

Rules – Part 2

(Revised)

October 9, 2025

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742-5-03

Contributing service credit.

(A) As used in this rule:

- (1) “Contributing service credit” means service credit earned by a member of the police and fire pension fund (“OP&F”) as a result of OP&F receiving employee contributions on salary of that member, as required under section 742.31 of the Revised Code, for full-time contributing service rendered by an OP&F member to a covered employer.
- (2) Except as provided in this rule, “full-time contributing service credit” means a member has been compensated for working (including paid leave) a minimum average of thirty-seven and a half ~~forty~~ hours per week over a twenty-eight day period.
- (3) “Partial contributing service credit” means prorated service credit allowed for members determined by OP&F to be full-time whose hours of service for each week included in any normal monthly payroll reporting period temporarily falls below “full-time contributing service credit,” as defined in paragraph (A)(2) of this rule.

For partial contributing service credit, OP&F shall prorate the service credit by dividing the hours compensated by the regularly reported hours for the monthly payroll reporting period.

- (B) Not more than twelve months of contributing service credit can be allowed in a calendar year.
- (C) Notwithstanding this rule, no person shall be allowed contributing service credit before the date the person becomes a member of OP&F or after the member's effective date of termination or retirement.

Effective:

Five Year Review (FYR) Dates: 9/22/2029

Certification

Date

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07/24/2008, 09/26/2013, 06/19/2020 (Emer.),
09/11/2020, 09/22/2024

742-5-04

Military service credit.

- (A) The first full-time Ohio public service covered under any state or in a municipal retirement system of this state which is subject to purchase or transfer under section 742.21, 742.212, 742.51, 742.511, 742.512, 742.513, 742.514, or 742.515 of the Revised Code, subject to purchase under section 742.23, 742.24, 742.371, 742.375, 742.376, 742.511, or 742.512 of the Revised Code, or subject to redeposit under section 742.371 of the Revised Code, shall be considered "the first year of full-time service in Ohio" covered by any state or municipal retirement system of this state following termination of military service as used in section 742.52 of the Revised Code in reference to the purchase of military service credit.

As used in section 742.52 of the Revised Code, "annual compensation" means the initial annual salary rate for the full-time position used to compute the cost of purchasing credit for military service.

- (B) The employer contribution required under section 742.521 of the Revised Code shall be based on the base salary the police officer or fire fighter would have earned had military service not interrupted the member's police or fire service. Base salary is the hourly rate equivalent upon which the overtime compensation rate, if any, is based.

The employer contribution required under section 742.521 of the Revised Code shall not be levied in connection with any credit granted for military service that occurred prior to October 29, 1996.

- (C) For purposes of section 742.52 of the Revised Code, a person shall be deemed to be receiving a disability benefit or pension if the person fails to withdraw his/her application, as outlined in rule 742-3-17 of the Administrative Code.
- (D) The recovery procedures outlined in division (E)(2) of section 742.52 of the Revised Code shall include, but not be limited to, the recovery procedures outlined in rule 742-3-08 of the Administrative Code.
- (E) Prior to September 21, 2000, the nominal method shall be used for the calculation of compounded interest at the rate established by the board of trustees. Beginning on September 21, 2000, the effective method shall be used for the calculation of compounded interest at the rate established by the board of trustees.

Five Year Review (FYR) Dates: 9/24/2025 and 09/24/2030

CERTIFIED ELECTRONICALLY

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09/24/2025

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742-9-12

Employer's compliance.

For purposes of determining whether an employer has met the requirements set forth in this chapter and Chapter 742. of the Revised Code, the records of OP&F conclusively prevail.

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09/24/2025

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12/25/2020

742-9-14

Reliance on records for purposes of determining taxability.

In furtherance of the policy adopted by the board of trustees of the Ohio police and fire pension fund ("OP&F"), the information used in determining the taxability of benefits payable to those members outlined in OP&F's policy will be based on OP&F's books and records as of the date the form 1099 is issued, as such information is provided to OP&F by the employers, members, and benefit recipients.

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Certification

09/24/2025

Date

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3309-1-40

Application and procedures for receiving disability benefits.

(A) For purposes of sections 3309.39, 3309.40, 3309.401 and 3309.41 of the Revised Code and SERS rules:

(1) "Disability" or "disabled" means that the member meets the following applicable standard of disability:

(a) At the time of application: A disabling condition, either permanent or presumed to be permanent for twelve continuous months following the filing of an application, which has occurred or increased since the applicant last became a member and which renders the member mentally or physically incapacitated for the performance of the member's last assigned primary duty as an employee.

(b) At the time of annual examination:

(i) For a disability benefit recipient with a benefit effective date before January 7, 2013 and for a disability benefit recipient with a benefit effective date on or after January 7, 2013 who is on leave of absence, a disabling condition that renders the member mentally or physically incapable of resuming the service from which the member was found disabled.

(ii) For a disability benefit recipient with a benefit effective date on or after January 7, 2013 who is not on leave of absence, a disabling condition that renders the member mentally or physically incapable of performing the duties of any occupation.

(2) "Ongoing disability" means:

(a) For a disability benefit recipient with a benefit effective date before January 7, 2013, a disability for which medical treatment presently offers no reasonable expectation of improvement to the extent that a member may be found mentally and physically capable of resuming employment that is the same or similar to that from which the member was found disabled.

(b) For a disability benefit recipient with a benefit effective date on or after January 7, 2013, a disability for which medical treatment presently offers no reasonable expectation of improvement to the extent that a member may be found mentally and physically capable of employment in any occupation.

- (3) "Medical treatment" means treatment of common medical acceptance that is readily available, would be covered under the system's health care plan and may include but is not limited to, medicine, physical therapy, psychological or psychiatric services or mechanical devices, but would exclude surgery or other invasive procedures.
 - (4) "Board physician" means the chairperson of the medical advisory committee.
 - (5) "Examining physician(s)" means the disinterested physician(s) assigned by the system or the chairperson of the medical advisory committee to conduct medical examinations of a disability applicant or recipient to determine eligibility to obtain or continue to receive disability benefits.
 - (6) "Any occupation" means a position that meets all of the following criteria:
 - (a) Replaces not less than seventy-five per cent of the member's final average salary, adjusted each year by the actual average increase in the consumer price index prepared by the United States bureau of labor statistics (U. S. city average for urban wage earners and clerical workers: "All items 1982-84=100");
 - (b) Is reasonably to be found in the member's regional job market;
 - (c) Is one that the member is qualified for by experience or education.
 - (7) "Vocational rehabilitation" means tests, evaluations, and/or training whose purpose is to enable a disability benefit recipient to find employment in any occupation.
 - (8) "Annual disability benefit" means the annuity and pension, or allowance, calculated under section 3309.40 or 3309.401 of the Revised Code at the time the member is determined to qualify for a disability benefit.
 - (9) "Employee" includes service as a school board member or governing board member as defined in section 3309.012 of the Revised Code.
 - (10) "Disability benefit recipient" means a member whose application for disability has been approved by the school employees retirement board.
- (B)
- (1) The school employees retirement board shall appoint a minimum of three members to the medical advisory committee who shall be physicians who demonstrate a wide range of competent medical experience, and a chairperson

for the medical advisory committee who shall act as medical advisor to the board. The chairperson shall have authority and responsibility to assign competent and disinterested physicians to conduct medical examinations of disability applicants and recipients for the purpose of determining the member's eligibility to obtain and continue to receive disability benefits, to recommend and review medical treatment and/or vocational rehabilitation, to certify a disability as ongoing and to submit to the board a recommendation to accompany the report of the medical examiner and/or the medical advisory committee.

- (2) The board may appoint as consultants, professionals in the field of vocational rehabilitation to provide services to the board on matters of vocational rehabilitation, including to conduct evaluations and to advise and make recommendations to the medical advisory committee, the board physician, and the board.
- (C) The board shall be responsible for screening disability benefit applications; serving as a hearing committee for disability applicants; and determining eligibility to obtain or continue to receive disability benefits.
- (D)
- (1) In order to qualify for a disability benefit, a member shall submit an application and undergo a medical examination by the examining physician(s) as required.
 - (a) The application shall include report(s) from the member's health care provider(s) that identify the medical bases of the application and include supportive medical evidence, a job duty form, and a job description provided by the last employer.
 - (b) Medical examinations will only be assigned for conditions identified by a health care provider.
 - (c) A medical examination will not be required if the board physician determines that the medical records submitted with the application clearly establish that the member is disabled.
 - (2) For purposes of division (C) of section 3309.39 of the Revised Code:
 - (a) A disability occurs before termination of contributing service if the underlying medical condition existed while the member was contributing to SERS;

- (b) A disability occurs after last becoming a member if the underlying condition did not exist or did not render the member incapacitated from working for at least twelve continuous months when the member last became a member of SERS.
- (E) The examining physician(s) shall make a report of the examination on a form provided by the board that sets forth the examining physician's medical opinion as to the nature of any disabilities disclosed; and
 - (1) Any recommended medical treatment, and the period of time in which recovery may reasonably be expected with such treatment, or
 - (2) That the disability is ongoing.
- (F)
 - (1) Upon receipt of a completed application, report of the examining physician(s) as required, and any other available evidence pertaining to the application for disability, the board's medical advisory committee and/or the chairperson of the medical advisory committee shall review all such information and prepare a recommendation to the board. The recommendation shall include a description of any disability, the nature and duration of any recommended medical treatment and/or vocational rehabilitation, where applicable, or a certification from the board's physician that the disability is ongoing, and any recommended reexamination requirements.
 - (2) If the applicant dies before the chairperson finalizes a recommendation, the application shall be automatically vacated. If the applicant dies after the chairperson has finalized a recommendation of disability, disability benefits from the effective date of disability through the month of the applicant's death shall be paid to the applicant's beneficiary.
- (G) The board shall determine whether the applicant is eligible for disability benefits. Notice of denial or termination of disability benefits shall be sent to the applicant by regular U.S. mail or certified mail pursuant to rule 3309-1-41 of the Administrative Code. Notice of eligibility for disability benefits shall be sent by regular U.S. mail or certified mail.
- (H) If the board's physician recommends medical treatment and if the board's physician or consultant recommends vocational rehabilitation, the grant of disability benefits, or continuation of disability, shall be conditioned on the applicant completing and returning a signed agreement to obtain recommended medical treatment on a form included with the notice of the conditional grant of disability benefits. Failure to

return this agreement, properly completed, within sixty days of the date mailed by the system constitutes failure to meet conditions for granting the disability benefits and will result in an automatic denial of disability benefits without further action by the board, with all rights of appeal pursuant to rule 3309-1-41 of the Administrative Code. Notice of the denial will be sent to the applicant pursuant to rule 3309-1-41 of the Administrative Code.

- (1) A copy of the notice of a conditional grant or continuation of disability benefits shall be sent to the health care provider designated on the member's application for disability benefits as authorized to receive the applicant's disability information unless the applicant subsequently provides a signed release designating another health care provider. The applicant's health care provider shall also receive:
 - (a) A description of the disabling condition,
 - (b) The nature and duration of any recommended medical treatment.
- (2) The applicant's notice of the conditional grant or continuation of disability benefits shall inform the applicant that information regarding the nature of the disability and recommended treatment has been forwarded to the applicant's health care provider and that the applicant must contact that health care provider to review this information. The applicant shall be informed that the agreement to obtain recommended medical treatment and/or vocational rehabilitation must be properly completed and returned to the system within sixty days of the date that the system mailed the notice. Proper completion requires the signature of the health care provider indicating that the provider has communicated the disability information and recommended medical treatment to the applicant and the signature of the applicant indicating agreement to obtain the recommended medical treatment and/or vocational rehabilitation.
- (3) Upon the timely return of a properly completed agreement to obtain recommended medical treatment and/or rehabilitation, the system shall forward to the applicant an acknowledgment of receipt of the agreement containing the effective date of the disability benefits and annual reexamination and reporting requirements necessary to continue receiving disability benefits.

(I)

- (1) Annual examinations required by division (B) of section 3309.41 of the Revised Code, shall be waived as follows:

- (a) When the board has waived the requirement indefinitely based on a certification of ongoing disability.
 - (b) For the present year based on the board physician's determination that the current medical information clearly establishes that the disability recipient continues to be disabled.
 - (c) If the termination standard is whether the recipient can perform any occupation, when: an
 - ~~(i) An annual earnings statement establishes that the recipient earned 75% or more of their adjusted FAS, and;~~
 - ~~(ii) The board physician determines that current medical records do not indicate a subsequent material decline in the recipient's physical and mental condition.~~
- (2) The obligation of filing annual earnings statements and current medical information required by division (D) of section 3309.41 of the Revised Code, and the filing any other information required in this rule shall be waived as follows:
- (a) By the board based on a certification of ongoing disability;
 - (b) If not previously waived, the obligation to file annual earnings statements of a disability recipient whose disability has been certified as ongoing shall automatically be waived when the benefit recipient has satisfied one of the following requirements:
 - (i) Has received a disability benefit for twenty years, or
 - (ii) Has attained age sixty-five.
- (3) The board may review any disability granted including those certified as ongoing and request other information pursuant to division (D) of section 3309.41 of the Revised Code.
- (4) The board or the board's physician may require a disability recipient to submit to a medical examination by an examining physician and a vocational rehabilitation evaluation by a vocational rehabilitation professional or health care professional assigned by the system.

(J) In the absence of a waiver from the board, in order to continue receiving disability benefits, the recipient shall comply with the following conditions as set forth in section 3309.41 of the Revised Code:

- (1) Submit to an annual medical examination,
- (2) If required, submit to a medical examination,
- (3) If required, submit to a vocational rehabilitation evaluation,
- (4) If applicable, obtain any recommended medical treatment and submit medical reports regarding the treatment,
- (5) If applicable, obtain any recommended vocational rehabilitation and submit required reports regarding the rehabilitation,
- (6) Annually file an earnings statement, current medical information, and any other information required by the board.

(K)

- (1) If a recipient refuses to submit to a required examination or evaluation or to file required information, the disability benefits shall be suspended until the examination or evaluation is obtained or the information is filed.
- (2) If, when applicable, the recipient fails to obtain recommended medical treatment and submit medical reports regarding the treatment, the disability benefits shall be suspended until the treatment is obtained and the report of the treatment submitted, or the board physician certifies that the treatment is no longer helpful or advisable.

Medical treatment is no longer helpful or advisable if, after a period of time in which it would be medically reasonable to see results, the treatment has failed to produce improvement in the disability, or continuation of the treatment presents a medically significant risk of aggravation or complication of an existing disability or creation of an additional disability.

- (3) If, when applicable, the recipient fails to obtain required vocational rehabilitation and submit reports regarding the rehabilitation, the disability benefits shall be suspended until the rehabilitation is obtained and the report submitted, or the board physician or consultant certifies that vocational rehabilitation is no longer helpful or advisable.

Vocational rehabilitation is no longer helpful or advisable if:

- (a) The recipient's disability renders the recipient unable to perform the duties of any position and is not expected to improve sufficiently, or
 - (b) After a period of time in which the recipient has complied with recommended vocational rehabilitation, the recipient cannot be reasonably expected to obtain employment in any occupation.
- (L) If the recipient's failure to comply with any of the applicable conditions set forth in paragraph (J) of this rule continues for one year from the date of the suspension of benefits for noncompliance, the recipient's right to the disability benefits shall be terminated as of the date of the original suspension.
- (M) On reexamination the board's medical advisory committee and/or the board physician shall review the medical and vocational reports and certify to the board whether the recipient continues to be disabled.
 - (1) If the medical advisory committee and/or the board physician certifies that the recipient continues to be disabled, the medical advisory committee and/or the board physician shall make recommendations regarding reexamination and, where applicable:
 - (a) Recommend a continuation of the medical treatment and/or vocational rehabilitation previously recommended,
 - (b) Recommend a modification in medical treatment and/or vocational rehabilitation, or
 - (c) Certify that the disability is ongoing.
 - (2) When the termination standard is whether the recipient can perform any occupation, a recipient may be certified for termination as follows:
 - (a)
 - (i) A SERS appointed vocational consultant has submitted a report that is based on findings made at the time of the review and that identifies a minimum of three positions that meet the any occupation definition and has submitted job descriptions that include a discussion of the physical and mental demands of the position; and
 - (ii) An examining physician or the medical advisory committee concludes that the recipient is capable of meeting the physical and mental demands of a minimum of three of the positions; or

(b)

~~(i) A recipient has submitted an earnings statement that establishes annual earnings of seventy-five per cent or more of the recipient's final average salary, adjusted each year by the actual average increase in the consumer price index prepared by the United States bureau of labor statistics (U.S. city average for urban wage earners and clerical workers: "All items 1982-84=100"), and~~

~~(ii) The board physician determines that recipient's current medical records establish no subsequent material decline in the recipient's physical and mental condition.~~

(3) If the medical advisory committee and/or the board physician certifies that the recipient meets the applicable standard for termination of disability under division (C) of section 3309.41 of the Revised Code and the board concurs, the board shall:

(a) Terminate the disability benefits effective as of a date not later than three months after the board's concurrence, or upon notice of employment of the recipient as an employee.

(b)

(i) If the leave of absence has not expired when the board votes to terminate the disability benefit, the board shall certify to the recipient and the recipient's last employer as applicable that the recipient is no longer incapable of resuming service that is the same or similar to that from which the recipient was found disabled and shall identify the scheduled termination date of the disability benefit.

(ii) The employer must notify the system if the member returns to work before the scheduled termination date. If the employer fails to notify the system, the amount of benefits paid to the member after the member's return to work shall be paid from amounts allocated under Chapter 3317. of the Revised Code.

(N)

(1) Disability benefit recipients with a benefit effective date before January 7, 2013 shall be considered on leave of absence from employment during the first five years following the effective date of their disability benefit.

- (2) Disability benefit recipients with a benefit effective date on or after January 7, 2013 shall be considered on leave of absence from employment during the first three years following the effective date of their disability benefit; thereafter, their leave of absence shall terminate as follows:
- (a) If medical treatment and/or vocational rehabilitation is not recommended, at the end of the first three years;
 - (b) If medical treatment and/or vocational rehabilitation is recommended, but the recipient is not participating in the recommended treatment or rehabilitation, the earlier of the last month the benefit recipient participated in recommended treatment or rehabilitation or the end of five years following the benefit effective date;
 - (c) If medical treatment and/or vocational rehabilitation was recommended and the recipient is participating in the recommended treatment or rehabilitation, at the end of five years following the benefit effective date.
- (O) A disability benefit recipient is employed for purposes of division (E) of section 3309.41 of the Revised Code if they hold office as a school board member or governing board member as defined in section 3309.012 of the Revised Code, regardless of whether the disability recipient elects membership under that section.
- (1) Upon receipt of notice that a disability recipient holds office as a school board member or governing board member, the system shall notify the recipient that the recipient must terminate their service in order to continue to receive a disability benefit.
 - (2) The disability recipient shall send written notice to the system within thirty days from the date on the notice sent under paragraph (O)(1) of this rule, indicating whether they will resign their office.
 - (3) If the disability recipient affirms a continuation of service or if the recipient fails to provide notice to the system, the disability benefit shall be terminated on the date the recipient first held office as a school board member or governing board member and any overpayments shall be collected as authorized in Chapter 3309. of the Revised Code.
 - (4) If the disability recipient affirms a termination of service, the termination shall be effective on the receipt of the notice described in paragraph (O)(1) of this rule. Any employee contributions remitted for the service shall be unauthorized and returned to the employer.

(P)

- (1) Amounts paid by a member to purchase service credit shall be credited to the employees' savings fund.
- (2) Service credit for a period of disability shall be considered the equivalent of Ohio service credit.
- (3) Service credit granted or purchased under section 3309.41 of the Revised Code for a period of disability shall not result in the member receiving more than one year of service credit for any year as defined in division (R) of section 3309.01 of the Revised Code.

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10/04/2015, 04/06/2017, 08/13/2017, 12/22/2019,
05/01/2022

3309-1-45

Release of names, addresses and information.

Names, addresses and other information contained in records maintained by the school employees retirement system shall be released to members of the public in accordance with this rule.

- (A) Except as otherwise provided in section 3309.22 of the Revised Code, no part of an individual's personal history record shall be released to a third party except upon the written authorization of the person to whom the record pertains.

In addition to the information set forth in division (A)(1) of section 3309.22 of the Revised Code, personal history record includes, but is not limited to, any record identifying:

- (1) The amount of benefit or allowance paid or payable to any person,
- (2) The service history or service credit of a member or retiree, or
- (3) The dependents or beneficiaries of a member or retiree.

- (B) Medical reports and recommendations shall be released only under the following circumstances:

- (1) Upon written request from the person to whom the report or recommendation pertains, to that person;
- (2) Upon written authorization from the person to whom the report or recommendation pertains or the person's agent, to the physician, [certified nurse-midwife](#), [clinical nurse specialist](#), [certified nurse practitioner](#), attorney or authorized agent of that person;
- (3) To the board assigned physician.

- (C) Except as otherwise provided by law, all other system information not described in paragraph (A) or (B) of this rule shall be made available for inspection and copies provided upon request and payment of any applicable costs for copying and mailing.

The person requesting a copy may choose to obtain the copy on paper, in the same medium in which the record is kept, or in any other medium in which the system determines that it can reasonably duplicate the record as an integral part of normal operations. A list of names and addresses of members, former members, retirants, contributors, former contributors, or beneficiaries shall be made available upon written request and payment of the cost of compiling, copying and mailing the list.

- (D) As used in division (D)(3) of section 3309.22 of the Revised Code and this rule:

- (1) "Contributor" means a SERS retirant or other system retirant who has an account with SERS based on contributions to SERS pursuant to section 3309.341 of the Revised Code.
- (2) "Former contributor" means a current recipient of a monthly annuity under section 3309.344 of the Revised Code.
- (3) "Former member" means a member who has not contributed to SERS in twelve months and is considered inactive.

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3309-1-52

Travel and expense reimbursement.

(A)

- (1) Members of the school employees retirement board and staff members of the school employees retirement system shall be reimbursed by the retirement system for actual, proper and reasonable expenses incurred for attendance at appropriate meetings, sessions, seminars and conferences.
- (2) "Actual, proper and reasonable expenses" means that the particular service or accommodation was in fact used by, or provided to, the board or staff member, was appropriate under the circumstances and within the bounds of prudent judgment.
- (3) "Appropriate meetings, sessions, seminars and conferences" include, but are not limited to, the following:
 - (a) Meetings of the retirement board or its committees;
 - (b) Meetings sponsored by the retirement board or the retirement system;
 - (c) Member or retiree related meetings;
 - (d) Other educational meetings, sessions, seminars and conferences that serve to make the board or staff member more knowledgeable and are related to the general purposes of the retirement system and in the interest of the system's participants.
 - (e) Other meetings which involve the retirement system's business operations.

(B) Reimbursable expenses include, but are not limited to, the following:

- (1) Transportation.
 - (a) Air fare will be reimbursed at coach or economy class rates when such was available and efforts will be made to use other cost-saving plans offered by carriers. ~~In accordance with Ohio ethics commission advisory opinion No. 91-010, airline frequent flyer miles shall not be used for personal travel or benefit.~~
 - (b) In-state travel by personal automobile will be reimbursed at the reimbursable rate established by the system. Out-of-state personal automobile or other surface vehicle travel will be reimbursed at the lesser of "portal-to-portal" or "air travel cost".

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

(E) Requests for reimbursement for authorized travel shall be submitted on the appropriate form attached as an appendix to this rule and in accordance with the retirement system's reimbursement procedures.

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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: 9/12/2025 and 09/12/2030

CERTIFIED ELECTRONICALLY

Certification

09/12/2025

Date

Promulgated Under: 111.15
Statutory Authority: 5505.07
Rule Amplifies: 5505.17
Prior Effective Dates: 09/28/2010, 09/08/2015

5505-7-02

Survivor benefits.

- (A) A surviving spouse is a wife or husband as set forth in a statutorily valid certificate of marriage or as recognized by judgment of a court establishing a common-law relationship.
- (B) For the purpose of this rule, rule 5505-7-03 of the Administrative Code, and section 5505.17 of the Revised Code, "child" and "surviving child" shall mean a biological child, lawfully adopted child, or child placed for adoption of a member or retiree.
- (C) A survivor shall apply for benefits on a form prescribed by the board, including a certified death certificate. In addition, a survivor shall provide proof of eligibility by submitting a certified marriage certificate, birth certificate, or other document that establishes marriage or parenthood.
- (D) Survivor benefits shall be effective the day following a member's death and the first of the month following a retiree's death.
- (E) The board reserves the right to deny benefits for failure to provide satisfactory proof of eligibility.

Five Year Review (FYR) Dates: 9/12/2025 and 09/12/2030

CERTIFIED ELECTRONICALLY

Certification

09/12/2025

Date

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Rule Amplifies: 5505.17
Prior Effective Dates: 01/01/1986, 02/01/1990, 02/01/1992, 12/23/2005,
09/28/2010, 09/08/2015

5505-7-06

Monthly benefit payments.

- (A) Monthly benefit payments shall be issued by the twenty-fifth of each month. Payment of benefits will be for the period ending the last day of the month in which benefits are paid.
- (B) Except as provided in rule 5505-3-03 of the Administrative Code, benefit payments shall be due and payable through the current month during which the benefit recipient dies or a dependent child becomes ineligible for benefits.

Five Year Review (FYR) Dates: 9/12/2025 and 09/12/2030

CERTIFIED ELECTRONICALLY

Certification

09/12/2025

Date

Promulgated Under: 111.15
Statutory Authority: 5505.07
Rule Amplifies: 5505.17, 5505.18
Prior Effective Dates: 01/01/1986, 12/01/1987, 10/21/2005, 09/28/2010,
09/08/2015

5505-9-04

Notice of retirement board meetings.

(A) This rule is adopted in compliance with and under the authority of division (F) of section 121.22 of the Revised Code.

(B) Any person may request the time and place of all regularly scheduled meetings and the time, place, and purpose of all special meetings for the board of trustees of the state highway patrol retirement system (HPRS) by:

(1) Writing to the following address:

"Highway Patrol Retirement System, Attention: Executive Director, 1900 Polaris Parkway, Suite 201, Columbus, Ohio 43240:"

(2) Calling (614) 431-0781 ~~one of the following telephone numbers~~ during HPRS' normal business hours:

~~(614) 431-0781 or (800) 860-2268.~~

(C) Any representative of the news media may obtain notice of all special meetings by requesting in writing that such notice be provided. Such notice will only be given, however, to one representative of any particular publication or radio or television station. A request for such notification shall be addressed to HPRS' executive director at the address outlined in paragraph (B) of this rule.

(1) The request shall provide the name of the individual media representative to be contacted, the mailing address and a maximum of two telephone numbers where such representative can be reached. HPRS shall maintain a list of all representatives of the news media who have requested notice of special meetings pursuant to this rule.

(2) In the event of a special meeting not of an emergency nature, HPRS shall notify all media representatives on the list of such meeting by doing at least one of the following:

(a) Sending written notice, which must be mailed not later than four calendar days prior to the day of the special meeting;

(b) Sending notice by e-mail which must be sent no later than twenty-four hours prior to the time of the meeting;

(c) Notifying such representatives by telephone no later than twenty-four hours prior to the special meeting, with proper telephone notice if a message has been left for the representatives at the telephone numbers provided to

HPRS from such representative or if, after reasonable effort, HPRS has been unable to provide such telephone notice;

- (d) Informing such representatives personally no later than twenty-four hours prior to the special meeting.
 - (3) In the event of a special meeting of an emergency nature, HPRS shall notify all media representatives on the list of such meeting by providing the notice described in paragraph (C)(1)(c) or (C)(1)(d) of this rule, or notifying the clerk of the state house press room. In such event, however, the notice need not be given twenty-four hours prior to the meeting, but shall be given as soon as possible.
 - (4) In giving the notices required by this rule, HPRS may rely on assistance provided by any member of HPRS and any such notice is given if such notice is given by a member in the manner provided in this rule.
- (D) HPRS shall maintain a list of all persons, other than media representatives, who have requested, in writing, notice of all meetings of HPRS.

Effective:

Five Year Review (FYR) Dates: 9/12/2025

Certification

Date

Promulgated Under: 111.15
Statutory Authority: 5505.04
Rule Amplifies: 5505.04
Prior Effective Dates: 11/01/1990, 08/01/1994, 10/21/2005, 09/28/2010,
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