

## OPERS Provider Questionnaire

Please answer the following questions as we need a little bit of information from you. This will ensure to assist us to know if OPERS PEDACKN form is needed and the correct number of forms are completed. Please answer the questions below by checking the appropriate box. **Please return this with your contract!**

Your Name: \_\_\_\_\_ Date: \_\_\_\_\_

Business Name: \_\_\_\_\_

1. How many people are employed (on your payroll) in your agency? \_\_\_\_\_

- a. **IF** you employ Independent Contractors (who receive a 1099 form from you at year-end) they do **not** need to complete an OPERS PEDACKN form because they are not employees. *You do not need to go any further.*

**OR**

- b. **IF** you employ staff (who receive W-2 forms from you at year-end), by OPERS PEDACKN rule, they are considered employees. If you have **5 or more** receiving W-2s, OPERS PEDACKN forms are **not** necessary. *You do not need to go any further.*

- c. **IF** you employ staff (who receive W-2 forms from you at year-end), by OPERS PEDACKN rule, they are considered employees. If you have **4 or less** receiving W-2s, OPERS PEDACKN forms **need to be completed by each staff member.**

*Continue to step 2.*

- i. In some cases, the only employee may be the head of the agency and they need to complete the OPERS PEDACKN form.

2. For each employee who completes the OPERS form, are they an OPERS or other State retirement system benefit recipient?

Name: \_\_\_\_\_ Yes No

Name: \_\_\_\_\_ Yes No

Name: \_\_\_\_\_ Yes No

Name: \_\_\_\_\_ Yes No

If you have any questions, please contact Sharon Sberna (419)502-4198 or [ssberna@eriecbdd.org](mailto:ssberna@eriecbdd.org).