



# THE CITY OF NORTH RIDGEVILLE

7307 AVON BELDEN ROAD, NORTH RIDGEVILLE, OHIO 44039

TELEPHONE: (440) 353-0851 FAX: (440) 353-1542



## INDEPENDENT CONTRACTOR / BUSINESS ENTITY

BUSINESS NAME: \_\_\_\_\_ FED ID#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Service Provided to the Public Employer

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The City of North Ridgeville a public employer has identified you as a business entity, independent contractor or another classification other than a public employee. Ohio law requires that you acknowledge in writing that you have been informed that the City of North Ridgeville has classified you as a business entity, independent contractor or another classification other than a public employee for the services described above and that you have been advised that contributions to OPERS will not be made on your behalf or your employees for these services.

If you disagree with the public employer’s classification, you may contact Ohio Public Employees Retirement System (OPERS) to request a determination as to whether you are a public employee eligible for OPERS contributions for these services. Ohio law provides that a request for a determination must be made within five years after you begin providing personal services to the public employer, unless you are able to demonstrate through medical records to the Board’s satisfaction that at the time the five-year period ended, you were physically or mentally incapacitated and unable to request a determination. You can refer to [www.opers.org](http://www.opers.org) for more information.

By signing this form, you are acknowledging that the City of North Ridgeville for whom you are providing personal services has informed you that you have been classified as a business entity, independent contractor or another classification other than a public employee and that no contributions will be remitted to OPERS for the personal services you or your employees provide to the public employer. This acknowledgment will remain valid as long as you continue to provide the same services to the same employer with no break in service regardless of whether the initial contract period is extended by any additional agreement of the parties. You also acknowledge that you understand you have the right to request a determination of your eligibility for OPERS membership if you disagree with the public employer’s classification.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Today’s Date \_\_\_\_\_