APPENDIX A

Ohio Police & Fire Pension Fund

SUMMARY OF PAYMENT REMITTANCE INFORMATION

Ohio Police & Fire Pension Fund
Department L–2521
Columbus, OH 43260–2521
Phone: 888–864–8363
Fax: (614) 228–3767
E–mail: employeraccounting@op–f.org
www.op–f.org

This form is mandatory to accompany payments in order to help the Ohio Police & Fire Pension Fund (OP&F) to process employer payments accurately and eliminate the need for research or calling the employer. Complete this form and remit with all payments submitted to OP&F. Employer representatives must enter their employer's office street address and phone number on this form; do not enter your home address or phone number, even if you work from home. This form is commonly referred to as the "recap form," and is mandatory under Ohio Administrative Code section 742–9–10.

Section A — Employer Information

Employer name	Employer code
Employer street address (mandatory) ☐ New address	Employer telephone ☐ New number
Employer city, state, ZIP code	Employer fax
Employer P.O. Box address, city, state ZIP code ☐ New address	
Employer representative/title ☐ New clerk	Employer representative E–mail

Section B — Summary of Contributions and Deductions

Filing type (if applicable)

☐ Member contributions will be filed on paper
☐ Member contributions will be filed electronically

Member Contribution Payroll Reporting Type (if applicable)

☐ Standard monthly report
☐ Corrected report & additional money owed

Pay periods covered:

☐☐☐☐☐☐☐☐ to ☐☐☐☐☐☐☐☐

A separate form is required for each pay period end date.

Comments:

Payment type (must check one)

☐ Funds will be sent by wire (date wire will be posted: _____)
☐ Funds will be sent by Automatic Clearing House (ACH) (date ACH will be posted: _____)
☐ Funds will be sent by check (check #'s: _____)

	Police Officers	Firefighters	Total
Gross pensionable wages	$	$	
Member contributions	$	$	$
Payroll deduction purchases	$	$	$
Employer contributions	$	$	$
Accrued liability	$	$	$
Military leave granting	$	$	$
Terminal pay contributions	$	$	$
Penalty and/or interest	$	$	$
		Total contributions submitted	$

Section C — Signature and Acknowledgement

I hereby certify that the foregoing completed form is correct and complete to the best of my knowledge.

Employer representative signature ▶	Date of signature

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