Rules

May 13, 2021

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3307:1-3-06 **Contributions during non-teaching periods.**

Section 3307.77 of the Revised Code permits a teacher who is under contract the right to complete contributions for a period during which the teacher was prevented by illness, injury, a leave granted pursuant to section 3319.13, 3319.131, or 3345.28 of the Revised Code, or other reasons approved by the state teachers retirement board, from making regular retirement contributions.

To facilitate crediting of such contributions, employer contributions, and associated service credit, the following rule applies:

(A) In the event of absences for non-teaching periods caused by illness, injury, or leave pursuant to section 3319.13, 3319.131 or 3345.28 of the Revised Code; absences caused by school closings for weather conditions or other emergency conditions that alter the regular school year and which are beyond the control of the member; or leave pursuant to the Family and Medical Leave Act of 1993, Pub. L. 103-3, 107 Stat. 6, 29 U.S.C. 2601:

(1) Employee contributions shall be made at the member's option.

(2) The employer may make such deductions from other payrolls during the year in which the absence occurred as authorized in division (C) of section 3307.77 of the Revised Code.

(3) Nothing herein shall be construed as authorizing the employer to make additional deductions from payrolls during a year other than the year in which the absence occurred.

(4) Employer contributions from the member's employer at such time as the leave commenced shall be due based upon the date the member has contributions deducted or pays contributions to the employer.

(5) As authorized in division (D) of section 3307.77 of the Revised Code, if a member has changed employment, the employer responsible for accepting and forwarding contributions for the leave period shall be the member's employer at such time as the absence or leave commenced.

(6) "Date of payment," as used under divisions (D)(2) and (D)(3) of section 3307.77 of the Revised Code, means the end of the month in which payment is made.

(7) "Last day of the year in which the absence or leave terminated," as used under divisions (D)(2) and (D)(3) of section 3307.77 of the Revised Code, means the last day of the fiscal year in which there is service credit certified with the retirement system as eligible for purchase.

(B) Contributions may be submitted for purchases of service credit for absences ~~that result in limitation of compensation that may be included in final average salary pursuant to section 3307.501 of the Revised Code~~, subject to approval by the executive director or the director's designee.

(C) Contributions may be submitted after the effective date of retirement for purposes of service credit for absences under section 3307.77 of the Revised Code, if the additional contributions will reduce or eliminate limitation of the compensation that may be included in final average salary under section 3307.501 of the Revised Code.

(D) Members purchasing leaves of absence pursuant to section 3307.77 of the Revised Code to meet the two year or one year disability eligibility application requirement pursuant to division (D) of section 3307.62 of the Revised Code shall purchase at a minimum, the time period extending from the date the leave began through the date required to meet eligibility.

(E) Members shall not be permitted to purchase leaves of absence pursuant to section 3307.77 of the Revised Code for:

(1) Leave periods granted retroactively, that if purchased, would qualify the member to apply for disability benefits with the retirement system; or

(2) Leave periods during which the member received disability benefits from the retirement system.

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Certification

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3307:1-7-01 **Disability benefits - definitions.**

Chapter 3307:1-7 of the Administrative Code is adopted to establish the definitions, procedures and guidelines needed to fulfill the requirements of sections 3307.48, 3307.62, 3307.63, and 3307.631 of the Revised Code and to assure fair and impartial evaluation of all applications for disability benefits.

As used in Chapter 3307:1-7 of the Administrative Code:

(A) "Applicant" ~~shall mean~~means the member for whom an application has been completed and received by the retirement system.

(B) "Application" shall be made on forms provided by the retirement system and includes all of the following:

(1) An application for disability benefits; and

(2) ~~An~~For each physician listed on the application for disability benefits, an attending physician's report based on an in-person examination that was completed within the last two months and includes medical evidence; and

(3) An employer report including an official job description provided by the last employer. The requirement to submit a job description may be waived by the chair of the medical review board.

(C) "Attending physician" ~~shall mean one of the following~~means:

(1) For complete applications received by the retirement system on or after ~~the most recent effective date of this rule~~June 7, 2019, an applicant's medical specialist of choice, as defined in paragraph (J) of this rule, or

(2) For ~~complete applications~~reexaminations received by the retirement system ~~prior to the most recent effective date of this rule~~, an applicant's physician of choice.

The attending physician shall have established a therapeutic relationship with the applicant and have completed a report and certified on forms provided by the retirement system ~~that in~~ the attending physician's opinion ~~an applicant is incapacitated for the performance of duty by a disabling condition that is presumed to be permanent~~regarding a recipient's ability to return to employment. The attending physician shall provide standard objective and pertinent medical evidence supporting the opinion.

(D) For purposes of section 3307.48 of the Revised Code, to "perform any teaching service" whether or not such services or positions are performed full-time or part-time, in a public or private employment school or non-school setting, on a volunteer basis or

(I) "Medical review board" ~~shall mean~~means the group of independent physicians designated by the retirement board under the direction of a chair appointed by the retirement board to assist in the evaluation of medical examinations and information. The members of the medical review board may be asked in panels of three or more to review any application and provide their conclusions as to whether an applicant will be mentally or physically incapacitated from the performance of duty for at least twelve months.

(J) "Medical specialist" ~~shall mean~~means a non-primary care medical doctor or doctor of osteopathic medicine who has completed further education to specialize in the treatment of a condition, and who has established a therapeutic relationship and provided standard medical care to the applicant. The board or its designee shall have the authority to determine that an applicant's physician of choice may be used as attending physician in place of a medical specialist if the applicant shows good cause exists for such a determination. This determination shall be made at the sole discretion of the board or its designee, and shall be final and non-appealable.

(K) A disabling condition shall be "presumed to be permanent," if it physically or mentally incapacitates an applicant from the performance of regular duty for a period of at least twelve months from the date of the retirement system's receipt of the completed application.

(L) "Recipient" ~~shall mean~~means a member granted disability benefits under sections 3307.48, 3307.57, 3307.62, 3307.63, and 3307.631 of the Revised Code.

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3307:1-7-02 **Disability - medical review board.**

(A) The retirement board shall appoint an independent physician to serve as chair of the medical review board and as medical advisor to the retirement board. The chair so appointed shall:

(1) Request and review medical evidence from the applicant or applicant's attending physicians and other relevant sources regarding the nature, findings, extent, treatment, duration and functional limitations imposed by the conditions the ~~applicant~~applicant's attending physician claims as disabling.

Any medical evidence or other information submitted by or on behalf of an applicant or recipient that is determined by the chair of the medical review board to not be objective or pertinent to the applicant's or recipient's claimed medical condition will not be considered, including duplicate records, internet articles or medical records not related to the current application or reexamination.

(2) Assign and oversee competent and impartial independent medical examiners to conduct the medical examinations and tests the chair deems necessary and appropriate to the evaluation of an application. Examinations will be assigned only for conditions listed as disabling by the attending physician and supported by objective medical evidence. The independent medical examiners shall provide written reports of their findings and conclusions as to whether applicants are mentally or physically incapacitated from the performance of regular duties for a period of at least twelve months from the date the completed application was received.

(3) Review the reports of the independent medical examiners. Once the chair is satisfied that no further examinations or tests are needed, a recommendation shall be submitted to the retirement board if the chair concurs with the conclusions of the independent medical examiner or examiners that an applicant is or will be mentally or physically incapacitated from regular duties for a period of at least twelve months.

(4) If the chair reviews the conclusions of the independent medical examiners and concludes that an applicant or recipient is not incapacitated from the performance of regular duties or will not remain incapacitated for at least twelve months, the chair shall convene a panel of three or more members of the medical review board who shall review the application, medical evidence, and reports of the independent medical examiners. The panel may request medical evidence or obtain such further examinations and tests as it may deem necessary and appropriate and may direct delay of consideration of an application for treatment.

(5) Submit to the retirement board a report summarizing the conclusions and recommendations of the panels of the medical review board members.

(6) Attend and participate in hearings pursuant to rule 3307:1-7-05 of the Administrative Code as the medical advisor to the retirement board.

(7) Recommend to the retirement board independent physicians from a wide range of medical expertise and specialties to serve as members of the medical review board.

(B) The retirement board shall designate independent physicians to serve as members of the medical review board.

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3307:1-7-03 **Disability - medical evidence and appointments.**

Each applicant or recipient shall be responsible for providing medical evidence needed by the retirement system and ~~reporting~~ for cooperating fully with all assigned medical ~~examination~~examinations, as follows:

(A) Medical evidence or reports from an attending physician shall be filed with the retirement system within fifteen calendar days of the date the retirement system requests such information. The information shall provide objective and pertinent medical evidence supporting the conditions the applicant or recipient claims as disabling.

(B) The retirement system shall provide written notice of the independent medical examiners who will conduct medical examinations and testing. The applicant or recipient shall, within fifteen days of notice from the retirement system, schedule appointments so that examination or testing is completed within the following ninety days, as instructed in the notice. In the event the appointment times available with an independent medical examiner preclude completion of the examination or testing within ninety days, a request for extension to the earliest practicable appointment date may be granted by the retirement system.

(C) The applicant or recipient shall travel to the offices of the assigned independent medical examiners, unless the ~~retirement system~~chair of the medical review board determines that medical evidence submitted by the attending physician of the applicant or recipient demonstrates that he or she is medically unable to travel to the examination site. A request that the ~~retirement system~~chair of the medical review board make such a determination shall be made by the applicant or recipient within fifteen days of notice of the assignment of the independent medical examiners.

(D) The applicant or recipient shall be responsible for all travel costs incurred.

(E) The retirement system will accept responsibility only for the cost of the independent medical examination assigned by the retirement system and requested testing completed at the independent medical examiner's office. The retirement system will also accept responsibility for a missed appointment fee if an applicant or recipient fails for good cause demonstrated to the retirement system to keep the first appointment scheduled with an independent medical examiner, but in no case will payment of more than one such fee per applicant or recipient be made.

(F) An applicant or recipient may request an extension or exception to the foregoing requirements. Any such request shall be in writing directed to the retirement system, and will be granted only if the request demonstrates good cause to the retirement system in its sole discretion. In the event an applicant fails to carry out the foregoing duties in a timely manner, the application for disability benefits will be cancelled. In

the event a recipient fails to carry out the foregoing duties in a timely manner, notice will be given by the retirement system to the recipient that the failure will be deemed a refusal if the required examinations and testing are not completed by a specified date. If the recipient has not by that date submitted to the required examination and/or testing, benefits will be suspended as of the first of the month following the specified date. If the failure continues for one year or the disability benefit is terminated for any reason during the one-year period, all of the recipient's rights to the disability benefits shall be terminated as of the effective date of the original suspension.

(G) Any costs incurred by the applicant or recipient in the application or reexamination process, except as noted above, will not be reimbursed by the retirement system.

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3307:1-7-04 **Disability benefits - treatment.**

(A) If the medical review board or its chair determines that through medical treatment or mechanical devices an applicant's condition might be improved, within the twelve month period following the filing of an application, consideration of the application may be delayed while the applicant obtains the treatment or mechanical devices specified by the medical review board or its chair provided that:

(1) The medical review board or its chair has determined that medical treatment or mechanical devices offer a reasonable expectation of correction or rehabilitation of the disabling condition to the extent that the applicant could be expected to be capable of performing teaching duties within a reasonable time, but not to exceed six months.

(2) The medical review board or its chair has determined that the medical treatment or mechanical devices specified are of wide acceptance and readily available.

(3) The medical treatment or mechanical devices specified under this paragraph shall not include invasive procedures or shock treatment.

(4) Within fifteen calendar days of the end of the treatment period, the applicant shall submit medical evidence from the applicant's medical specialist regarding the treatment provided and progress made during the treatment period.

(5) An applicant may request an extension or exception to the foregoing requirements. Any such request shall be in writing directed to the retirement system, and will be granted only if the request demonstrates good cause to the retirement system in its sole discretion.

(6) In the event an applicant fails to carry out the requirements outlined in paragraph (A) of this rule, the application for disability benefits will be cancelled.

(B) The retirement board may specify medical treatment or mechanical devices as described in paragraph (A) of this rule as a condition of eligibility for granting or continuing disability benefits pursuant to division (G) of section 3307.62 of the Revised Code. Where such treatment is required:

(1) The applicant or recipient shall agree in writing before disability benefits are granted or continued to acquire the treatment or devices specified by the retirement board or its designee(s) upon the recommendation of the chair of the medical review board. An applicant or recipient shall further agree to timely submit periodic reports of the effect of such continuing treatment or devices.

(2) The retirement board will not assume the cost of medical treatment or mechanical devices for a recipient except to the extent such treatment or devices are covered under the retirement system health care program and such a recipient has enrolled in a medical plan provided by the retirement system that covers the treatment or devices.

(3) Disability benefits shall be suspended if the recipient fails to agree or obtain the specified medical treatment or devices or to submit timely reports of such treatment. Notice shall be given to the recipient at least thirty days in advance of suspension. If the required written agreement, treatment and/or reports are thereafter not received for a period of one year or the disability benefit is terminated for any reason during the one-year period, the recipient's right to the disability benefit shall terminate as of the effective date of the original suspension.

(C) Following receipt of notice that consideration of the application is being delayed due to paragraph (A) of this rule, the applicant may submit further medical evidence supporting why treatment or mechanical devices should not be pursued. The evidence will be reviewed by the chair of the medical review board and a determination by the chair that the application be delayed while the applicant obtains medical treatment or medical devices shall be final.

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3307:1-7-05 **Disability benefits-denials and terminations.**

The following procedures are hereby established for the appeal of any denial or termination of disability benefits by the retirement board following an independent medical examination by the state teachers retirement system.

(A) At least seven days before a recommendation is presented to the retirement board, written notification shall be issued to the applicant or recipient. This notice shall include the recommendation to be presented to the retirement board.

(1) No further medical evidence shall be considered once written notification has been issued to an applicant or recipient pursuant to paragraph (A) of this rule.

(2) Should the retirement system receive further medical evidence after written notification has been issued to an applicant or recipient pursuant to paragraph (A) of this rule, the medical evidence shall be held and included as part of the appeal documentation if a right to appeal is exercised as set forth in paragraph (B)(2) of this rule. Should a right to an appeal not be exercised as set forth in paragraph (B)(2) of this rule, the medical evidence will be returned to the person who submitted the information.

(B) Following retirement board action terminating or denying disability benefits:

(1) The applicant or recipient will be informed in writing of the action taken by the retirement board. Notification shall include:

(a) A statement that medical evaluation and retirement board action was conducted in accordance with section 3307.48 or 3307.62 of the Revised Code.

(b) Confirmation that the applicant or recipient has the right to appeal the retirement board action.

(c) A statement explaining that written notice of appeal must be ~~filed with~~received by the retirement system no later than fifteen calendar days from receipt of notification of denial or termination.

(d) An explanation of future rights and limitations upon the rights to again apply for disability benefits if an appeal is not pursued.

(2) Procedure for exercising right to appeal:

(a) ~~Written notice of appeal, accompanied~~The notice of appeal must be in writing and signed by ~~a statement from the applicant or recipient, his or her~~either the applicant or recipient or the applicant's or recipient's counsel

~~and/~~or attending physician. The notice of appeal must include a statement that ~~an~~the appeal will be based on additional medical evidence contrary to the findings of the independent medical examiners;and must be ~~filed with~~received by the retirement system within fifteen calendar days of receipt of notification of retirement board action.

(b) If an applicant or recipient does not appeal the action of the retirement board, a person acting on the member's behalf or the member's employer may exercise the right to appeal in the same manner and subject to the same procedures and requirements as specified for an applicant or recipient.

(3) Following the retirement system's timely receipt of written notice of appeal from an applicant or recipient, the retirement system shall provide the applicant or recipient with the following information confirming the appeal:

(a) Confirmation that the applicant or recipient, counsel for the applicant or the recipient, and/or person acting on the member's behalf, member's employer, or attending physician may present additional medical evidence orally at an appeal hearing that will be scheduled by the retirement system or that additional medical evidence as defined in this rule may be presented in writing. Such additional medical evidence shall not have been previously considered by the independent medical examiner or the medical review board. Additional medical evidence presented in writing must be received by the retirement system on or before the deadline date provided by the retirement system, which shall be at least twelve business days before the date of the scheduled appeal hearing.

(i) "Additional medical evidence" means ~~current physician examinations, clinical findings, laboratory findings, diagnosis, treatment prescribed with response and prognosis, hospital discharge summaries and diagnostic testing~~medical evidence completed up to twelve months preceding the written notice of appeal that has not been previously submitted to the retirement system. Additional medical evidence outside the twelve months preceding the written notice of appeal may be submitted only if the chair of the medical review board has determined in his or her sole discretion that such additional medical evidence pertains to the diagnosis of the applicant's or recipient's claimed disabling condition. In addition:

(a) For an appeal following a denial of disability benefits, additional medical evidence must be related to the conditions presented and supported as part of the initial application.

(b) For an appeal following a termination of disability benefits, additional medical evidence must be related to the recipient's current medical status.

(ii) The chair of the medical review board may request additional medical evidence from the applicant or recipient.

(iii) The chair of the medical review board shall review all information received on appeal. If information is determined not to be additional medical evidence as defined by this rule, the information will not be considered.

(b) Notice that the applicant or recipient may appear at the appeal hearing in person, be represented by counsel and/or an attending physician, or may choose to not appear in person but have the case reviewed by the retirement board or its designee(s).

(c) Notice that if a personal appearance at the appeal hearing is requested by the deadline date provided by the retirement system, the applicant or recipient shall inform the retirement board of the name, title, and position of each person appearing on his/her behalf.

If a personal appearance is requested and scheduled, the applicant or recipient shall appear at the appeal hearing on the date and at the time specified by the retirement system. If the applicant or recipient fails to appear on the specified date and time for any reason, all rights to a personal appearance at an appeal shall terminate and the appeal shall be decided on the basis of written evidence previously submitted.

(d) Notice that the applicant or recipient may request ~~up to two delays~~ one delay of the deadline date provided by the retirement system, as set forth in paragraph (B)(4) of this rule.

(e) An explanation of the procedures and limitations applicable to the appeal hearing, as set forth in paragraph (B) of this rule.

(f) A statement explaining that any costs incurred by the applicant or recipient in the appeal process will not be reimbursed by the retirement system.

(4) ~~An applicant or recipient may request in writing up to two delays of the deadline date provided by the retirement system as outlined below, provided that the request for a delay is received on or before the deadline date provided by the retirement system.~~

(a) An applicant or recipient may request in writing one delay of the deadline date provided by the retirement system as outlined below, provided that the request for a delay is received on or before the deadline date provided by the retirement system.

~~(a)~~(b) One forty-five calendar day delay may be requested for any reason. A new deadline date will be provided by the retirement system to the applicant or recipient that is forty-five calendar days from the original deadline date provided by the retirement system.

~~(b) One additional forty-five calendar day delay may be requested if the request is provided to the retirement system in writing by the deadline date set in paragraph (B)(4)(a) of this rule, good cause for the request for an additional delay is provided, and the retirement system approves the request for an additional delay. Approval of the request for an additional delay for good cause shall be determined solely by the retirement system. If the retirement system approves the request for an additional delay, a new deadline date will be provided to the applicant or recipient that is forty-five calendar days from the deadline date set in paragraph (B)(4)(a) of this rule.~~

(5) Scope and procedure upon appeal:

(a) An appeal hearing will be scheduled and conducted by the retirement board or its designee(s).

(b) The chairman of the retirement board or the designee(s) shall be responsible for conducting the appeal hearing and the executive director, deputy executive director -- member benefits, or the designee(s) and the chair or designated member of the medical review board may be in attendance to act as advisor.

(c) The purpose of the appeal hearing shall be for the applicant or recipient to present information to the retirement board or its designees(s) based on additional medical evidence not previously considered by the independent medical examiner or the medical review board. Additional medical evidence to be presented at the hearing must be provided to the system by the deadline in paragraph (B)(3)(a) of this rule and should substantiate the applicant's or recipient's claim that the eligibility requirements of section 3307.48 or 3307.62 of the Revised Code have been met and that the applicant or recipient is medically incapacitated from the performance of duty by a previously reported mental or physical condition that is permanent or presumed to be permanent.

(d) Additional medical evidence or other written information may not be submitted at the hearing.

(e) Upon consideration of the record on appeal and the information, positions, contentions and arguments of the applicant or recipient, the retirement board or its designee may request additional medical evidence or direct further examination or testing by independent medical examiners and may return a record for review and recommendation by the medical review board.

(f) When the retirement board is satisfied that the record before it is complete and has completed its deliberations, it may affirm, disaffirm or modify its prior action by a majority vote. Written notice of such action shall be given to the applicant or recipient.

(g) A stenographic record of the appeal hearing will be made only upon request of the applicant or recipient and any and all costs shall be at the applicant's or recipient's expense. Such request must be made ~~at least twelve business days in advance of the scheduled appeal hearing~~in writing and received by the retirement system on or before the deadline date provided by the retirement system as listed in paragraph (B)(3)(a) of this rule.

(h) All communications or notifications during the appeal process shall be sent to the applicant or recipient by certified or priority mail, with copies by regular mail to counsel if the applicant or recipient has notified the retirement system of representation by counsel and signed an appropriate authorization for release of information.

(C) Any subsequent applications for disability benefits ~~filed~~received by the retirement system after a denial or termination of benefits shall be submitted with additional medical evidence not previously submitted in connection with prior applications for disability benefits, supporting progression of the former disabling condition or evidence of a new disabling condition. If such evidence is evaluated by the medical review board chair and found to be inadequate to establish the progression of the disabling condition or the existence of a new disabling condition, the application shall be voided and a notice will be sent to the applicant. The decision of the medical review board chair shall be final. If two years have elapsed since the date the member's contributing service terminated, no subsequent application shall be accepted except if the member did not earn service credit before July 1, 2013, the application must be made within a one-year period from the date contributing service terminated.

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3307:1-7-06 **Disability benefits - reexaminations.**

The following rule is established pursuant to section 3307.48 of the Revised Code, which specifies that each disability benefit recipient shall submit to an annual independent medical examination. The retirement board may require additional examinations if the chair of the medical review board determines that additional information should be obtained.

The retirement board may forego an annual medical examination if the chair of the medical review board determines that the recipient's disability is ongoing.

(A) The retirement board may require a recipient to submit medical evidence and to submit to medical examinations and tests by independent medical examiners as provided in rule 3307:1-7-03 of the Administrative Code and shall require such examinations and tests if:

(1) The chair of the medical review board recommends such medical evidence, examinations or tests are necessary and appropriate to evaluate the recipient's continued eligibility for disability benefits, or

(2) A recipient requests re-examination to evaluate capacity to return to the service from which the recipient was found disabled, and the chair of the medical review board concurs with such request. The retirement board need not grant a request from a recipient for such an evaluation more often than once during any twelve-month period.

(B) If the chair of the medical review board reviews the conclusions of the independent medical examiners and concludes that a recipient is not incapacitated from the performance of regular duties, the chair shall convene a panel of three or more members of the medical review board who shall review the application, medical evidence, and reports of the independent medical examiners. The panel may request medical evidence or obtain such further examinations and tests as it may deem necessary and appropriate for the determination of continued disability.

(C) If the recipient is medically capable of returning to service from which the recipient was found disabled, the procedures for review, notification and appeal set forth in rule 3307:1-7-05 of the Administrative Code shall be applied.

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3307:1-7-07 **Disability benefits - earnings and employment statements.**

(A) Pursuant to section 3307.48 of the Revised Code each recipient shall by April thirtieth of each year, or such other date designated by the retirement board, submit a statement of annual earnings to the retirement system.

(B) The statement submitted by each recipient shall be on a form provided by the retirement system and shall include a description of all paid work and volunteer service performed during the preceding calendar year, a statement of compensation for work performed, current medical information and such additional information as may be required.

(C) Unless the requirement of annual reporting is waived by the chair of the medical review board, disability benefits shall be suspended if the annual statement is not received within thirty days after notice that it is delinquent. If the statement is found to be delinquent, participation in the retirement system's health care program, if elected, shall be terminated as of the date the disability benefits are suspended. If the required statement or reports are thereafter not received for a period of one year, or the disability benefit is terminated for any reason during the one-year period, the recipient's right to the disability benefit shall terminate as of the effective date of the original suspension.

(D) The requirement of annual reporting shall be waived if the recipient is age seventy-five or older and the chair of the medical review board has certified that the recipient's disability is ongoing.

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3307:1-7-08 **Disability - coordination of state retirement systems.**

The following rule is established pursuant to section 3307.57 of the Revised Code, which specifies that to coordinate and integrate membership in the state retirement systems, the state retirement system calculating and paying the disability benefit shall certify the determination to the board of each other state retirement system in which the member has service credit and shall be accepted by that board as sufficient for granting a disability benefit.

(A) For purposes of section 3307.57 of the Revised Code and this rule:

(1) "State retirement system" means the school employees retirement system, the public employees retirement system and the state teachers retirement system.

(B) Determination of eligibility for disability benefits to be calculated and paid by the state teachers retirement system shall be pursuant to sections 3307.48, 3307.62, 3307.63 and 3307.631 of the Revised Code.

(C) A state teachers retirement system disability applicant whose last contributing service was with another state retirement system, shall be evaluated for disability eligibility based on performance of their most recent Ohio public service in a state retirement system. In the event the applicant actively contributes to more than one state retirement system at the time of application, the most recent Ohio public service shall be determined to be the employer with whom the member earned the highest compensation.

(D) An applicant who is granted and paid a disability benefit by the state teachers retirement system shall be subject to the leave of absence provisions pursuant to section 3307.48 of the Revised Code.

(E) Notice of the granting or denial of disability benefits shall be provided to the last Ohio public employer by the state retirement system paying the benefit.

(F) When disability benefits are terminated, if the leave of absence period has not expired pursuant to section 3307.48 of the Revised Code, notice of termination of disability benefits shall be provided to the last Ohio public employer by the state retirement system paying the benefit.

(G) An applicant who previously received a disability benefit under this section shall have subsequent disability benefits calculated with any school employees retirement system or public employees retirement system service used in the calculation of the previous disability benefit and any additional service earned in the school employees retirement system or the public employees retirement system since the original benefits were paid.

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3307:1-7-09 **Disability - appeal of terminations due to teaching service.**

The following procedures are hereby established pursuant to section 3307.48 of the Revised Code for the appeal of termination of disability benefits by the retirement board when a recipient performed teaching services as defined by rule 3307:1-7-01 of the Administrative Code. Recipients who return to contributing service with the retirement system shall not have the right to appeal the termination of disability benefits.

(A) Disability benefits shall ~~immediately~~ terminate if the recipient performs any teaching service in this state or elsewhere. The termination shall be effective the day prior to beginning the ~~employment~~teaching service. Following retirement board action, the recipient will be informed in writing of the action taken by the retirement board and of their right to appeal the retirement board's action.

(B) The recipient may submit in writing, not later than thirty days after the date the notice is sent, to the retirement board information specifying that the recipient did not perform teaching services while receiving disability benefits along with any supporting evidence available to the recipient.

(1) A deadline date will be provided by the retirement system.

(2) Any costs incurred by the recipient in the appeal will not be reimbursed by the retirement system.

(C) The executive director or his or her designee, in consultation with the retirement system's legal counsel, shall act as the retirement board's designee to review information received by a recipient specifying they did not perform teaching services while receiving disability benefits.

(D) After reviewing the information, the executive director or his or her designee shall make a recommendation to the retirement board whether or not to reinstate the disability benefits as directed by section 3307.48 of the Revised Code.

(E) The retirement board's decision shall be final.

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3307:1-8-01 **Survivor benefits.**

(A) As used in section 3307.66 of the Revised Code and this rule:

(1) "Continuously incompetent" ~~shall mean~~means a person was determined to be physically or mentally incompetent and has remained physically or mentally incompetent without any break since the determination was made.

(2) "Physical or mental incompetency" shall be determined in accordance with division (A) of section 3307.66 of the Revised Code and this rule.

(3) "Qualified child" or "qualified children" ~~shall have~~has the ~~same~~ meaning as set forth in division (B)(2) of section 3307.66 of the Revised Code.

(4) "Qualified survivor" ~~shall have~~has the meaning as set forth in division (B)(4) of section 3307.66 of the Revised Code.

(5) "Medical review board" has the meaning as set forth in paragraph (I) of rule 3307:1-7-01 of the Administrative Code.

(B) If a member dies before service retirement and is survived by one or more qualified children who are under the age of twenty-two or who became physically or mentally incompetent prior to the attainment of age twenty-two and has remained continuously incompetent, benefits shall be payable to all survivors pursuant to division (C)(2) of section 3307.66 of the Revised Code. Any election applicable as to the calculation of benefits under that division shall be made by the beneficiary designated by the member. If no designation of beneficiaries was in effect at the time of death, any such election shall be made by the surviving spouse. If there is no surviving spouse, any such election shall be made by the youngest child.

(C) If a qualified child becomes physically or mentally incompetent while receiving survivor benefits pursuant to section 3307.66 of the Revised Code, such benefits shall continue as long as the child is continuously incompetent, without regard to the age the child attains.

(D) If there are no other survivors who qualify under the terms of section 3307.66 of the Revised Code, a qualified survivor who becomes eligible for benefits under that section, at the age of eighteen or older, may forfeit rights to benefits under that section and the opportunity to participate in the health care program, if eligible, and take instead a refund of the account balance as provided by section 3307.562 of the Revised Code.

(E) If physical or mental incompetency of a spouse or parent of a deceased member has not been determined by a court at the time of the application for benefits under section

3307.66 of the Revised Code, physical or mental incompetency shall be determined for the purposes of division (A) of section 3307.66 of the Revised Code and this rule as follows:

(1) The determination of "physical or mental incompetency" shall be made by the chair of the medical review board by confirming that the spouse or parent has been continuously, since the member's date of death, incapable of earning a living because of a physically or mentally disabling condition. As used in paragraph (E) of this rule, "incapable of earning a living" means that the spouse or parent is incapable of earning annually at least the federal minimum wage as of January first of the current year multiplied by two thousand eighty hours, increased by fifty per cent, and rounded to the nearest thousand dollars. Each spouse or parent shall provide the retirement system with information and documentation requested by the retirement system to verify earnings. Such requested information and documentation may include copies of federal income tax returns and the most recent annual social security earnings statement. Once a spouse or parent is no longer "incapable of earning a living", the spouse or parent cannot meet the definition of qualified spouse or qualified parent for physical or mental incompetency in the future.

(F) If physical or mental incompetency of a child of a deceased member, including a child born after the date of death of a member has not been determined by a court at the time of the application for benefits under section 3307.66 of the Revised Code, a child shall be considered physically or mentally incompetent for purposes of division (A) of section 3307.66 of the Revised Code and this rule, provided that the child meets the requirements set forth in either paragraph (F)(1) or (F)(2) of this rule:

(1) Is unmarried, has been adjudged physically or mentally incompetent by the retirement system prior to January 8, 2007, has been continuously physically or mentally incompetent since the date such determination was made, and meets one of the conditions outlined in paragraph (F)(2)(a) or (F)(2)(b) of this rule. Upon the first date that the child no longer meets all of the eligibility requirements set forth in this paragraph, the child shall no longer qualify as a dependent child on the basis of physical or mental incompetency.

(2) Was never married and is unable to earn a living because of a mental or physical condition that was disabling prior to the date the child reached the maximum age of twenty-two and further provided the child is continuously disabled and unable to earn a living from the initial date that the child was determined to be physically or mentally incompetent. The chair of the medical review board shall confirm that the child has a mental or physical condition that incapacitated the child before the maximum age specified in this paragraph. In addition, the child shall meet one of the following conditions:

(a) A child must be incapable of earning a living. As used in paragraph (F)(2) of this rule, "incapable of earning a living" means that a child was incapable of earning at least sixteen thousand dollars a year for any year before January 1, 2008 and that the child was incapable of earning the federal minimum wage as of January first for each of the prior years and current ~~years~~year multiplied by two thousand eighty hours, increased by fifty per cent and rounded to the nearest thousand dollars for each year thereafter. The child shall provide the retirement system with information and documentation requested by the retirement system to verify earnings. Such requested information and documentation may include copies of federal income tax returns and of the most recent annual social security earnings statement.

(b) A child attends an adult workshop or school for the developmentally disabled operated by a county or state department of developmental disabilities. If attendance has not been continuous since the age determined in paragraph (F)(2) of this rule, additional earnings verification may be required in accordance with paragraph (F)(2)(a) of this rule.

(G) Following is the procedure for the determination of "physical or mental incompetency:"

(1) The chair of the medical review board shall determine whether a spouse, parent, or child of a member is physically or mentally incompetent for purposes of section 3307.66 of the Revised Code. Determinations may include examination by an independent medical examiner appointed by the retirement board. Determinations made by the chair may be appealed to another independent physician appointed as hearing officer in accordance with procedures specified by the retirement system. The decision of such hearing officer shall be deemed the final decision of the retirement board.

(2) The chair of the medical review board shall confirm on a schedule determined by the chair of the medical review board that a spouse, parent, or child of a member continues to be physically or mentally incompetent for purposes of section 3307.66 of the Revised Code. Failure to respond by the deadlines specified by the retirement system in requests for additional information or documents, requests to schedule medical examinations, or any other requests made by the retirement system in connection with the determination of physical or mental competency shall result in termination of eligibility for benefits provided for in section 3307.66 of the Revised Code.

(H) Following are procedures for administering the ongoing eligibility for survivor benefits paid pursuant to section 3307.66 of the Revised Code to qualified spouses, parents, and children determined to be physically or mentally incompetent:

(1) The retirement system may request information from time to time to confirm the individual continues to qualify as a physically or mentally incompetent qualified survivor.

(2) For a qualified spouse, parent, or child to act on his or her own behalf in the receipt of monthly benefits, a physician must provide a statement the individual is capable of handling his or her financial affairs.

(3) The retirement system may request a qualified spouse, parent, or child who was determined to be incompetent by a court pursuant to paragraphs (E) and (F) of this rule to have a court affirm that determination from time to time.

(I) Effective January 1, 2007, notwithstanding any provision in Chapter 3307. of the Revised Code to the contrary, the survivor of a member on a leave of absence to perform military service with reemployment rights described in section 414(u) of the Internal Revenue Code, where the member cannot return to employment on account of his or her death, shall be entitled to any additional benefits (other than benefit accruals relating to the period of qualified military service) that would be provided under Chapter 3307. of the Revised Code had the member resumed employment and then terminated employment on account of death.

(J) Under division (C)(2)(a)(iii) of section 3307.66 of the Revised Code, a member shall be considered to be contributing under this chapter or Chapter 145. or 3309. of the Revised Code at the time of death if the member had earned service credit and made contributions under this chapter or Chapter 145. or 3309. of the Revised Code in the twelve-month period prior to the member's death.

(K) The following applies only in the case of a surviving spouse who must wait until age sixty-two to qualify for monthly survivor benefits under section 3307.66 of the Revised Code:

(1) The benefits beginning date for purposes of determining the final average salary under division (C) of section 3307.501 of the Revised Code and for purposes of determining the first increase payable under division (B) of section 3307.67 of the Revised Code shall be either:

(a) The first of the month following the date of the member's death, provided the completed and notarized affidavit selecting survivor benefits is received

by the retirement system not later than one year after the date of the member's death; or

(b) The first of the month following the retirement system's receipt of the completed and notarized affidavit selecting survivor benefits if the application is received by the retirement system later than one year after the date of the member's death.

(2) The months during the period the survivor spouse must wait to age sixty-two shall be included as months the spouse was receiving a benefit for purposes of division (B) of section 3307.67 of the Revised Code.

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3307:1-8-02 **Active member beneficiary designation.**

(A) For beneficiary designations completed in a manner satisfactory to the state teachers retirement system in its sole discretion, where two or more beneficiaries were designated pursuant to division (B) of section of 3307.562 of the Revised Code, the state teachers retirement system shall pay the specified percentage of a lump-sum payment to each named beneficiary if these conditions are met:

(1) Two or more beneficiaries were named in a valid designation.

(2) Percentages were provided for all named beneficiaries.

(3) The sum of the percentages is one hundred per cent.

If any one of these conditions is not met, the lump-sum payment will be divided equally among the beneficiaries. Should a designated beneficiary predecease the member, those funds shall be prorated based on the remaining percentages designated and paid to the other designated beneficiaries.

(B) When a written designation on a form provided by the state teachers retirement system is received by the state teachers retirement system, the designation shall not be deemed ~~filed with~~submitted to the state teachers retirement board in accordance with division (B) of section 3307.562 of the Revised Code unless the form is completed in a manner satisfactory to the retirement system in its sole discretion.

(C) If any accumulated contributions were not distributed through monthly survivor benefits as payable pursuant to section 3307.66 of the Revised Code, the remaining contributions shall be paid to such beneficiaries as the member has nominated pursuant to division (B) of section 3307.562 of the Revised Code. If all designated beneficiaries die before payment of such contributions, payment shall be made in the following order of precedence, with all attendant rights and privileges to the member's:

(1) Surviving spouse

(2) Children, share and share alike

(3) Parents, share and share alike

(4) Estate

Payment of such contributions shall be a full discharge and release of the retirement system from any future claim.

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3307:1-9-01 **Additional lump-sum death payment.**

Pursuant to section 3307.392 of the Revised Code, the retirement board hereby establishes a death benefit plan for additional lump-sum payments to the beneficiary or beneficiaries of members granted service or disability benefits.

(A) An election to participate in the plan hereby established shall be made on the application for benefits by a member granted service or disability benefits effective on or after October 1, 1989. Such elections to participate shall specify the amount of the additional lump-sum from options offered by the retirement board and shall authorize deduction of the cost to participate from each monthly benefit.

(B) A lump-sum payment in the amount selected by a participant shall be made to the beneficiary or beneficiaries eligible to receive payment of the lump-sum death benefit provided by section 3307.661 of the Revised Code if the death of a deceased participant occurred on or after the following date:

(1) The effective date of service retirement; or

(2) The first day of the seventh month following the effective date of the disability benefit;

(3) In the case of a recipient of service or disability benefit who elects participation or increased participation pursuant to paragraph (D) of this rule, the first day of the seventh month of deduction for such participation or increased participation.

(C) In the event of the death of a participating benefit recipient prior to the date specified in paragraph (B) of this rule, additional lump-sum payments shall not be payable, but payment of the monthly costs deducted from monthly benefits shall be made to the beneficiary or beneficiaries eligible to receive payment of the lump-sum death benefit provided by section 3307.661 of the Revised Code.

(D) The recipient of a disability or service benefit who does not elect participation pursuant to paragraph (A) of this rule when first eligible to do so may elect participation during the three month period immediately before the end of the month the recipient attains age sixty-five, or during open enrollment periods if established by the retirement board. The recipient of a disability or service benefit who elected participation pursuant to paragraph (A) of this rule and specified an additional lump-sum payment less than the maximum amount may also, during the three month period immediately before the end of the month the recipient attains age sixty-five, or during open enrollment periods if established by the retirement board, elect an increased amount. The election for participation or increased participation under this paragraph shall be made on a form provided by the retirement board and received by the retirement board on or before the last business day of the month of attaining age sixty-five or

by the date specified in any open enrollment period if established by the retirement board. The form shall specify the amount of the additional lump-sum elected and shall authorize deduction effective with the first benefit payment following the attainment of age sixty-five or the date specified in any open enrollment period if established by the retirement board.

(E) Any recipient of disability or service benefits who has elected additional lump-sum death payments pursuant to this rule may terminate participation in the plan hereby established. Notice that the recipient has chosen to terminate participation shall be provided in writing, shall be irrevocable, and if received on or before the fifteenth of the month, shall be effective on the first day of the following month. If received after the fifteenth of the month, the effective date of termination shall be the first day of the second full month following receipt by the retirement board of notice of termination. Recipients of disability benefits shall be ineligible for participation in the plan hereby established upon the termination of disability benefits. No refund or payment of costs deducted shall be payable in the event of termination of disability benefits or in the event the additional lump-sum death payment is terminated at the request of a service or disability recipient.

(F) The retirement board shall deduct monthly costs for participation in the plan hereby established at rates adopted by the retirement board as determined by the actuary to be sufficient to cover the additional liability resulting from participation by recipients of service and disability benefits, based upon attained age and benefit type at the time each additional lump-sum death payment amount begins as set forth in this rule. In the event a service or disability recipient should file an application for benefits retroactively, the monthly cost shall be at the rate for the age of the recipient at the time the deductions begin and shall be effective with the first benefit payment following receipt of the service or disability application. The retirement board shall adopt schedules of rates not more frequently than annually.

(G) When a participant attains the age of one hundred years, additional lump-sum death payments under this rule shall be deemed paid in full and no further monthly payment shall be due.

(H) There is hereby established an account within the annuity and pension reserve fund known as the optional lump-sum death benefit account, which shall receive deductions of costs and from which the additional lump-sum death payments herein authorized shall be paid. Interest shall be credited to the account hereby created at the rates established by the retirement board.

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3307:1-10-01 **Cost-of-living.**

In determining benefit increases as authorized in section 3307.67 of the Revised Code, the following shall apply:

(A) For the purpose of that section and this rule:

(1) "Base benefit" shall mean the amount payable on the effective date of a benefit or the effective date of any subsequent reselection of plan of payment and does not include any benefit adjustments granted by statute after retirement.

(2) "COLA base benefit" shall mean the base benefit plus any applicable ad hoc increases granted by statutory amendment or enactment after the effective date of a benefit where a statute specifically identified such increase to be included in an individual's base for purposes of future increases in any benefit under section 3307.67 of the Revised Code.

(B) The amount of the increase for each person who receives an increase on the benefit anniversary date of the cost of living adjustment shall be a per cent of the COLA base benefit determined as follows:

(1) Effective January 1, 2008, and ending July 31, 2013, the retirement board shall annually increase each allowance or benefit payable under the defined benefit plan by three per cent of the COLA base benefit, subject to the provisions of paragraphs (B)(3) and (C) of this rule.

(2) Effective August 1, 2013, and ending June 30, 2017, the retirement board shall annually increase each allowance or benefit payable under the defined benefit plan by two per cent of the COLA base benefit, subject to the provisions of paragraphs (B)(3) and (C) of this rule.

(3) No increase will be made between July 1, 2013, and June 30, 2014, and for benefits granted with a benefit effective date of July 1, 2013, no increase will be made until July 1, 2015. Effective July 1, 2017, no increase will be made until the retirement board determines such an increase would not materially impair the fiscal integrity of the system.

(4) Effective January 1, 2008, the total annual allowance or benefit payable shall not exceed the limit established by section 415 of the "Internal Revenue Code of 1986,"100 Stat. 2085, 26 U.S.C.A. 415, as amended, and such limit shall be adjusted automatically effective January first of each calendar year without amendment to the Revised Code for increases in the cost of living, in accordance with regulations issued by the secretary of the treasury pursuant to

the provision of section 415(d) of the Internal Revenue Code in such manner as the secretary shall prescribe.

(C) Except as provided for in paragraph (B)(3) of this rule, for effective benefit dates on or after July 1, 1979 through July 31, 2013, an individual is eligible to receive an initial increase, provided such person has received an allowance or benefit for twelve months or more and has not received an initial increase under section 3307.67 of the Revised Code. For effective benefit dates on or after August 1, 2013, an individual is eligible to receive an initial increase, provided such person has received an allowance or benefit for sixty months and has not received an initial increase under that section.

(D) Except as provided for in paragraph (B)(3) of this rule, a qualified survivor pursuant to section 3307.66 of the Revised Code with an effective benefit date on or before July 1, 2013, shall be eligible for the initial increase twelve months from the effective benefit date. A qualified survivor pursuant to section 3307.66 of the Revised Code with an effective benefit date on or after August 1, 2013, shall be eligible for the initial increase sixty months from the effective benefit date. The date of the first increase in this paragraph becomes the anniversary date for future increases. A surviving spouse, who must wait until age sixty-two to qualify for monthly benefits as payable in section 3307.66 of the Revised Code or who received monthly benefits pursuant to that section but is now waiting to attain age sixty-two to resume monthly benefits, shall be eligible to receive, when monthly benefits become payable, any initial increase and any subsequent increases that would have occurred during the period of time the spouse was waiting for monthly benefits to become payable.

(E) Except as provided for in paragraph (B)(3) of this rule, a qualified survivor pursuant to section 3307.66 of the Revised Code, of a deceased member who at the time of the death was receiving disability benefits pursuant to section 3307.63 or 3307.631 of the Revised Code, shall have the same annual increase anniversary date as the disability benefit recipient. The qualified survivor shall be eligible to receive increases for the time period the deceased disability benefit recipient received increases and the base benefit on which the increases shall be calculated is the qualified survivor's benefit amount payable pursuant to section 3307.66 of the Revised Code.

(F) For monthly benefits or allowances paid on a member's account that began as disability benefits and continued without interruption as service retirement benefits pursuant to section 3307.57, 3307.58, or 3307.59 of the Revised Code, the effective benefit date for purposes of section 3307.67 of the Revised Code shall be the effective date of the disability benefit.

(G) Payment of a cost-of-living adjustment, as apportioned between the alternate payee and the benefit recipient pursuant to division (B) of section 3307.67 of the Revised Code, shall occur with the next cost-of-living adjustment that becomes payable to

the benefit recipient on or after October 27, 2006. The benefit recipient's subsequent cost-of-living adjustments shall also be apportioned between the benefit recipient and alternate payee while the order is in effect.

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3307:1-11-01 **Health care services - establishment of program and definitions.**

(A) Establishment of health care program

(1) ~~Health care~~Pursuant to section 3307.39 of the Revised Code, a health care program is hereby established for certain benefit recipients and their dependents who meet eligibility requirements specified in this chapter and in any medical or ancillary plan offered.

~~(a) Pursuant to section 3307.39 of the Revised Code, a health care program is hereby established for certain benefit recipients and their dependents who meet eligibility requirements specified in this chapter and in any medical or ancillary plan offered.~~

~~(b)~~(2) The health care program shall consist of such medical plans and ancillary plans as the retirement board may offer from time-to-time.

~~(c)~~(3) Benefit recipients shall provide any information requested by the retirement system to validate the eligibility of any enrollee in a medical plan or ancillary plan offered by the retirement system.

~~(d)~~(4) Any person who obtains coverage, subsidy, or payment of claims in a medical plan and/or ancillary plan as the result of false or misleading information shall be immediately terminated from the health care program. Any amounts paid for which a person is not entitled shall be repaid pursuant to section 3307.47 of the Revised Code. The retirement system may collect amounts due in any other manner the system considers appropriate, as provided by law.

~~(2) Long-term care insurance~~

~~Pursuant to section 3307.391 of the Revised Code, long-term care insurance coverage may be made available for certain teachers, benefit recipients and their dependents who meet eligibility requirements specified in this chapter and in any long-term care insurance offered by the retirement system.~~

(B) Definitions for purposes of this chapter

(1) "Ancillary plan" means a plan offered to provide auxiliary coverage, such as dental or vision coverage.

(2) "Benefit recipient" means a primary recipient, a survivor annuitant, or a survivor benefit recipient as defined in paragraphs (B)(13), (B)(18) and (B)(19) of this rule.

(3) "Child" means a biological child, legally adopted child, or stepchild of a living or deceased primary recipient or member, or a child for whom a primary recipient or member has been legally appointed as guardian prior to the child attaining age twenty-six.

(4) "Dependent" means a child under age twenty-six, a sponsored dependent, or a spouse as defined in paragraphs (B)(3), (B)(15) and (B)(16) of this rule.

(5) "Disability benefit recipient" means a member in the defined benefit plan who is receiving a monthly disability benefit or a participant in the combined plan who is receiving a monthly disability benefit.

(6) "Disabled adult child" means a person age twenty-six or older who has never been married; is a biological or legally adopted child prior to age eighteen, or a stepchild of a living or deceased primary recipient or member, or a child for whom a primary recipient has been legally appointed as guardian prior to the child attaining age eighteen; continuously meets the requirements for physical or mental incompetency as set forth in paragraphs (F) and (G) of rule 3307:1-8-01 of the Administrative Code, and either:

(a) Was adjudged physically or mentally incompetent by a court prior to age twenty-two, or

(b) Was continuously physically or mentally incompetent and continuously unable to earn a living where both conditions occurred prior to age twenty-two.

(7) "Enrollee" means any individual described in this chapter who participates in a medical plan or ancillary plan offered by the retirement system.

(8) "Enrollment cycle" means a period of time during which an enrollee is not permitted to terminate his or her enrollment and must continue paying monthly premiums.

(9) "Entity" means any public or private organization that acts as an employer and is not limited to an employer as defined in section 3307.01 of the Revised Code.

(10) "Medical plan" means a plan offered to provide medical or prescription drug coverage or any combination thereof.

(11) "Ohio retirement system" includes highway patrol retirement system, police and fire pension fund, public employees retirement system, and school employees retirement system.

(12) "Premium" means a monthly amount that is required to be paid by a benefit recipient to continue enrollment for health care coverage for the benefit recipient and/or any dependent.

(13) "Primary recipient" means a disability benefit recipient or service retiree as defined in paragraphs (B)(5) and (B)(14) of this rule.

(14) "Service retiree" means a member in the defined benefit plan who is granted a monthly service retirement benefit or a participant in the combined plan who is granted a monthly service retirement benefit under the defined benefit portion of the combined plan.

(15) "Sponsored dependent" means a disabled adult child.

(16) "Spouse" means a person currently married to a primary recipient or a person who was married to a member or primary recipient at the time of the member's or primary recipient's death.

(17) "Subsidy" means the portion, if any, of the medical plan monthly cost waived by the retirement board.

(18) "Survivor annuitant" means a beneficiary of a service retiree, who was eligible for health care coverage as a dependent at the time of the service retiree's death and who is receiving a monthly service retirement benefit under an optional plan of payment as defined in section 3307.60 of the Revised Code.

(19) "Survivor benefit recipient" means a person receiving a monthly survivor benefit under section 3307.66 of the Revised Code or the combined plan, provided such person was eligible as a dependent of the member or disability recipient at the time of the member's or disability recipient's death.

(20) "Total service credit" has the same meaning as used in section 3307.50 of the Revised Code, and as used in this chapter such credit shall not include any credit purchased under former section 3307.741 of the Revised Code, but shall include credit purchased under sections 145.297, 145.298, 3307.54 (as it existed until July 31, 2014), and 3309.33 of the Revised Code.

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3307:1-11-02 **Health care services - health care fund.**

(A) The retirement board shall designate the amount of contributions, if any, that are to be allocated to the health care fund described in division (H) of section 3307.14 of the Revised Code for any year. Any contributions shall be funded by employer contributions to the employer's trust fund and shall include any employer contributions previously allocated by the retirement board for health care coverage described in section 3307.39 of the Revised Code, together with any earnings credited thereon, with respect to individuals participating in the plan described in either the STRS defined benefit plan or the defined contribution plan in which an individual may receive definitely determinable benefits. Contributions to the health care fund are subordinate to the contributions to the employer's trust fund for retirement benefits under the plans described in the STRS defined benefit plan and the defined contribution plan in which an individual may receive definitely determinable benefits. At no time shall contributions to the health care fund, when added to contributions for any life insurance benefits provided on behalf of eligible benefit recipients, be in excess of twenty-five per cent of the total aggregate actual contributions made to the retirement system since the inception of the health care fund, excluding contributions to fund past service credit. In any event, all contributions to the health care fund shall be reasonable and ascertainable.

(B) If any rights of an individual who is eligible to receive coverage authorized under section 3307.39 of the Revised Code and paid from the health care fund are forfeited as provided in the applicable provisions of the medical plans and ancillary plans offered by the retirement system, an amount equal to the amount of such forfeiture shall be applied as soon as administratively possible to reduce employer contributions allocated to the health care fund.

(C) The assets of the health care fund shall be used only for the payment of health care coverage, qualified medical expenses, dental and vision coverage, and to partially reimburse medicare part B monthly premiums paid by eligible benefit recipients, if applicable.

(D) At no time prior to the satisfaction of all liabilities under this rule and section 3307.39 of the Revised Code shall any assets in the health care fund be used for, or diverted to, any purpose other than as provided in paragraph (C) of this rule and for the payment of administrative expenses relating to the health care fund. Assets in the health care fund may not be used for retirement, disability, or survivor benefits, or for any other purpose for which the other funds of the system are used.

(E) Upon satisfaction of all liabilities under this rule, any assets in the health care fund that are not used as provided in paragraph (D) of this rule shall be returned to the employers, as required by section 401(h)(5) of the Internal Revenue Code.

(F) It is the intent of the retirement board in adopting this rule to codify its compliance in all respects with sections 401(a) and 401(h) of the Internal Revenue Code and regulations interpreting those sections. In applying this rule, the retirement board will apply the interpretation that achieves compliance with those sections and preserves the qualified status of the system as a governmental plan under sections 401(a) and 414(d) of the Internal Revenue Code.

(G) This rule is intended to codify past and current practices and procedures of the system with respect to the funding and payment of health care coverage and does not confer any new rights to or create any vested interest in receiving health care coverage for members, benefit recipients, or their dependents.

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3307:1-11-03 **Health care services - medical plan.**

(A) Eligibility

The following individuals shall be eligible to participate in a medical plan offered by the retirement system:

(1) A service retiree with an effective benefit date:

(a) Before January 1, 2004; or

(b) Between January 1, 2004 and July 1, 2023 and the benefit is based on fifteen or more years of total service credit; or

(c) After July 1, 2023 and the benefit is based on twenty or more years of total service credit.

(2) A service retiree who began receiving service retirement benefits with no break in monthly benefits following the termination of disability benefits, with a disability effective benefit date:

(a) Before January 1, 2004; or

(b) Between January 1, 2004 and July 1, 2023 and the service retiree benefit is based on fifteen or more years of total service credit; or

(c) After July 1, 2023 and the service retiree benefit is based on twenty or more years of total service credit.

(3) A disability benefit recipient.

(4) A survivor annuitant who was eligible for health care coverage as a dependent at the time of the service retiree's death.

(5) A survivor benefit recipient under division (C)(1) of section 3307.66 of the Revised Code who was eligible for coverage as a dependent at the time of the member's or disability benefit recipient's death where the effective date of survivor benefits or the effective date of disability benefits of the deceased member is:

(a) Before January 1, 2004; or

(b) Between January 1, 2004 and July 1, 2023 provided that the deceased member or disability benefit recipient had fifteen or more years of total service credit at the time of death; or

(c) After July 1, 2023 provided the deceased member or disability benefit recipient had twenty or more years of total service credit at the time of death.

(6) A survivor benefit recipient under division (C)(2) of section 3307.66 of the Revised Code who was eligible for coverage as a dependent at the time of the member's or disability benefit recipient's death.

(7) Dependents, to the extent that a medical plan and/or ancillary plan allows for dependent coverage.

(8) Notwithstanding paragraphs (A)(1) to (A)(7) of this rule, an individual not eligible for medicare coverage is not eligible for primary coverage in a medical plan offered by the retirement system if the individual is employed and has access to an entity's medical plan or if similarly situated, non-retired employees have access to an entity's medical plan, provided the medical plan includes prescription coverage ~~and provides equivalent coverage at a cost no more than what is available to full-time employees as defined by the entity~~. The retirement board may require each enrollee to annually file a verification of employment statement disclosing the availability for enrollment as an employee in an entity's medical plan.

(a) When an individual is enrolled in an entity's medical plan and a medical plan offered by the retirement system, coverage in the retirement system's medical plan will be limited to secondary coverage applied only to those covered medical expenses not paid by the entity's medical plan.

(b) An employed individual not eligible for medicare who does not file a verification of employment statement with the retirement system when requested by the retirement system; does not enroll in the entity's medical plan when eligible to enroll, or is excluded from the entity's medical plan based upon being an enrollee in the retirement system's medical plan is not eligible to enroll or remain enrolled in a medical plan offered by the retirement system.

(9) An individual enrolled in a medical plan offered by the retirement system shall enroll in medicare part A, if the enrollee is able to enroll in medicare part A without being required to pay a premium, and part B upon first attaining eligibility for each.

(B) Effective date

The effective date of coverage for enrollees in a medical plan shall be determined as follows:

(1) Initial enrollment: When a monthly benefit payment begins, medical coverage shall begin for a:

(a) Service retiree:

(i) On the effective benefit date when the service retirement application is received on or before the effective benefit date, provided the service retiree enrolls by the end of the month of the effective benefit date; or

(ii) On the first day of the month following the date the service retirement application is received when the effective benefit date is prior to the date the service retirement application is received, provided the service retiree enrolls by the end of the month following the month the service retirement application is received.

(b) Disability benefit recipient:

(i) On the effective benefit date when the disability benefit recipient is granted disability benefits on or before the effective benefit date, provided the disability benefit recipient enrolls by the end of the month of the effective benefit date.

(ii) On the first day of the month following the date the disability benefit is granted when the effective benefit date is prior to the date the disability benefit is granted, provided the disability benefit recipient enrolls by the end of the month following the month the disability benefit is granted.

(c) Survivor benefit recipient:

(i) On the effective benefit date when a survivor benefit recipient enrolls by the end of the third month following the month of the member's or disability benefit recipient's death.

(ii) On the first of the month following the receipt of a survivor benefit application submitted after the third month following the month of the member's or disability benefit recipient's death provided the survivor benefit recipient enrolls by the end of the month following the month the survivor benefit application is received.

(d) Survivor annuitant:

(i) On the first of the month following the month of the service retiree's death, provided a survivor annuitant enrolls by the end of the third month following the month of the service retiree's death.

(ii) On the first of the month following the month of the service retiree's death when a survivor annuitant was enrolled as a service retiree's dependent at the time of the service retiree's death.

(2) Subsequent enrollment: Coverage shall begin as follows if a benefit recipient does not enroll as permitted under paragraph (B)(1) of this rule and later applies to enroll:

(a) Open enrollment: The retirement system may offer an open enrollment period during which eligible benefit recipients may enroll or change medical plans for themselves and eligible dependents. Coverage will begin on the first day of the next plan year following an open enrollment period specified by the retirement system.

(b) Special enrollment: A person may enroll under the following circumstances when a benefit recipient submits his or her application to enroll within thirty-one days from the date of a qualifying event, provides any other required documentation, the application is approved by the retirement system, and the person meets all other eligibility requirements:

(i) Benefit recipients:

(a) A benefit recipient may enroll based upon his or her loss of health care coverage that provided minimum essential coverage as defined under the federal Patient Protection and Affordable Care Act of 2010, 124 Stat. 119 (2010), as amended, for coverage beginning the first of the month in which coverage is lost.

(b) A benefit recipient may enroll based upon his or her enrolling in medicare parts A and B or only medicare part B for coverage beginning the first of the month medicare coverage begins.

(ii) Provided the benefit recipient is enrolled, dependents may be enrolled as follows:

(a) A primary recipient may enroll his or her new spouse for coverage beginning the first of the month following the date

of marriage or the first day of the month of marriage when the date of marriage is on the first day of the month.

(b) A benefit recipient may enroll a child for coverage beginning the day of birth, legal adoption, or the date the benefit recipient was legally appointed as guardian of that child.

(c) A benefit recipient may enroll a dependent who lost health care coverage that provided minimum essential coverage as defined under the federal Patient Protection and Affordable Care Act of 2010 for coverage beginning the first of the month in which coverage is lost.

(d) A benefit recipient may enroll a dependent based upon the dependent enrolling in medicare parts A and B or only medicare part B for coverage beginning the first of the month medicare coverage begins.

(C) Premium

(1) The premium for an enrollee in a medical plan shall be based upon the total service credit used in the calculation of the primary recipient's benefit, the effective benefit date, and such other factors as the retirement board may find relevant in its sole discretion.

(2) The premium for an enrollee in a medical plan shall be pre-paid through a monthly deduction from the monthly benefit unless the amount of the monthly benefit will not cover the total premium. In that case, the benefit recipient will be billed directly by the retirement system for any premium balance owed for an initial period not to exceed three months and authorizes the retirement system to electronically debit the premium balance owed each month from the benefit recipient's bank account. It will be the sole responsibility of the benefit recipient to provide and maintain the information and available funds required for the retirement system to complete the monthly electronic debit. Should the retirement system be unable to debit the payment electronically after the initial three month period, enrollment in the health care program may be terminated. If for any reason payment is not received on or before the first business day of the month the premium is due, enrollment in the health care program may be terminated.

(3) The following benefit recipients are eligible to receive a subsidy:

(a) A service retiree either with an effective benefit date prior to August 1, 2023 and fifteen or more years of total service credit, or with an effective benefit date on or after August 1, 2023 and twenty or more years of total service credit.

(b) A disability benefit recipient either with five or more years total service credit with an effective benefit date prior to August 1, 2023, or with six or more years of total service credit with an effective benefit date on or after August 1, 2023.

~~(c) A survivor annuitant with an effective benefit date between January 1, 2011 and December 1, 2014 is eligible to receive a subsidy for five years from the effective benefit date if the deceased service retiree had fifteen or more years of total service credit. In the event the service retiree named multiple beneficiaries under division (A)(4) of section 3307.60 of the Revised Code, the subsidy for which the service retiree was eligible will be allocated equally among the survivor annuitants for the five year subsidy period. No subsidy shall be provided to an individual who becomes a survivor annuitant on or after January 1, 2015.~~

~~(d) A survivor benefit recipient with an effective benefit date between January 1, 2011 and December 1, 2014 is eligible to receive a subsidy for five years from the effective benefit date if:~~

~~(i) The survivor benefit recipient has been granted survivor benefits under division (C)(1) of section 3307.66 of the Revised Code and the member had fifteen or more years of service; or~~

~~(ii) The survivor benefit recipient has been granted survivor benefits under division (C)(2) of section 3307.66 of the Revised Code, subsidy for the survivor benefit recipient and dependents shall be calculated based upon the greater of the member's years of total service credit or fifteen years, and other factors as the retirement board may find relevant in its sole discretion.~~

~~(iii) No subsidy shall be provided to individuals who become survivor benefit recipients on or after January 1, 2015.~~

(D) Open enrollment and plan changes

(1) The retirement system may offer an open-enrollment period during which benefit recipients may enroll in or change medical plans for themselves and eligible dependents.

(2) Once coverage under a medical plan begins, a benefit recipient can request a change of medical plans during the plan year as follows:

(a) A change to any other available medical plan may occur when an enrolled benefit recipient provides required documentation and requests a change:

(i) Within thirty-one days of: receipt of the first regular monthly benefit payment; marriage, divorce, legal separation or dissolution; birth, adoption, or legal appointment as guardian of a child; death; or full loss of subsidy; or

(ii) Within three months of enrolling in medicare parts A and B or only medicare part B.

(b) A change to another medical plan may occur at any time when an enrolled benefit recipient requests a change and provides documentation that evidences one of the following events:

(i) Loss of a key provider from a medical plan's provider network.

(ii) Relocation of permanent residence to another service area not covered by the enrollee's current medical plan.

~~(iii) Addition of a sponsored dependent when the medical plan in which the primary recipient is enrolled does not allow sponsored dependents.~~

~~(iv)~~(iii) Benefit recipient enrolled in a medicare fully insured medical plan.

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3307:1-11-04 **Health care services - health care assistance program.**

(A) The retirement board authorizes health care assistance for certain benefit recipients who apply, qualify, and are approved for the health care assistance program.

(B) The following benefit recipients shall be eligible to apply annually for health care assistance under the health care assistance program on a form provided by the retirement system~~;~~. ~~if they are eligible for and enrolled in medicare~~The benefit recipient must be enrolled in the health care program and enrolled in medicare, if eligible, and ~~if they~~ meet the total household income requirements of paragraph (C) of this rule:

(1) A service retiree who ~~qualifies for a subsidy and~~ has twenty-five or more years of total service credit at retirement.

(2) A disability benefit recipient ~~who qualifies for a subsidy~~.

(3) A survivor annuitant or survivor benefit recipient who was enrolled in the health care assistance program as of December 31, 2015, continues to meet all other health care assistance program requirements, and remains continuously enrolled in the health care assistance program.

~~(4) A survivor annuitant or survivor benefit recipient who is eligible for a subsidy and the deceased member or primary recipient had twenty-five or more years of total service credit.~~

~~(5) A survivor benefit recipient eligible for a subsidy who is receiving survivor benefits under division (C)(2) of section 3307.66 of the Revised Code.~~

(C) A benefit recipient's total household income shall not exceed the ~~minimum salary for a teacher with a bachelor's degree and five years' experience as defined in section 3317.13 of the Revised Code or another~~ amount determined by the retirement board for any of the amounts below:

(1) The benefit recipient's monthly benefit annualized at the time of the application for the health care assistance program;

(2) The total estimated household earnings and reportable earnings according to the Internal Revenue Code of all persons in the benefit recipient's household ~~for the year coverage is being requested~~as reported on the tax returns filed for the previous tax year and the applicable limit set by the board for the tax year; and

(3) The combined total liquid assets for all persons within the benefit recipient's household, which includes cash and all monies readily available in savings accounts, checking accounts, money market accounts, trust funds, any publicly

traded security or other investment vehicles as the board may from time to time specify.

(4) If the benefit recipient or a member of the benefit recipient's household is not required to file an income tax return, the benefit recipient may submit to the retirement system a written sworn statement on the form provided by the retirement system.

(D) Applicants for the health care assistance program shall provide all information requested by the retirement system, including copies of any federal income tax return for the benefit recipient and each person in the benefit recipient's household to verify the income and assets reported on the application and, if applicable, verification of medicare enrollment.

(E) If the application for health care assistance is approved by the retirement system, health care assistance is provided through the end of the plan year. Health care coverage as determined by the retirement board through certain medical plans shall begin:

(1) January first of the following year for renewal applications received on or before December fifteenth of the current year; or

(2) The first day of the month following the date a new application is received for applications received on or before the fifteenth day of the month; or

(3) The first day of the second month from the date a new application is received for applications received after the fifteenth day of the month; or

(4) The later of the effective benefit date or the effective date established under paragraph (E)(2) or (E)(3) of this rule for "benefit recipients" who apply for the health care assistance program at the same time an application for service retirement benefits or disability benefits is filed with the retirement system.

(F) The health care assistance program may be changed or terminated by the retirement board at any time.

(G) Health care assistance under this rule provided as the result of false information submitted on an application shall be terminated immediately. Any person who submits false or misleading information in connection with an application for health care assistance shall immediately repay the amounts of any health care assistance provided to date. If such amounts remain unpaid, they shall be deducted from any future amounts payable under Chapter 3307. of the Revised Code. The retirement system may collect amounts due in any other manner the system considers appropriate, as provided by law.

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3307:1-11-05 **Health care services - medicare part B reimbursement.**

(A) Pursuant to section 3307.39 of the Revised Code, certain benefit recipients who request reimbursement and verify enrollment in the medicare part B insurance program with the retirement system may be eligible for reimbursement for a portion of the cost of the basic medicare part B premium for months where eligible individuals are enrolled in both a medical plan offered by the retirement system and medicare part B. For approved requests received on or before the fifteenth day of a month, reimbursement begins the first of the month after the date the request is received; otherwise, reimbursement begins the first of the second month after the date the request is received. Reimbursement will be based on service credit in an amount as periodically determined by the retirement board that meets the provisions in division (B) of section 3307.39 of the Revised Code. The retirement board may suspend or discontinue medicare part B reimbursement at any time in its sole discretion.

(B) The following benefit recipients who continually meet the provisions in paragraph (A) of this rule are eligible for reimbursement as specified in this rule:

(1) A primary recipient.

(2) A survivor benefit recipient with an effective benefit date that is on or before December 1, 2014 excluding survivor benefit recipients who became a beneficiary prior to January 1, 2008 and were age sixty-five prior to January 1, 2008.

~~(3) A survivor annuitant for whom reimbursement is calculated to be the amount of reimbursement the service retiree would have received divided by the number of survivor annuitants of the deceased service retiree, and whose monthly survivor annuitant benefit began between January 1, 2008 and December 1, 2014, is eligible to receive reimbursement for a maximum of five years from the date he or she became a survivor annuitant, excluding survivor annuitants who were named as a beneficiary prior to January 1, 2008 and were age sixty-five prior to January 1, 2008.~~

(C) Upon request, a benefit recipient receiving medicare part B premium reimbursement under this rule shall certify the amount paid for medicare part B coverage. The reimbursement amount provided under this rule shall not exceed the amount paid by the benefit recipient.

(D) For purposes of section 3307.39 of the Revised Code and this rule, basic medicare part B premium means the amount of the standard monthly medicare part B premium determined by the United States secretary of health and human services prior to any premium increases, such as late enrollment penalties or income related monthly adjustment amount being made.

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3307:1-11-09 **Health care services - long-term care insurance.**

(A) Teachers or benefit recipients and eligible dependents may make application for long-term care insurance offered pursuant to section 3307.391 of the Revised Code until September 30, 2018, provided:

(1) Application for long-term care insurance shall be made directly to the insurer during enrollment periods specified by the retirement system;

(2) Determination of eligibility for long-term care insurance shall be made by the insurer; and

(3) Payment for long-term care insurance shall be made by the teacher or benefit recipient directly to the insurer in such amounts and by such methods directed by the insurer.

(B) Any individual defined as eligible under the retirement system's group policy who has made proper application pursuant to this rule may apply for long-term care insurance subject to the same conditions as those applicable to members under the terms of paragraph (A) of this rule, provided that in the case of a spouse, the individual participating pursuant to paragraph (A) of this rule agrees to remit payment for the cost of such insurance along with his or her own payment.

(C) ~~Effective~~The retirement system terminated the program for long-term insurance effective October 1, 2018~~, the retirement system will no longer offer long-term care insurance~~.

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3307:1-11-06 **Health care services - responsibility for health care coverage.**

(A) Except as otherwise provided in this rule, this retirement system shall be the system responsible for health care coverage for its eligible benefit recipients.

(B) A benefit recipient is not eligible for primary coverage in a medical plan offered by this retirement system if the benefit recipient is eligible for health care coverage in another Ohio retirement system in the following situations:

(1) When a benefit recipient is receiving a monthly benefit based on the same status as a service retiree, disability benefit recipient or survivor benefit recipient in this retirement system and from another Ohio retirement system and the effective benefit date in this system is

(a) Later than the effective benefit date in the other Ohio retirement system; or

(b) The same as the effective benefit date in the other Ohio retirement system and the benefit recipient has less service credit in this retirement system than in the other retirement system; or

(c) The same as the effective benefit date in the other Ohio retirement system and the benefit recipient has the same service credit in this retirement system as in the other Ohio retirement system and the teacher contributions in the account upon which the benefit in this retirement system is based are less than the employee contributions in the account upon which the benefit in the other Ohio retirement system is based.

(2) Where an eligible disability benefit recipient or survivor benefit recipient of the retirement system is also receiving a service retirement benefit from another Ohio retirement system.

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3307:1-11-07 **Health care services - ancillary plans.**

(A) General provisions

(1) Eligibility for enrollment in an ancillary plan is the same as eligibility for enrollment in a medical plan except as otherwise provided in this rule.

(2) Enrollment in an ancillary plan is the same as enrollment in a medical plan except as otherwise provided in this rule.

(3) The retirement board will not provide a subsidy for any portion of the monthly premium for enrollment in any ancillary plan.

(B) Dental and vision plans

(1) Enrollment

(a) Initial enrollment shall be the same as initial enrollment in a medical plan except that termination or other plan changes shall not be made until the end of the enrollment cycle unless there is a loss of eligibility under the plan.

(b) Subsequent enrollment shall be the same as subsequent enrollment in a medical plan except that open enrollment in dental and vision plans shall only occur at the end of the enrollment cycle.

Five Year Review (FYR) Dates: 3/19/2021 and 03/19/2026

CERTIFIED ELECTRONICALLY

Certification

03/19/2021

Date

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Statutory Authority:	3307.04
Rule Amplifies:	3307.39
Prior Effective Dates:	12/23/1976, 11/28/1977, 03/17/1989 (Emer.), 06/01/1989, 09/23/1991 (Emer.), 05/28/1992, 06/22/1992 (Emer.), 09/10/1992, 02/13/1993, 09/01/1996, 07/03/1997, 09/16/1998 (Emer.), 11/27/1998, 05/25/2000, 07/01/2001 (Emer.), 09/17/2001, 09/17/2002, 01/01/2004 (Emer.), 03/22/2004, 07/01/2006, 10/27/2006, 01/06/2008, 05/14/2009, 10/28/2010, 06/06/2011, 01/01/2014 (Emer.), 02/10/2014, 09/04/2014, 06/10/2016

3307:1-11-08 **Health care services - disclosure.**

(A) Health information

(1) By applying for and accepting coverage in the health care program each participating benefit recipient, on behalf of herself or himself and each of his or her dependents covered under the health care program, acknowledges and agrees that the health care program may use or disclose all individually identifiable health information (as defined at 45 C.F.R. 160.103 (2000), as amended) pertaining to such participating benefit recipient, or dependent in the health care program for the payment (as defined at 45 C.F.R. 164.501) and health care operations (as defined at 45 C.F.R. 164.501) purposes of the health care program and otherwise use or disclose such individually identifiable health information as permitted by and under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. 160 and 164.

(2) The health care program, acting through the retirement board, shall require each person and/or organization who as to the health care program constitutes a business associate (as defined at 45 C.F.R. 160.103) of the health care program to maintain the confidentiality of individually identifiable health information that it creates, maintains or receives on behalf of or from the health care program and to enter into a written agreement with the health care program which meets that standard for business associate contracts as specified at 45 C.F.R. 164.504(e). Individually identifiable health information that meets the requirements for identification of health information, as specified in 45 C.F.R. 164 may be used without limitation by the health care program and shall be and shall remain the property of the retirement system.

(B) Notice

Notice, as required by any provision of this rule, shall be deemed sufficient, if notice is communicated by regular United States postal service to the benefit recipient's last known address as maintained in the retirement system's records.

Five Year Review (FYR) Dates: 3/19/2021 and 03/19/2026

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3307:1-13-01 **Reemployment restrictions applicable to retirants.**

This rule implements section 3307.35 of the Revised Code and applies to Ohio public service after retirement in circumstances other than those subject to section 3307.351 of the Revised Code and rule 3307:1-13-02 of the Administrative Code.

(A) For the purpose of this rule and section 3307.35 of the Revised Code:

(1) "Effective retirement benefit date" means the effective date upon which a retirement allowance or distribution begins.

(2) "Non-uniformed retirement system" means the public employees retirement system, the state teachers retirement system and the school employees retirement system.

(3) "Ohio retirement system" means the public employees retirement system, the state teachers retirement system, the school employees retirement system, the Ohio police and fire pension fund, the highway patrol retirement system, and the Cincinnati retirement system.

(4) "Uniformed retirement system" means the Ohio police and fire pension fund and the highway patrol retirement system.

(5) "Alternative retirement plan" means a plan established under Chapter 3305. of the Revised Code.

(B) In administering section 3307.35 of the Revised Code, the following applies:

(1) Forfeiture of a retirement allowance under section 3307.35 of the Revised Code for employment in a position covered by another Ohio retirement system or an alternative retirement plan shall apply only to a state teachers retirement system retirant granted service retirement under section 3307.57, 3307.58, 3307.59 or 3307.60 of the Revised Code and to a member granted disability benefits under section 3307.62 of the Revised Code whose effective service retirement or disability benefit date is on or after September 1, 1991.

(2) A state teachers retirement system retirant who has received a service retirement allowance for less than two months and who becomes employed in a position covered by an Ohio retirement system or an alternative retirement plan shall forfeit such allowance for any month in which the retirant is so employed during the two-month period after the effective retirement benefit date. The amount of the allowance to be forfeited if such a retirant selected a plan of payment under division (A) or (B) of section 3307.60 of the Revised Code shall be the

monthly allowance or benefit equal to the single lifetime benefit described in section 3307.58 of the Revised Code.

(3) Notwithstanding paragraphs (B)(1) and (B)(2) of this rule, forfeiture of a retirement allowance shall not apply to a state teachers retirement system retirant who continues employment in a position covered by a uniformed Ohio retirement system if the retirant was continuously employed in the position for at least two months prior to the effective retirement benefit date in this system.

(C)

(1) Where a member of this system who has also established membership in another Ohio retirement system or systems or an alternative retirement plan is terminating all employment covered by all the systems and the alternative retirement plan, and is electing to take a service retirement benefit from one or more of the other systems or the alternative retirement plan as of the effective retirement benefit date, the member shall elect to:

(a) Apply for a benefit if eligible pursuant to section 3307.57, 3307.58 or 3307.60 of the Revised Code with an identical effective date; or

(b) Apply for a refund of contributions pursuant to section 3307.56 of the Revised Code; or

(c) If, as of the effective retirement benefit date from another Ohio retirement system, the member has sufficient service credit to qualify for a service retirement benefit in this system, the effective retirement benefit date shall be the first of the month following the later of the benefit date in the other Ohio retirement system or attainment of eligibility for a service retirement benefit in this system.

(2) A member of this system who also is a member of a uniformed retirement system and who has applied for a retirement benefit in the uniformed retirement system may continue employment without forfeiture under section 3307.35 of the Revised Code in the position covered by this system, provided that contributions made to this system after the member's effective retirement benefit date in the uniformed retirement system shall accrue only a benefit as described in section 3307.352 of the Revised Code.

(3) If the member has been continuously employed in a position covered by this system for at least two months prior to the effective retirement benefit date in an alternative retirement plan, a uniformed or non-uniformed retirement system, other than this system, an irrevocable election may be made on a form provided

by this system to have contributions to this system made prior to the effective retirement benefit date in the other system or an alternative retirement plan also accrue the same benefit described in section 3307.352 of the Revised Code. In the event this election is made, allowable interest shall not begin until the first of the month after the effective retirement benefit date in the other system or an alternative retirement plan.

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3307:1-13-02 **Retirement of a member pursuant to section 3307.351 of the Revised Code.**

(A) For purposes of section 3307.351 of the Revised Code and this rule:

(1) "Active position" means a position a member worked in the month before retirement and for which contributions were being received by a state retirement system at the time of retirement pursuant to section 3307.351 of the Revised Code.

(2) "STRS annual compensation" means fiscal year earnings plus any unearned amounts covered by contract for that fiscal year or a consecutive twelve-month period.

(3) "Other retirement system annual compensation" means a member's annual compensation for an active position as certified to this system by the public employees retirement system or the school employees retirement system.

(4) "Highest annual compensation" means the highest of the STRS annual compensation or the other retirement system annual compensation for an active position as determined by the paying system.

(5) "Position" means all employment with a single employer for which a member is covered and contributing to the same state retirement system.

(6) "State retirement system" means the state teachers retirement system, public employees retirement system, or school employees retirement system.

(7) "Other retirement system" means the school employees retirement system or public employees retirement system.

(8) "Continuously held" pursuant to paragraph (E) of section 3307.351 of the Revised Code and effective July 1, 2014, means the position held by the member meets both of the following criteria:

(a) The member was employed in a position and earned wages with the same employer during the first month of retirement and in each of the twelve months immediately preceding the effective date of retirement, where contributions on those wages were remitted to the same retirement system; and,

(b) The position described in paragraph ~~(A)(9)(a)~~(A)(8)(a) of this rule was not the member's highest annual compensation at the time of retirement for all positions covered by the state teachers retirement system, the public employees retirement system or the school employees retirement system.

(B)

(1) When a member holds more than one active position in this system, no active positions in an other retirement system, and is electing to take a retirement benefit pursuant to section 3307.351 of the Revised Code, the member shall:

(a) Apply for a benefit pursuant to section 3307.57, 3307.58, or 3307.60 of the Revised Code, for the active position which has the highest STRS annual compensation, and,

(b) Select which other active position or positions upon which the member shall continue to contribute to this system.

(2) In computing the benefit described in paragraph (B)(1) of this rule all service credit in this system shall be used.

(C)

(1) When a member holds one or more active positions in this system and one or more active positions in an other retirement system, and the active position which has the highest annual compensation is in this system, the member shall:

(a) Apply for a benefit pursuant to section 3307.57, 3307.58, or 3307.60 of the Revised Code, for the active position which has the highest annual compensation, and,

(b) Select which other active position or positions upon which the member shall continue to contribute to this system or an other retirement system.

(2) In computing the benefit described in paragraph (C)(1) of this rule all service credit in this system and the other retirement systems shall be used except that such total combined service credit shall not exceed one year of credit for any one year as defined in the statute governing the system making the calculation.

(D) Employment in any position covered by this system that begins subsequent to the effective retirement benefit date under section 3307.351 of the Revised Code shall be subject to section 3307.35 of the Revised Code, and rule 3307:1-13-01 of the Administrative Code.

Effective:

Five Year Review (FYR) Dates: 3/19/2021

Certification

Date

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Statutory Authority:	3307.04
Rule Amplifies:	3307.351
Prior Effective Dates:	07/01/2001 (Emer.), 09/17/2001, 07/01/2006, 06/06/2011, 07/01/2013 (Emer.), 09/09/2013, 06/10/2016

3307:1-13-03 **Reemployment subject to section 3307.353 of the Revised Code.**

(A) This rule applies in the case of an individual who is or most recently has been employed by an employer in a position customarily filled by a vote of members of a board or commission.

(B) An employer that proposes to continue employing an individual described in paragraph (A) of this rule as a reemployed superannuate or rehire as a reemployed superannuate in the same position shall certify that it has complied with the requirements of section 3307.353 of the Revised Code. Certification shall be provided to the retirement system as a part of the employer's notice of reemployment required by division (D) of section 3307.35 of the Revised Code on forms provided by the retirement system and shall include in its certification that it has:

(1) Given public notice in compliance with the requirements of section 3307.353 of the Revised Code not less than sixty days before employment as a reemployed superannuate is to begin that the individual is or will be retired and is seeking employment with the employer; and

(2) Held a public meeting on the issue of the proposed employment between fifteen and thirty days before employment as a reemployed superannuate is to begin and after complying with paragraph (B)(1) of this rule.

(C) Where such reemployment is in the same position and continuous from year to year, no certification to the system shall be required for subsequent years.

(D) The person reemployed shall be subject to any other provision applicable to reemployment.

Five Year Review (FYR) Dates: 3/19/2021 and 03/19/2026

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Date

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Statutory Authority:	3307.04
Rule Amplifies:	3307.35, 3307.353
Prior Effective Dates:	01/12/2004, 07/01/2006

3307:2-4-02 **Military service.**

(A) ~~Participants~~A participant in the defined contribution plan ~~and~~or the combined plan may make contributions for periods when Ohio teaching service was interrupted by military service under the same terms and conditions as specified for participants in the defined benefit plan by section 3307.752 of the Revised Code. The interest rate used to calculate the cost of any such purchase shall be at the same rate established pursuant to rule 3307:1-3-01 of the Administrative Code for purchases of military service under section 3307.752 of the Revised Code.

(B) The retirement board shall specify the portion of contributions that would have been paid by the participant pursuant to section 3307.26 of the Revised Code, and interest thereon as directed by section 3307.752 of the Revised Code, to be credited to the participant's account in the defined contribution fund created by division (G) of section 3307.14 of the Revised Code. The remaining contributions that would have been paid by the participant for Ohio teaching service interrupted by military service and all employer contributions that would have been paid by the employer pursuant to section 3307.28 of the Revised Code for the participant's period of interrupted military service shall be applied to provide retirement, disability, and survivor benefits under the terms, conditions, and schedules specified by the plan document. A portion of the employer contributions may be allocated to the health care fund under the terms, conditions and schedules specified by the retirement board.

(C) No refund will be made of amounts paid by a participant to purchase credit as herein provided, except as a part of a total withdrawal of funds.

(D) A participant in the combined plan may make contributions for periods of service as outlined in paragraph (A) of this rule up to three months after the earlier of either:

(1) The annuity starting date for the participant's defined benefit portion of the combined plan; or

(2) The annuity starting date for the participant's defined contribution portion of the combined plan.

Effective:

Five Year Review (FYR) Dates: 6/7/2024

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Certification

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Date

Promulgated Under:	111.15
Statutory Authority:	3307.80
Rule Amplifies:	3307.81
Prior Effective Dates:	07/01/2001 (Emer.), 09/17/2001, 07/16/2004, 07/01/2013 (Emer.), 09/09/2013, 06/07/2019

3307:2-4-03 **Combined plan participant leaves of absence.**

Section 3307.77 of the Revised Code permits a teacher in the combined plan to complete contributions for a period during which the teacher was prevented by illness, injury, a leave granted pursuant to section 3319.13 or 3319.131 of the Revised Code, or other reasons approved by the state teachers retirement board, from making regular retirement contributions.

To facilitate crediting of such contributions, employer contributions and associated service credit, the following rule shall apply:

(A) A participant in the combined plan may purchase credit for a period of leave or absence that would qualify for purchases by a defined benefit plan participant under the requirements set forth in section 3307.77 of the Revised Code and rule 3307:1-3-06 of the Administrative Code, provided leave of absence purchases made pursuant to section 3307.77 of the Revised Code shall be made by a lump-sum payment.

(B) ~~A~~Except as provided in paragraph (F) of this rule, a participant in the combined plan may complete retirement contributions and secure retirement credit for non-paid professional leaves in accordance with rule 3307:1-3-05 of the Administrative Code ~~-~~up to three months after the earlier of either:

(1) The annuity starting date for the participant's defined benefit portion of the combined plan; or

(2) The annuity starting date for the participant's defined contribution portion of the combined plan.

(C) Except as provided in paragraph (F) of this rule, a participant in the combined plan may make contributions for periods of leave of absence as outlined in paragraph (A) of this rule up to three months after the earlier of either:

(1) The annuity starting date for the participant's defined benefit portion of the combined plan; or

(2) The annuity starting date for the participant's defined contribution portion of the combined plan.

~~(C)~~(D) Upon payment by the participant, service will be posted to the defined benefit portion of the participant's account. The retirement board shall specify the portion of the amount paid by the participant equal to the teacher contributions under section 3307.26 of the Revised Code and interest thereon to be posted to the participant's account in the defined contribution fund. The remaining amount paid by the participant for a leave of absence and all employer contributions paid by the

employer for the participant's leave of absence shall be applied to provide retirement, disability, and survivor benefits under the terms, conditions and schedules specified by the plan document. A portion of the employer contributions may be allocated to the health care fund under the terms, conditions and schedules specified by the ~~state teachers~~ retirement board.

~~(D)~~(E) No refund will be made of amounts paid by a participant to purchase credit as herein provided, except as a part of a total withdrawal of funds.

(F) If a participant service retires under the defined benefit portion of their account with an effective benefit date later than their service retirement under the defined contribution portion of the account, they may purchase a leave of absence as outlined in rule 3307:1-3-06 of the Administrative Code if the additional contributions will reduce or eliminate the limitation of compensation allowed in final average salary under section 3307.501 of the Revised Code. The purchase must be made within two months of notification by the retirement system to the participant that the purchase of the leave of absence will reduce or eliminate limitation of compensation allowed in final average salary.

Effective:

Five Year Review (FYR) Dates: 6/7/2024

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Certification

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Date

Promulgated Under:	111.15
Statutory Authority:	3307.77, 3307.80
Rule Amplifies:	3307.81
Prior Effective Dates:	07/01/2001 (Emer.), 09/17/2001, 09/17/2002, 05/24/2004, 06/18/2009, 01/07/2013 (Emer.), 03/24/2013, 07/01/2013 (Emer.), 09/09/2013, 06/12/2014, 06/07/2019

5505-1-01 **Rule adoption - method of public notice.**

(A) The board shall distribute all adopted rules to

(1) The state highway patrol with instructions to distribute to each facility where members of the state highway patrol retirement system are assigned and

(2) Each recognized statewide organization representing members and/or benefit recipients of the state highway patrol retirement system.

Five Year Review (FYR) Dates: 3/29/2021 and 03/29/2026

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Statutory Authority:	5505.07
Rule Amplifies:	5505.04
Prior Effective Dates:	02/15/1981, 01/01/1986, 04/01/1995, 10/21/2005, 04/26/2011

5505-3-01 **Eligibility date of retirement benefits.**

(A) For age and service retirement benefits, the eligibility date shall be the date following the last working date as a member, with no duplication of salary and pension.

(B) For reduced retirement benefits, the eligibility date shall be the later of the date following the last working date as a member or the date the member is eligible and elects to receive a reduced retirement benefit, with no duplication of salary and pension.

(C) For disability benefits, the eligibility date shall be the later of the date following the last working date as a member or the date disability benefits are approved by the board, with no duplication of salary and pension.

(D) A member shall apply for benefits on a form prescribed by the board.

(1) A retirement application is considered filed when a completed retirement application has been received by the staff of the retirement system unless the applicant has requested in writing that the application be held until further direction. Upon receipt of the applicant's written intent to activate the application, the application shall be considered to be filed.

(2) Member communications with retirement system staff about the potential filing of a retirement application shall be considered confidential.

(3) The retirement system shall notify the superintendent of the state highway patrol upon the filing of a retirement application.

(4) A member may withdraw a retirement application in writing at any time prior to the retirement board's approval of the application.

Five Year Review (FYR) Dates: 3/29/2021 and 03/29/2026

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Rule Amplifies:	5505.16, 5505.17, 5505.18
Prior Effective Dates:	01/01/1986, 10/21/2005, 04/26/2011

5505-3-06 **Board review of employment termination.**

(A) Upon the resignation or discharge of a member of the state highway patrol who has fifteen or more years of total service credit, the board may consider whether the reason for separation was dishonesty, cowardice, intemperate habits, or conviction of a felony.

(B) The board may schedule a hearing to consider all available evidence.

(1) The former member shall be given notice of the hearing by certified mail. The notice of hearing shall be sent at least sixty days prior to the hearing. The notice shall inform that former member that he/she may submit documents to HPRS and may appear, with or without counsel, to present testimony. Documents must be received at least ten days prior to the hearing date.

(2) HPRS staff shall provide a summary memorandum and may be represented by the office of the attorney general.

(3) The former member shall be notified of the board's findings by certified mail.

(C) A former member who disagrees with the board's findings may request reconsideration.

(1) A request for reconsideration must be accompanied by new evidence and received by the executive director in writing within forty days of the mailing of the board's determination. If new evidence is not received, as determined by the board chair, the request for reconsideration shall be denied and the board's initial determination shall become final.

(2) The former member shall be given notice of the reconsideration hearing by certified mail. The former member shall be given the opportunity to present any new evidence submitted. No additional documentation or testimony will be accepted during the reconsideration hearing.

(3) Within ten business days, the former member shall be notified of the board's reconsideration findings by certified mail. The board's decision is final.

Five Year Review (FYR) Dates: 9/21/2020 and 09/21/2025

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09/21/2020

Date

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Statutory Authority:	5505.07
Rule Amplifies:	5505.17
Prior Effective Dates:	09/28/2010, 09/08/2015

5505-7-01 **Calculation of retirement benefits.**

(A) For the purpose of this rule and divisions (L) and (R) of section 5505.01 of the Revised Code;

(1) "Year" shall mean any calendar year.

(2) In addition to division (R) of section 5505.01 of the Revised Code, "salary" shall not include doubleback, reportback, or standby pay.

(B) Final average salary shall be the average of the highest annual salary paid to a member during any five years of service, which may be nonconsecutive. Final average salary shall be calculated as follows:

(1) Each year's salary shall be calculated as twenty-six consecutive payroll periods, beginning with the first full pay period of the year, multiplied by 1.00275 in order to adjust for three hundred sixty-five days.

(2) Whenever a final average salary computation requires the inclusion of a partial pay period, the average of the pro-rated pay period shall be used.

(3) If the member has a partial year of contributing service in the year the member's employment terminates and the compensation for the partial year is at a rate higher than the rate of compensation for any one of the member's highest five years of compensation, the board shall substitute the compensation for the partial year for the compensation for the same period of time of the lowest of the member's five highest years of compensation.

(C) A retirant on deferred status may elect to receive reduced retirement benefits at any time between the ages of forty-eight and fifty-two.

(D) Final average salary is calculated from employee contributions in accordance with records and data provided by the Ohio department of administrative services and the state highway patrol.

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