rollover distribution under section 402(c)(4) of the Internal Revenue Code of 1986, as amended, 26 U.S.C. 402(c)(4), and is paid to a member or the surviving spouse of the member from either:

- (1) Another employer plan qualified under section 401(a) of the Internal Revenue Code, 26 U.S.C. 401(a);
- (2) An individual retirement account, or annuity other than an endowment contract, under section 408 of the Internal Revenue Code, 26 U.S.C. 408, to the extent that the amount would be a taxable event;
- (3) A tax-sheltered annuity under section 403(b) of the Internal Revenue Code, 26 U.S.C. 403(b);
- (4) A governmental deferred compensation plan under section 457 of the Internal Revenue Code, 26 U.S.C. 457; or
- (5) An annuity plan under section 403(a) of the Internal Revenue Code, 26 U.S.C. 403(a).

(B)

- (1) The school employees retirement system may accept direct trustee-to-trustee transfers from a 26 U.S.C. 457 deferred compensation plan, a 26 U.S.C. 403(b) tax-sheltered annuity plan, or a plan qualified under 26 U.S.C. 401(k) and eligible rollover distributions only for the purchase of service credit pursuant to section 3309.021, 3309.022, 3309.26, 3309.301, 3309.31, 3309.311, 3309.41, 3309.451, 3309.473, 3309.474, 3309.73, 3309.731 or 3309.75 of the Revised Code, for the payment of back contributions under rule 3309-1-13 of the Administrative Code, or for the payment of additional liability pursuant to division (A)(1)(c) of section 3309.34 of the Revised Code.
- (2) A member or surviving spouse of a member must be otherwise eligible to purchase the service credit or pay the back contributions pursuant to Chapter 3309. of the Revised Code and SERS rules.
- (3) The amount of the rollover distribution accepted by the retirement system shall not exceed the ~~cost of the service to be purchased~~ amount necessary to fund

the benefit attributable to the service credit.

- (C) A member or otherwise qualified beneficiary of a deceased member who is entitled to a distribution from the retirement system that qualifies as an eligible rollover distribution pursuant to sections 401(a)(31) and 402(f)(2)(A) of the Internal Revenue Code, ~~as amended~~ 26 U.S.C. 401(a)(31) and 402(f)(2)(A), may request that the distribution be paid in a direct rollover to another eligible retirement plan to the extent permitted by sections 401(a)(31) or 408A of the Internal Revenue Code, ~~as amended~~ 26 U.S.C. 401(a)(31) or 26 U.S.C. 408A. A qualified nonspouse beneficiary of a deceased member may only rollover directly to an inherited individual retirement account or annuity to the extent permitted by section 402(c)(11) of the Internal Revenue Code, 26 U.S.C. 402(c)(11).

Effective:

R.C. 119.032 review dates: 02/01/2016

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Certification

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Date

Promulgated Under: 111.15  
Statutory Authority: 3309.04  
Rule Amplifies: 3309.021, 3309.022, 3309.26, 3309.301, 3309.31,  
3309.311, 3309.34, 3309.41, 3309.451, 3309.46,  
3309.473, 3309.474, 3309.73, 3309.731, 3309.75  
Prior Effective Dates: 3/7/97, 5/2/01, 4/5/02, 5/11/06, 6/1/07, 12/24/07,  
4/30/09, 1/7/13 (Emer.), 3/8/13



3309-1-60

**Division of property orders.**

- (A) "Order" means an order described in section 3105.81 of the Revised Code.
- (B) "Alternate payee", "benefit", "lump sum payment" and "participant" have the meanings set forth in divisions (A) to (D) of section 3105.80 of the Revised Code.
- (C) School employees retirement system may retain an order that provides the last four digits of the participant's and alternate payee's social security numbers.
- (D) Prior to receiving a benefit or lump sum payment, an alternate payee shall provide the information required on a form approved by this system. An alternate payee shall notify this system in writing of any change in the information provided.
- (E) Any benefit or lump sum payment that is owed and unpaid to an alternate payee at the time of the alternate payee's death shall be paid to the estate of the alternate payee.
- (F) Pursuant to section 3105.90 of the Revised Code, an order shall be on the form prescribed by the appendix to this rule. However, the system may also accept the version of the form prescribed by the previous appendix to this rule effective ~~October 27, 2006~~ January 1, 2010, but only until ~~June 30, 2010~~ June 30, 2014.
- (G) Starting with a participant's next annual benefit increase under section 3309.374 of the Revised Code on or after October 27, 2006, the annual increase shall be apportioned between the participant and the alternate payee while the order is in effect.

Effective: 01/01/2014

R.C. 119.032 review dates: 02/01/2017

**CERTIFIED ELECTRONICALLY**

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Certification

10/21/2013

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Date

Promulgated Under: 111.15  
Statutory Authority: 3309.04  
Rule Amplifies: 3105.80, 3105.81, 3105.82, 3105.821, 3105.83,  
3105.84, 3105.85, 3105.86, 3105.87, 3105.88,  
3105.89, 3105.90, 3309.374  
Prior Effective Dates: 1/1/02 (emer.), 4/5/02, 10/3/03, 10/27/06, 1/1/10

IN THE COURT OF COMMON PLEAS OF \_\_\_\_\_ COUNTY, OHIO DIVISION OF DOMESTIC RELATIONS

\_\_\_\_\_  
Plaintiff/Petitioner,  
v.  
\_\_\_\_\_

:  
:  
:  
:  
:

Case No.

Judge

Defendant/Petitioner.

DIVISION OF PROPERTY ORDER

The Court finds the following facts and issues the following Order pursuant to Sections 3105.80 to 3105.90, Revised Code:<sup>1</sup>

I. Terms:

A. The "Plan Participant" or "Participant" means \_\_\_\_\_, Social Security number \_\_\_\_\_, whose date of birth is \_\_\_\_\_, whose current address is \_\_\_\_\_, and whose current mailing address is \_\_\_\_\_.

B. The "Alternate Payee" means \_\_\_\_\_, Social Security number \_\_\_\_\_, whose date of birth is \_\_\_\_\_, whose current address is \_\_\_\_\_, and whose current mailing address is \_\_\_\_\_.

C. The "Public Retirement Program(s)" means (please check the name and address of the public retirement program(s) and/or University/College Alternative Retirement Plan Administrator):

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

State Teachers Retirement System of Ohio  
275 East Broad Street  
Columbus, Ohio 43215-3771

School Employees Retirement System of Ohio

<sup>1</sup> This form was created under Ohio Revised Code Section 3105.90. Since Ohio Revised Code Section 3105.82 requires that this form be used, variance from this form will result in non-acceptance of the order by the Public Retirement Program.

300 East Broad Street  
 Suite 100  
 Columbus, Ohio 43215-3746

- Ohio Police and Fire Pension Fund  
 140 East Town Street  
 Columbus, Ohio 43215
- Ohio State Highway Patrol Retirement System  
 6161 Busch Boulevard  
 Suite 119  
 Columbus, Ohio 43229-2553
- University/College Alternative Retirement Plan  
 Name and address of University/College Plan Administrator:
- 
- 

D. Obligation of Plan Participant and Alternate Payee: The Plan Participant and the Alternate Payee are ordered to notify in writing the Public Retirement Program of a change in the individual's mailing address.

II. Amount Payable to the Alternate Payee: Upon the Plan Participant receiving a payment from the Public Retirement Program, the court orders that the Alternate Payee shall receive payment in accordance with and subject to the limitations set forth in Sections 3105.82 to 3105.90, Revised Code. The Public Retirement Program is required to distribute amounts to the Alternate Payee in the same manner selected by the Participant. For example, if only a lump sum dollar amount is provided in Paragraphs II(B)(1)(a) and (b), then the Alternate Payee also receives a lump sum payment. Please designate the type and the method of payment:

A. Type of Payment: If the Participant is eligible to receive more than one benefit payment or more than one lump sum payment, please check the benefit(s) or lump sum payment(s) from which payment to the Alternate Payee shall be made. If no benefit or lump sum payment is designated, the Alternate Payee shall receive payment from the first benefit payment or lump sum payment for which the Participant is eligible to apply and to receive. Please check ALL APPLICABLE BENEFIT(S) OR LUMP SUM PAYMENT(S):

- Age and service retirement benefit, INCLUDING Partial Lump Sum Payments ("PLOS") received under Sections 145.46(B)(4)(E)(1), 3307.60(B), 3309.46(B)(4), or 5505.162(A)(3), Revised Code, and Deferred Retirement Option Plan ("DRO") under Section 742.43 or 5505.50, Revised Code.
- Age and service retirement benefit, BUT EXCLUDING Partial Lump Sum Payments ("PLOS") received under Sections 145.46(B)(4)(E)(1), 3307.60(B), 3309.46(B)(4) or 5505.162(A)(3), Revised Code, and Deferred Retirement Option Plan ("DRO") under Section 742.43 or 5505.50, Revised Code.
- Disability monthly benefit
- Account refund



- Additional money purchase annuity/additional annuity lump sum refund
- Reemployed retiree money purchase annuity (when monthly payment exceeds \$25.00) or lump sum refund
- Defined contribution plan benefit

B. Method of Payment: If the Plan Participant is a reemployed retiree contributing to a money purchase annuity or is eligible to receive or is receiving monthly benefits or a lump sum payment from a reemployed retiree money purchase annuity, the Alternate Payee shall receive payment from the reemployed retiree money purchase annuity and any other type of payment designated in Paragraph II(A) above in a monthly or one-time dollar amount as specified in Paragraph II(B)(1)(a) below. If the Plan Participant is participating in the defined contribution program, or any of its constituent plans, the Alternate Payee shall receive payment from the defined contribution program, or any of its constituent plans, and any other type of payment designated in Paragraph II(A) above in a percentage of a fraction as specified in Paragraph II(B)(2) below. If the Plan Participant is participating in any other plan in a Public Retirement Program, the Alternate Payee shall receive payment in either a dollar amount **OR** a percentage of a fraction as specified below (i.e. Please complete Dollar Amount **OR** Percentage).

1. Dollar Amount: Paragraphs II(B)(1)(a) and (b) must be fully completed, even if the indication is to pay the Alternate Payee "\$0.00" from the Participant's periodic benefit or/and lump sum payment.

a. If the Participant elects a plan of payment that consists of a lump sum payment **OR** a plan of payment that consists of periodic benefits:

\$ \_\_\_\_\_ per benefit from the Participant's periodic benefit upon the Participant's receipt of the aggregate periodic benefit; **or**

\$ \_\_\_\_\_ from the Participant's lump sum payment upon the Participant's receipt of the payment.

b. If the Participant elects a plan of payment consisting of both a lump sum benefit **AND** a periodic benefit:

\$ \_\_\_\_\_ per benefit from the Participant's periodic benefit upon the Participant's receipt of the periodic benefit; **and**

\$ \_\_\_\_\_ from the Participant's lump sum benefit upon the Participant's receipt of the payment.

**OR**

2. Percentage: Please provide percentages in both Paragraph II(B)(2)(a) and (b) even if the percentage is "0%".

a. If the Participant elects a plan of payment that consists of either periodic benefits **OR** a lump sum payment, the Public Retirement Program shall

pay directly to the Alternate Payee per benefit or in a one-time lump sum payment \_\_\_\_\_ percent ( \_\_\_\_\_%) of a fraction as set forth in Paragraph II(B)(2)(c) below of the Plan Participant's periodic benefit or one-time lump sum payment.

b. If the Plan Participant elects a plan of payment consisting of both a lump sum benefit **AND** a periodic benefit, the Public Retirement Program shall pay directly to the Alternate Payee \_\_\_\_\_ percent ( \_\_\_\_\_%) of a fraction as set forth in Paragraph II(B)(2)(c) below of the Plan Participant's periodic benefit and \_\_\_\_\_ percent ( \_\_\_\_\_%) of a fraction as set forth below of the Plan Participant's lump sum benefit.

c. Fraction:

i. The numerator of the fraction shall be \_\_\_\_\_, which is the number of years during which the Plan Participant was both a contributing member of the Public Retirement Program and married to the Alternate Payee. The date of marriage is \_\_\_\_\_.

ii. The denominator, which shall be determined by the Public Retirement Program at the time that the Plan Participant elects to take a benefit or a payment, shall be the Participant's total years of service credit with the Public Retirement Program or, in the case of a Participant in a retirement plan established under Chapter 3305, Revised Code, the years of participation in the plan.

C. Applicable Benefit: The monthly benefit amount used to determine the amount paid to the Alternate Payee from the Participant's monthly benefit shall be whichever applies:

1. If the Participant is receiving a monthly benefit, the monthly benefit shall be the gross monthly benefit the Participant is receiving at the time the decree of divorce or dissolution becomes final. The effective date of the decree of divorce, dissolution, or legal separation is \_\_\_\_\_;
2. If the Participant has applied for but is not yet receiving a monthly benefit, the monthly benefit shall be the benefit for which the Participant is eligible;
3. If the Participant has not applied for a benefit, the monthly benefit shall be the benefit calculated at the time the Participant elects to take the benefit.

D. Minimum Benefit Notice: The total amount paid to the Alternate Payee pursuant to this order plus any administrative fee charged to the Participant and Alternate Payee as authorized by Section 3105.84, Revised Code, shall not exceed fifty percent of the amount of a benefit or lump sum payment that the Plan Participant is to receive or, if withholding is to be made from more than one benefit or lump sum payment, fifty percent of the total of the benefits or lump sum payments that the Plan Participant is to receive. If the Plan Participant's benefit or lump sum payment is or will be subject to more than

one order issued pursuant to Section 3105.81, Revised Code, the Public Retirement Program shall not withhold an aggregate amount for all the orders plus the administrative fee(s) charged to the Participant and Alternate Payee as authorized by Section 3105.84, Revised Code, that exceeds fifty percent of the benefit or lump sum payment.

E. Cost of living allowances: Any cost-of-living allowance ("COLA") granted to a Participant while this Order is in effect shall be apportioned between the Participant and Alternate Payee in the same proportion that the amount being paid the Alternate Payee bears to the amount paid the Participant, as provided under Sections 145.323(B), 742.3711(G), 742.3716(F), 742.3717(B)(3), 3307.67(C), 3309.374(B), and 5505.174(C), Revised Code.

III. Notification to Alternate Payee: The Alternate Payee is hereby notified of the following:

- A. The Alternate Payee's right to payment under this Order is conditional on the Plan Participant's right to a benefit payment or lump sum payment from the Public Retirement Program;
- B. When the Plan Participant's benefit or lump sum payment is subject to more than one order under Section 3105.81, Revised Code, or to an order described in Section 3105.81, Revised Code and a withholding order under Section 3121.03, Revised Code, the amount paid to the Alternate Payee under this order may be reduced based on the priority of the other orders;
- C. The Alternate Payee's right under this order to receive an amount from the benefit payment or lump sum payment to the Plan Participant shall terminate upon:
  - 1. The death of the Plan Participant;
  - 2. The death of the Alternate Payee;
  - 3. The termination of a benefit pursuant to the governing laws of the Public Retirement Program.

IV. Administrative Fee: Pursuant to Section 3105.84, Revised Code, this order authorizes the Public Retirement Program that is or will be paying the benefit or lump sum payment to withhold from any benefit or payment that is subject to this order an amount determined by the Public Retirement Program to be necessary to defray the cost of administering the order. This amount shall be divided equally between the Plan Participant and the Alternate Payee.

V. Application of Order: This order applies to payments made by the Public Retirement Program after retention of the Order under Section 145.571, 742.462, 3305.21, 3307.371, 3309.671, or 5505.261, Revised Code.

VI. Additional Limitations on Order:

- A. Payments under this order shall commence as provided under Section 145.571, 742.462, 3305.21, 3307.371, 3309.671, or 5505.261, Revised Code.

- B. The Alternate Payee has no right or privilege under the law governing the Public Retirement Program that is not otherwise provided in the governing law.
- C. This order shall not require the Public Retirement Program to take any action or provide any benefit, allowance, or payment not authorized under the law governing the Public Retirement Program.

VII. Notice of Order:

- A. The clerk of courts shall transmit a certified copy of this order to the Public Retirement Program(s) named in the order.
- B. On receipt of this order, the Public Retirement Program shall determine whether the order meets the requirements as set forth in Sections 3105.80 to 3105.90, Revised Code.
- C. The Public Retirement Program shall retain the order in the Plan Participant's record if the order meets the requirements in Sections 3105.80 to 3105.90, Revised Code.
- D. The Public Retirement Program shall return, by regular mail, to the clerk of courts of the court that issued the order any order the Public Retirement Program determines does not meet the requirements in Sections 3105.80 to 3105.90, Revised Code, no later than sixty days after the Public Retirement Program's receipt of the order.

VIII. Jurisdiction of the Court: The Court shall retain jurisdiction to modify, supervise, or enforce the implementation of this order notwithstanding Section 3105.171(I), Revised Code.

APPROVED:

\_\_\_\_\_  
Signature of Attorney for Plaintiff/Petitioner

\_\_\_\_\_  
Attorney for Plaintiff/Petitioner (please type or print name)

\_\_\_\_\_  
Supreme Court No.

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
Signature of Attorney for Defendant/Petitioner

\_\_\_\_\_  
Attorney for Defendant/Petitioner (please type or print name)

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Supreme Court No.

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Address

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Address

SO ORDERED.

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Judge

Division of Property Order approved per Section 145.571, 742.462, 3305.21, 3307.371, 3309.671, or 5505.261, Revised Code, for filing and submission.

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Retirement System

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Retirement System



**3309-1-64 Supplemental health care coverage.****(A) Definitions**

- (1) "Benefit recipient," "Member," "Age and service retirant," "Disability benefit recipient," and "Dependent" shall have the meanings set forth in paragraph (A) of rule 3309-1-35 of the Administrative Code.
- (2) "Supplemental health care coverage" means any dental or vision plan offered by the school employees retirement system.
- (3) "Premium" means a monthly amount that may be required to be paid by a benefit recipient to continue enrollment for the supplemental health care coverage for the recipient or the recipient's eligible dependents.

**(B) Eligibility**

- (1) A person is eligible for supplemental health care coverage under this rule so long as the person meets the eligibility requirements in section 3309.69 of the Revised Code and rule 3309-1-35 of the Administrative Code for the retirement system's health care coverage.
- (2) Eligibility for supplemental health care coverage shall terminate when the person ceases to qualify as one of the persons listed in paragraph (B)(1) of rule 3309-1-35 of the Administrative Code.

**(C) Enrollment**

- (1) An eligible benefit recipient may only enroll in one or more supplemental health care plans as follows:
  - (a) At the time the benefit recipient applies for an age and service retirement, disability benefit, or monthly benefit pursuant to section 3309.45 of the Revised Code; or,
  - (b) During the retirement system's open enrollment period.
- (2) An eligible dependent of an age and service retirant or disability benefit recipient may only enroll in one or more supplemental health care plans as follows:
  - (a) At the time the age and service retirant or disability benefit recipient enrolls in the supplemental health care plan; or,
  - (b) During the retirement system's open enrollment period so long as the age and service retirant or disability benefit recipient is also enrolled in the supplemental health care plan.

(D) A person's supplemental health care coverage shall be cancelled when:

- (1) The person's eligibility for health care coverage terminates as provided in paragraph (B)(2) of rule 3309-1-35 of the Administrative Code;
- (2) The supplemental health care coverage of a dependent is cancelled when the supplemental health care coverage of a benefit recipient is cancelled;
- (3) The person's supplemental health care coverage is cancelled for default as provided in paragraph (F) of this rule;
- (4) The person's benefit payments are suspended for failure to submit documentation required to establish continued benefit eligibility under division (B)(2)(b)(i) of section 3309.45 of the Revised Code, division (F) of section 3309.39 of the Revised Code, or division (D) of section 3309.41 of the Revised Code; or
- (5) The benefit recipient elects to cancel the supplemental health care coverage for the following calendar year during the open enrollment period.

(E) Effective date of coverage

- (1) When a benefit recipient elects to enroll in supplemental health care coverage during an open enrollment period, the effective date of coverage shall be the first day of the calendar year following the open enrollment period.
- (2) When a benefit recipient elects to enroll in supplemental health care coverage upon receipt of a benefit, the effective date of coverage shall be as follows:
  - (a) For a disability benefit recipient or dependent of a disability benefit recipient, the supplemental health care coverage shall be effective on the first day of the month following approval of the benefit or the benefit effective date, whichever is later.
  - (b) For an age and service retirant or dependent of an age and service retirant, the supplemental health care coverage shall be effective on the first day of the month following the date that the retirement application is filed with the retirement system or the benefit effective date, whichever is later.
  - (c) For an eligible dependent of a deceased member, deceased disability benefit recipient, or deceased age and service retirant, the supplemental health care coverage shall be effective on the effective date of the benefit if the appropriate application is received within three months of the date of the member's or retirant's death, or the first day of the month following the date that the appropriate application is received if not



received within three months of the date of the member's or retirant's death.

(F) Premiums

- (1) Payment of premiums for supplemental health care coverage shall be by deduction from the benefit recipient's monthly benefit. If the full amount of the monthly premium cannot be deducted from the benefit recipient's monthly benefit, the benefit recipient shall be billed for the portion of the monthly premium due after any deduction from the monthly benefit.
- (2) Premium payments billed to a benefit recipient shall be deemed in default after three consecutive months of nonpayment. A benefit recipient who is in default shall be sent notice by certified U.S. mail informing the benefit recipient that payments are in default and that coverage will be cancelled on the first day of the month after the date of the notice unless payment is received. If coverage is cancelled due to a recipient's failure to pay premium amounts in default, the recipient shall remain liable for such amounts due for the period prior to cancellation of coverage.

Effective: 01/01/2014

R.C. 119.032 review dates: 02/01/2018

**CERTIFIED ELECTRONICALLY**

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**Certification**

10/21/2013

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**Date**

Promulgated Under: 111.15  
Statutory Authority: 3309.04  
Rule Amplifies: 3309.69