



This application might not be accepted and/or processed if:

- the application was not completed using ink - it must be completed in ink
- the original application was not submitted together with all additional pages (if applicable)
- the application has alterations and/or white outs
- the application is not signed

Please print legibly keeping input within the form entry box (one character per box) or bullet.

Fill in entry boxes like this:

A	B	C		1	2	3
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 Fill in bullet selections like this: Female

To be completed independently by the worker. This form is used by OPERS to obtain information to determine whether a worker is a public employee for purposes of state retirement law. OPERS recognizes while questions in this form are asked in the past tense, you may be providing information on present service. Complete this form in its entirety, sign and date it, and submit it directly to OPERS at the above address. Any supporting documentation should accompany this form. The employer will complete and submit an *Independent Contractor/Employee Determination for Employer* (PED-1ER) that asks for similar information.

**STEP 1:
Personal Information**

The information requested in this step is required and must be completed. You must either enter your Social Security number or OPERS ID. You are not required to enter both.

**STEP 2:
Worker Information**

The information requested in this step is required and must be completed.

**STEP 3:
Service Information for law solicitors, law directors and prosecuting attorneys, etc.**

This step is to be completed ONLY if the worker was performing services as a law solicitor, law director, prosecuting attorney, assistant law solicitor, assistant director or assistant prosecuting attorney. Otherwise, go to Step 4 to complete the form.

**STEP 4:
Worker Certification**

The information requested in this step is required and must be completed.

