Rules

November 9, 2017

SHPRS

5505-3-02	Disability retirement application and hearing process
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5505-5-05	Bureau of worker's compensation retirement credit
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5505-9-06	Ohio-qualified agents and investment managers

5505-3-02 **Disability retirement application and hearing process.**

(A) For the purpose of sections 5505.18 and 5505.181 of the Revised Code and agency 5505 of the Administrative Code:

(1) "Member" shall have the meaning described in division (J) of section 5505.01 of the Revised Code except "member" does not include state highway patrol cadets attending training schools pursuant to section 5503.05 of the Revised Code.

(2) A terminated employee, whether the termination from the state highway patrol is voluntary or involuntary, ceases to be a member of the state highway patrol retirement system (HPRS). Except as provided in rule 5505-3-07 of the Administrative Code, a member shall not be considered terminated while receiving benefits pursuant to section 124.385 of the Revised Code.

(3) "Totally and permanently incapacitated" means a disabling condition that physically or mentally totally incapacitates a member from the performance of regular duty for a period of at least twelve months from the date of HPRS's receipt of the completed application packet.

(4) "In the line of duty" means an illness or injury that occurred during or resulted from the performance of official duties under the direct supervision of the state highway patrol.

(5) "Not in the line of duty" means an illness or injury that did not occur during or result from the performance of official duties under the direct supervision of the state highway patrol. Unless the illness or injury meets the presumption criteria outlined in division (A) of section of section 5505.18 of the Revised Code or competent and credible evidence is submitted to HPRS, a disability condition is presumed to be not in the line of duty.

To be eligible for retirement on account of a disabilty incurred not in the line of duty, the member must have accrued five years of service credit since becoming a "member" as defined by this rule and section 5505.18 of the Revised Code.

(6) "Disability committee," as referred to in this rule, shall mean the "health, wellness, and disability" standing committee established pursuant to paragraph (A)(1) of 5505-9-08 of the Administrative Code.

(7) "Medical advisor," as referred to in this rule, shall mean the expert physician appointed by HPRS' board who advises the disability committee and board during its deliberations relating to disability applications.

(8) "Examining physician" means a physician recommended by the medical advisor and approved by the HPRS board.

(9) Unless otherwise stated in this rule, all notifications or correspondence shall be sent by regular U.S. mail to the member's address included in disability benefits application unless HPRS receives notice in writing of an alternative address.

(B) A disability benefits application packet, hereafter referred to as application packet, provided by HPRS may be filed by a member, a person acting on behalf of a member, or the superintendent of the state highway patrol. In order for the application packet submission to be considered complete, the applicant will submit the following:

(1) A completed application for disability benefits, on a form approved by the board, listing the disabling condition(s),

(2) Attending physician medical evaluation form and statement, on a form approved by the board, supporting the disabling condition(s) listed in the application,

(3) Employer determination and completed form of applicant's inability to perform his/her job duties and responsibilities, and

(4) All medical reports and documentation that relate to the disabling conditions listed in the application.

(5) An incomplete application packet will not be accepted and will not be considered filed.

(6) Once an application packet has been accepted by HPRS and submitted to the medical advisor, additional medical reports or documentation will not be accepted unless requested by the board, disability committee or the medical advisor. Any documentation that is received by HPRS after submission of the application packet to the medical advisor shall be held and included as part of any reconsideration hearing as described within this rule. Should the right to reconsideration not be exercised, the additional medical evidence will be returned to the applicant.

(7) An application packet that does not include an attending physician medical evaluation statement that indicates the applicant is totally and permanently incapacitated will not be accepted.

(C) Upon receipt of a completed application packet, HPRS shall schedule the applicant for an examination by at least one examining physician with expertise in the disabling condition(s) listed in the application as recommended by the medical advisor, unless the medical advisor recommends it is inadvisable to do so.

(1) Payment of any fees connected to the acquisition of records or the preparation of reports of the attending physicians shall be the responsibility of the member.

(2) Payment of any fees connected with the preparation of report of the examining physician(s) shall be the responsibility of HPRS.

(D) After examining the applicant and reviewing the application packet, any medical reports submitted by the applicant, and the results of any additional medical testing, the examining physician will file a written report with HPRS with the following information:

(1) Whether the member is totally incapacitated for duty in the employ of the patrol,

(2) Whether the incapacity is expected to be permanent, and

(3) The cause of the member's incapacity.

(E) After the examining physician(s)' report(s) is submitted, the medical advisor shall review the entire record and file a written report with HPRS with the following information:

(1) A recommendation of whether the applicant should be granted disability retirement benefits based on the medical advisor's independent review or the record,

(2) Whether the injury or illness was in the line of duty or not in the line of duty,

(3) Recommended medical treatment and medical reports.

The medical advisor's report shall be considered an independent medical opinion.

(F) When all necessary medical reports and records have been received by HPRS, including the completed application packet, examining physician's report described in paragraph (D) of this rule, and the medical advisor's report / recommendation described in paragraph (E) of this rule, HPRS shall schedule a hearing to be held at the next disability committee meeting. If HPRS does not receive the required information described in this paragraph of this rule at least fourteen days before the next disability committee meeting, the application will be heard at the following scheduled meeting of the disability committee.

(G) No less than fourteen days prior to the hearing, the applicant will be sent notification of:

(1) The hearing date and time, and

(2) The right to appear at the hearing, with or without counsel, to present testimony.

(3) If circumstances warrant it, the notice requirement may be waived upon mutual consent of the applicant and HPRS.

(H) The disability committee hearing will be held in executive session. An audio recording of testimony on behalf of the applicant will be made to provide the disability committee and board with a record for further review, notwithstanding rule 5505-9-07 of the Administrative Code. The disability committee will consider the application packet, the examining physician's report, the recommendation of the medical advisor, and other relevant information.

(1) Consideration of a member's application by the disability committee and board shall be limited to the disabling condition(s) listed in the application and listed in the attending physician's report as described in paragraph (B)(2) of this rule that are supported by medical documentation provided to HPRS.

(2) Acts occurring after the application packet is completed and accepted that create new disabling condition(s) or progress the disabling condition(s) described in paragraph (H)(1) of this rule will not be considered by the disability committee or the board. Nothing in this division shall preclude a member from filing a new application for disability benefits.

(I) The disability committee may recommend one or more of the following to the board:

(1) Approval or denial of the application,

(2) A finding on whether or not the disability occurred in the line of duty,

(3) A finding that disability retirement be contingent on compliance with a treatment plan,

(4) Postpone determination, pending an additional examination, or the submission of additional fact, or

(5) No decision, if the disability committee cannot agree on a recommendation or acquire a majority vote.

(J) No more than five days after the hearing, the applicant will be sent notification of:

(1) The disability committee's recommendations,

(2) The right to request reconsideration of the disability committee's decision.

(K) No more than twenty days after the initial hearing, the applicant may file a written request for reconsideration. The written request shall be accompanied by a statement from the applicant, his or her counsel and/or attending physician that the request for reconsideration will be based on evidence contrary to the findings of the examining physician or the committee.

(1) The request for reconsideration will be considered at the next regularly scheduled meeting of the disability committee unless rescheduled for the reasons outlined in paragraph (K)(2) of this rule.

(2) No more than ten days after requesting reconsideration, the member must file new medical evidence relative to the disabling condition(s) considered by the disability committee. The member may request one extension of twenty days to submit new medical information. One additional extension, of no greater than twenty days, will be granted if the member can show, and the medical advisor concurs, that additional time is needed to obtain relevant new medical evidence that is already in progress. If additional extensions are granted, the request for reconsideration will be rescheduled to the next available disability committee meeting. HPRS shall void the request for reconsideration if new medical evidence is not received by HPRS in the time described in this paragraph.

(3) Copies of the reports of the examining physician will be sent to the member and the member's agent upon written authorization of the member, unless the release of such reports is otherwise prohibited by law. The medical advisor's recommendation will not, however, be released until the committee has made a recommendation regarding the member's disability application.

(4) The disability committee will consider only new medical evidence and new relevant information submitted in support of the request for reconsideration.

(5) The applicant has the right to appear at the hearing, with or without counsel, to present new relevant evidence and testimony, and

(6) Evidence, information, or other documentation not already submitted in accordance with this rule will not be permitted.

(L) At the conclusion of the reconsideration hearing, the disability committee may recommend one or more of the following to the board:

(1) Approval or denial of the application,

(2) A finding on whether or not the disability occurred in the line of duty,

(3) A finding that disability retirement be contingent on compliance with a treatment plan,

(4) Postpone determination, pending an additional examination, or the submission of additional fact, or

(5) No decision, if the disability committee cannot agree on a recommendation or acquire a majority vote.

(M)

(1) Except as provided in paragraph (M)(2) of this rule, the committee's recommendation will be considered at the next regularly scheduled meeting of the board. The board may adopt or reject the recommendation, in whole or in part, or remand the recommendation to the disability committee for further consideration. Unless requested by the board, an applicant may not appear before the board. The decision of the board is final.

(2) If the disability committee postpones determination pursuant to paragraph (L)(4) of this rule, no more than five days after the hearing, the applicant will be sent notification of the reason for the postponement and the date the committee will make a final recommendation to the board.

(N) The member will be notified of the board's action no more than ten days after the board meets. If benefits are granted, the member shall be advised of the member's right to:

(1) Accept the benefit granted; or

(2) Waive the benefit and continue working

(a) No later than thirty days after the board's final action, the member shall elect, on a form provided by the board, either to accept or waive the board's grant of disability benefits.

(b) If no such election is made within the thirty day period provided in paragraph (N)(2)(a) of this rule, the award shall be rescinded. If benefits are accepted but the member fails to terminate employment with the state highway patrol within the thirty day period provided in paragraph (N)(2)(a) of this rule, the award shall be rescinded.

(O) As a condition to granting an application for disability benefits, the member shall agree in writing, on a form provided by the board, to obtain any medical treatment recommended by the examining physician or medical advisor and submit the required medical reports as required by the board.

(1) Such additional medical treatment shall be of common medical acceptance and readily available, and may include, but is not limited to, medicine, alcohol and/ or drug rehabilitation, or mechanical devices.

(2) Such additional medical treatment must be an allowable medical expense under HPRS' medical expense benefits program.

(3) The member shall also agree in writing to provide, upon HPRS' request, any existing medical report relevant to the member's disability.

(4) If the member fails to submit a required medical report or does not continue treatment, the member's disability benefit shall be suspended until such report is received by HPRS, the member resumes treatment or the physician providing treatment certifies, and the medical advisor concurs, that treatment is no longer helpful or advisable. If such failure continues for one year, the disability benefit shall be terminated.

(P) Any subsequent application for a disability benefit filed after a denial of a disability application or termination of previously granted disability benefits shall be submitted with medical evidence, to the satisfaction of the medical advisor, supporting progression of the disabling condition or evidence of a new disabling condition.

(Q) A member may withdraw an application packet prior to the disability committee's initial recommendation described in paragraph (H) of this rule.

Effective:

Five Year Review (FYR) Dates: 3/28/2018

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Certification

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Date

Promulgated Under: 111.15
Statutory Authority: 5505.18, 5505.07, 5505.04
Rule Amplifies: 5505.18
Prior Effective Dates: 01/01/1986, 03/28/2002, 03/25/2004, 12/16/2011, 10/27/2012, 03/28/2013, 05/18/2017

5505-5-01 **Credit for service in any calendar year.**

(A) A member shall be credited with one year's retirement credit for each three hundred sixty-five days as an employee of the state highway patrol as defined in division (A) of section 5505.01 of the Revised Code except as provided in section 5505.16 and division (C) of section 5505.17 of the Revised Code.

(B) Days during which no contributions were withheld by the employer shall not be included in determining retirement credit under paragraph (A) of this rule, except as provided in <u>sections 5505.01(C)(6) and 5505.18(F)(1)</u>~~division (C)(6) of section 5505.01 and division (C) of section 5505.18~~ of the Revised Code.

Effective:

Five Year Review (FYR) Dates: 10/26/2017

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Certification

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Date

Promulgated Under:	111.15
Statutory Authority:	5505.07
Rule Amplifies:	5505.01, 5505.07, 5505.16, 5505.17(C)
Prior Effective Dates:	11/02/1989, 10/21/2005

5505-7-04 **Health care.**

(A) For the purpose of this rule:

(1) "Age and service retirant" shall mean a former member that applied for and was granted retirement benefits as described in section 5505.16 of the Revised Code.

(2)) "Benefit recipient" shall mean an age and service retirant or disability retirant that is receiving a pension benefit as described in division (A)(1) of section 5505.17 of the Revised Code that qualifies for health care coverage pursuant to paragraph (C) of this rule. Benefit recipient does not include a member participating in the "Deferred Retirement Option Program."

(3) "Child" shall mean a biological child, lawfully adopted child, child placed for adoption or stepchild of a benefit recipient or member provided that such child has not yet attained age twenty-six. "Child" shall also mean a child for whom a benefit recipient or member has been legally appointed as guardian, provided that such child has not yet attained age eighteen.

(4) "Dependent" shall mean the spouse or child as defined in this rule.

(5) "Disability retirant" shall mean a former member that applied for and was granted retirement benefits as described in section 5505.18 of the Revised Code.

(6) "Eligible dependent" shall mean a dependent that qualifies for health care coverage pursuant to paragraph (D) or (E) of this rule.

(7) "Member" shall have the same meaning as division (J) of section 5505.01 of the Revised Code.

(8) "Retirant" shall mean an age and service retirant or disability retirant.

(9) "Spouse" shall mean a wife or husband of a retirant or member as set forth in a statutorily-valid certificate.

(10) "Eligible Plan" shall mean:

(a) For a benefit recipient or eligible dependent that is enrolled in medicare part A and medicare part B, a medicare advantage plan.

(b) For those benefit recipients or eligible dependents other than those described in paragraphs (A)(10)(a) and (A)(10)(c) of this rule, any medical or prescription drug plan, other than a medicare advantage plan, offered pursuant to section 5505.28 of the Revised Code.

(c) Eligible plan does not include any dental or vision plan.

(11) "Service Credit" shall include:

(a) Credit earned as an employee as defined by division (A) of section 5505.01 of the Revised Code;

(b) Military service credit purchased pursuant to division (D) of section 5505.16 of the Revised Code; and

(c) Credit granted under section 5505.201 of the Revised Code.

(B) Benefit recipients and eligible dependents may enroll an eligible plan offered pursuant to section 5505.28 of the Revised Code.

(1) The annual premium cost for each category of coverage will be determined by the board prior to the annual open enrollment period.

(2) All provisions of this rule are subject to current health care contracts and amendments.

(3) The board may implement cost control measures as it deems necessary.

(4) Only benefit recipients and eligible dependents who are enrolled under state highway patrol retirement system medical coverage are eligible for prescription drug coverage.

(5) Notwithstanding any other provision of this rule, any benefit recipient or eligible dependent that is or becomes employed by the state highway patrol in any capacity shall be ineligible for health care or prescription drug coverage.

(C) The following benefit recipients shall be eligible for health care:

(1) Except as provided in division (C)(3) of this rule, a benefit recipient that began receiving a pension pursuant to division (A)(1) of section 5505.17 of the Revised Code or elects to participate in the deferred retirement option plan pursuant to section 5505.51 of the Revised Code before January 1, 2020;

(2) Except as provided in division (C)(3) for this rule, a benefit recipient that began receiving a pension pursuant to division (A)(1) of section 5505.17 of the Revised Code or elects to participate in the deferred retirement option plan pursuant to section 5505.51 of the Revised Code on or after January 1, 2020 shall be eligible for health care coverage only if he or she has twenty or more years of service credit;

(3) A benefit recipient granted a disability pursuant to ~~division (B)(1) of~~ section 5505.18 of the Revised Code.

(D) The dependents of a benefit recipient are eligible for health care, subject to the following conditions:

(1) The benefit recipient is enrolled in the HPRS medical and prescription plans.

(2)

(a) Effective January 1, 2018, a child who is eighteen up to twenty-six years of age is not an eligible dependent if he or she has access to any medical and/or prescription coverage through employment, a biological or step-parent, a spouse, military service, or a college or university regardless of cost. For the purpose of this division, access to medical and/or prescription coverage includes receiving a payment, stipend, or other remuneration of any kind.

(b) A child for whom the benefit recipient has been appointed as guardian is eligible for healthcare if the child is unmarried, chiefly dependent on the benefit recipient, and lives in the same household as the benefit recipient.

(3) The board may require documented proof of marriage, guardianship, or parenthood. The board reserves the right to deny or cancel coverage if the benefit recipient or dependent does not comply with the board's request for documents.

(E) After the death of a retirant or member, dependents are eligible or become eligible for health care coverage, subject to the following conditions:

(1)

(a) The retirant or member was eligible to be a benefit recipient at the time of death;

(b) If the retirant or member was not eligible to be a benefit recipient at the time of death, the date in which the member would have been eligible to enroll pursuant to paragraph (C) of this rule; and

(c) the dependent is eligible to enroll pursuant to paragraph (D) of this rule.

(2) A child for whom a retirant or member has been legally appointed as guardian, who would have been eligible to enroll pursuant to paragraph (C) of this

rule, may obtain or continue coverage, provided the spouse elects to continue coverage if:

(a) The spouse is appointed guardian of the child within ninety days of the retirant or member's death, and the child is chiefly dependent on the spouse and lives in the same household as the spouse; and

(b) The child would be eligible pursuant to paragraph (D) of this rule.

(3) In the event a spouse remarries, health care eligibility shall continue.

Notwithstanding the ~~forgoing~~foregoing, a spouse who has access to medical and/or prescription coverage through his or her new spouse must secure it as primary coverage, regardless of cost; secondary coverage may be maintained.

(4) The service credit requirements included in paragraph (C)(2) of this rule do not apply to the dependent of a member killed in the line of duty.

(F) Open enrollment for all health care options will be November first through November thirtieth each year.

(1) Eligible benefit recipients and dependents may enroll in coverage only during open enrollment, except to the extent of (a) a qualifying event that affects that individual's eligibility for health benefits; (b) a medicare rule; or (c) a newly retired member may enroll up to sixty days after his or her retirement effective date. Coverage may be terminated at any time.

(2) Qualifying events include -

(a) Marriage,

(b) Birth, adoption, placement for adoption or legal guardianship of a child,

(c) Change in employment status,

(d) Divorce, annulment, or dissolution,

(e) Legal separation,

(f) Involuntary termination of other group coverage, or

(g) Death.

(3) The effective date of coverage will be -

(a) January first for an addition during open enrollment.

(b) The beginning of the month following the receipt of an enrollment form based on a qualifying event.

(c) The date of marriage for the addition of a new spouse or stepchild.

(d) The date of birth for the addition of a newborn.

(e) The adoption date for the addition of a newly-adopted child or the date the child is placed for adoption.

(f) The date the legal guardianship becomes effective.

(4) Upon request, a benefit recipient or eligible dependent may designate an effective date of coverage that is the beginning of a month no later than two months after the effective date under paragraph (E)(3) of this rule.

(5) To qualify for coverage, an enrollment form based upon a qualifying event must be received by the retirement system no later than sixty days after the event.

(G) A termination of coverage will be effective at the end of the month during which an enrollment change form is received.

(1) Health care coverage for eligible dependents shall terminate under the following conditions:

(a) At the end of the month in which the spouse is no longer married to the benefit recipient.

(b) At the end of the month in which the child attains the age of twenty-six except in the case of a legal guardianship which shall be when the child is no longer eligible as defined by paragraph (D)(2) of this rule.

(c) At the end of the month in which the benefit recipient terminates coverage.

(2) Health care eligibility of a child of a deceased member or retirant will terminate at age twenty-six except in the case of a legal guardianship which shall be when the child is no longer eligible as defined by paragraph (D)(2) of this rule.

(H)

(1) Notwithstanding the provisions of paragraphs (F)(1)(b) and (F)(2) of this rule, health care coverage will continue for a disabled child who meets all of the following:

(a) Is unmarried,

(b) Is mentally or physically incapable of earning his or her own living,

(c) Became disabled prior to the attainment of the limiting age for coverage of children,

(d) The child met the eligibility requirements included in paragraph (D) of this rule at the time the disability occurred; and

(e) Is chiefly dependent upon the retirant for support and maintenance.

(f) A disabled child that qualifies for coverage beyond age twenty-six under this rule that has access to other medical and/or prescription coverage must secure the other coverage as primary coverage, regardless of cost.

(2) To determine whether a disabled dependent child qualifies for coverage under this rule, the retirement board may require -

(a) A physician's statement,

(b) An independent medical examination,

(c) Two years of federal tax returns from both the parents and the dependent child,

(d) Proof that the disabled child applied for medicare insurance, and

(e) Any other information that the board deems relevant.

(I)

(1) A spouse who has access to medical and/or prescription coverage through employment must secure it as primary coverage, regardless of cost. Notwithstanding this provision, primary dental and vision coverage and secondary medical and prescription coverage may be elected through the state highway patrol retirement system.

(2) A spouse who has access, as a benefit recipient of another retirement system or pension plan, to medical and/or prescription coverage must secure it as primary coverage, regardless of cost. Further, a spouse that receives a payment, stipend, or other remuneration of any kind from another retirement system or pension plan for the purpose of obtaining medical and/or prescription coverage may not elect state highway patrol retirement system coverage as primary

coverage. Notwithstanding this provision, primary dental and vision coverage and secondary medical and prescription coverage may be elected through the state highway patrol retirement system. A dependent who had coverage through the state highway patrol retirement system prior to January 1, 2011 may continue that coverage until it is interrupted.

(3) Paragraphs (~~H~~I)(1) and (~~H~~I)(2) of this rule will not apply to a dependent who enrolled in both medicare part A and medicare part B coverage prior to January 1, 2018.

(4) If the cost of primary coverage pursuant to paragraph (H)(1) or (H)(2) of this rule less any payment, stipend or other remuneration received for the purpose of securing medical and/or prescription coverage exceeds fifty per cent of the gross income provided by the employer, retirement system, or pension plan, the benefit recipient or spouse, if the benefit recipient is deceased, may apply for a hardship exemption to the board.

(J) An individual who receives benefits in accordance with section 5505.16, 5505.17, or 5505.18 of the Revised Code may be reimbursed for medicare part B premiums upon the receipt of evidence of coverage, up to a maximum amount established by the board.

(1) Evidence will consist of a medicare HIC number or other verification provided by the social security administration.

(2) The reimbursement amount for calendar year 2017 and each year thereafter shall be zero.

(3) Reimbursement will be effective the month following receipt of evidence of coverage and will be added to each monthly pension payment.

(4) Reimbursement will not be due to a benefit recipient who is eligible to receive reimbursement from an employer, another retirement plan, or any other entity.

(5) To the extent an individual becomes eligible for medicare part B, from that date forward, the individual must purchase medicare part B. An individual that fails to enroll in medicare part B within thirty days of the eligibility date shall immediately become ineligible for HPRS medical and prescription coverage. A benefit recipient is not required to purchase retroactive medicare part B coverage in order to qualify for full benefits.

(K) If it is available at no cost, a participant is required to enroll in medicare part A. The board reserves the right to terminate medical and prescription coverage of an

individual who does not maintain medicare part A coverage that is available at no cost.

(L) Anyone who is eligible for a benefit based only on (1) an election in accordance with section 5505.162 of the Revised Code, (2) divisions (A)(2) to (A)(9) of section 5505.17 of the Revised Code, or (3) being an alternate payee under section 5505.261 of the Revised Code is not eligible for health care coverage or medicare part B reimbursement.

(M) An enrolled benefit recipient's coverage shall be rescinded if the benefit recipient performs an act, practice or omission that constitutes fraud or makes an intentional misrepresentation of material fact regarding the health care coverage. The effective date of the termination of coverage shall be the date of the act, practice or omission that constitutes fraud or an intentional misrepresentation of material fact, unless otherwise limited by Ohio law. The retirement system shall notify the benefit recipient of the rescission at least thirty days prior to processing the rescission. The rescission applies to all enrolled dependents and all coverage options.

(N) The executive director is authorized to deny or cancel coverage if the benefit recipient or dependent does not comply with a request for documents or information the executive director deems necessary to carry-out the requirements of this rule.

Effective:

Five Year Review (FYR) Dates: 7/20/2022

Certification

Date

Promulgated Under:	111.15
Statutory Authority:	5505.28
Rule Amplifies:	5505.28
Prior Effective Dates:	01/01/1987, 02/01/1990, 11/01/1990, 02/01/1992, 03/15/1992, 12/01/1994, 06/01/1996, 10/01/1996, 10/21/2005, 09/28/2010, 08/08/2011, 06/28/2013 (Emer.), 09/16/2013, 05/16/2014, 11/17/2014, 09/12/2016, 07/20/2017

5505-9-06 **Ohio-qualified agents and investment managers.**

(A) For purposes of <u>section 5505.0610 and</u> division (A)(4) of ~~sections~~ <u>section</u> 5505.068 ~~and 5505.0610~~ of the Revised Code, an investment manager may be designated as an "Ohio-qualified investment manager" if the investment manager and/or any parents, affiliates, or subsidiaries of the investment manager meets the requirements of divisions (A)(1) and (A)(2) of section 5505.0610 of the Revised Code.

(B) For purposes of sections 5505.068 and 5505.0610 of the Revised Code, "principal place of business" includes an office in which the agent or investment manager regularly provides securities or investment advisory services and solicits, meets with, or otherwise communicates with clients.

~~(C) For purposes of division (E)(4) of section 5505.068 of the Revised Code, "compensation" shall mean the commissions paid on equity securities transactions and the cost or proceeds on fixed income securities transactions.~~

Effective:

Five Year Review (FYR) Dates: 10/26/2017

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Certification

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Date

Promulgated Under: 111.15
Statutory Authority: 5505.07
Rule Amplifies: 5505.068, 5505.0610
Prior Effective Dates: 10/21/2005

5505-5-05 Bureau of worker's compensation retirement credit.

(A) Members are eligible for additional retirement credit pursuant to section 5505.01(C)(6)~~division (C)(6) of section 5505.01~~ of the Revised Code upon submission of a completed and certified application as prescribed by the board.

(1) The application shall be certified by an authorized employee of the state highway patrol.

(2) The application shall be submitted within one year after returning to contributing service, or upon retirement, whichever occurs first.

(B) The board will reconcile the time to be credited to a member's retirement account, and send notice to the member. Reconciliation by the board shall be final.

(C) Total credit allowable for any single claim for on-duty related injury or illness shall not exceed three years.

(D) No retirement credit shall be granted for periods that were used in the calculation of benefits under any other state retirement plan.

(E) In no event shall a member receive more than three hundred sixty-five days of service credit for any one calendar year.

Effective:

Five Year Review (FYR) Dates: 10/27/2017

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Certification

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Date

Promulgated Under: 111.15
Statutory Authority: 5505.07
Rule Amplifies: 5505.01
Prior Effective Dates: 11/02/1989, 10/21/2005