



REPORT OF EMPLOYER FOR DISABILITY BENEFIT APPLICANT

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

1-800-222-PERS (7377)
www.opers.org



STEP 1: Employee's Personal Information

Social Security Number

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OPERS ID

-OR-

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First Name

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MI

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Last Name

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Date of Birth

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Gender: Male Female

Address

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City

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State

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ZIP Code

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STEP 2: Certification by Department Head

1. Employee's Job Title (Employee's Job Title must match title on job description)

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2. Who initiated the application for disability? Employee Employer

3. *This question is only for employees who are law enforcement officers.* Is the disabling condition the result of an on-duty illness or injury that occurred during or resulted from the performance of duties under the direct supervision of the employee's appointing authority? Yes No

If "Yes", explain and provide the date the illness or injury occurred:

STEP 2: Certification by Department Head (continued)

4. Employer Reported Physical Job Demands (this section must be completed for all applicants). **Please complete as the job is commonly performed NOT based on what the applicant is capable of performing.**

Employer Reported Physical Job Demands						
EXERTIONAL ACTIVITIES						
Address all below:	< 10 lbs	10 lbs	20 lbs	25 lbs	50 lbs	> 50 lbs
Lift/carry occasionally (0-2.6 hrs/day)						
Lift/carry frequently (2.7-5.3 hrs/day)						
Lift/carry constantly (5.4-8 hrs/day)						
<i>How many total hours each day did the job involve the following?</i>	< 2 hours	At least 2 hours	4 hours	About 6 hours	8 hours	Other
Stand and/or walk						
Sit						
PUSH AND/OR PULL ACTIVITIES (including operation of hand and/or foot control):						
Address all below:	YES	NO				
Upper extremities						
Lower extremities						
POSTURAL ACTIVITIES (cumulative, not continuous)						
<i>How often are the following postural activities performed?</i>	Never	Occasionally [0-2.6 hrs/day]	Frequently [2.7-5.3 hrs/day]	Constantly [5.4-8 hrs/day]		
Balance						
Climb (ramps, stairs, etc.)						
Climb (ladders, scaffolding, etc.)						
Stoop (bending from the waist)						
Crouch (bending both legs and spine)						
Crawl						
Kneel						
MANIPULATIVE ACTIVITIES (cumulative, not continuous)						
<i>How often are the following postural activities performed?</i>	Never	Occasionally [0-2.6 hrs/day]	Frequently [2.7-5.3 hrs/day]	Constantly [5.4-8 hrs/day]		
Reaching (overhead)						
Reaching (bench level)						
Fingering (fine motor manipulation)						
Handling (gross motor manipulation)						
Feeling (skin receptors, sensation, etc.)						
ENVIRONMENTAL ACTIVITIES (exposures to the following)						
<i>Do the following environmental exposures exist?</i>	YES	NO				
Noise						
Fumes (odors, dust, gases, etc.)						
Hazards (machinery, heights, etc.)						
Extreme hot or cold						
Humidity						
Vibration						

General remarks regarding additional physical job demands:

STEP 2: Certification by Department Head (continued)

Employer Reported Mental Job Demands

TRAINING AND SUPERVISORY ACTIVITIES

Address all below:	YES	NO	Comment
<i>Does this job require the applicant to supervise others?</i>			
<i>Does this job require the applicant to work independently without more than ordinary supervision (once the job is learned)?</i>			

CONCENTRATION AND PERSISTENCE ACTIVITIES

Address all below:	YES	NO	Comment
<i>Does this job require sustained attention and concentration?</i>			
<i>Does this job require more than simple decision-making?</i>			

SOCIAL INTERACTION ACTIVITIES

Address all below:	YES	NO	Comment
<i>Does the job involve interaction with the general public?</i>			
<i>Does the job involve interaction with co-workers?</i>			

General remarks regarding additional mental job demands:

STEP 2: Certification by Department Head (continued)

Did you require the member attain any additional education, skills or certification since they were hired?

Yes No

If yes, please list:

Department Head First Name

MI

Last Name

[Character grid for name fields]

Title

[Character grid for title]

Employer E-mail Address

[Character grid for email address]

Primary Office Contact

[Character grid for primary office contact]

Primary Office Contact Phone Number

Fax Number

[Character grid for phone and fax numbers]

Primary Office Contact E-mail Address

[Character grid for primary office contact email address]

Office Hours

Preferred Time to Call:

Preferred Method of Contact:

Morning Afternoon Evening Phone Fax E-mail

Department Head Signature _____

Do not print or type name

Today's Date ____/____/____

STEP 3: Certification by Fiscal Officer

I certify that the applicant listed on the front of this form was/is an employee of:

Employer

[Grid for Employer Name]

Department/Division

[Grid for Department/Division]

Check ONLY one of the following and provide the date if applicable:

- The final date for which this employee was/will be compensated is: [Grid] / [Grid] / [Grid]
- The final date of compensation is not known. I certify the final date of compensation will be provided pending the OPERS Board of Trustees approval of the Application.

Fiscal Officer Reporting to OPERS First Name MI Last Name

[Grid for Fiscal Officer Name and MI]

Title

[Grid for Title]

Department

[Grid for Department]

Work Phone Number

[Grid for Work Phone Number]

Authorized
Signature _____

Do not print or type name

Today's Date _____ / _____ / _____

