



# OHIO DEFERRED COMPENSATION

OHIO PUBLIC EMPLOYEES DEFERRED COMPENSATION PROGRAM

Dear Employer:

Thank you for the interest you or your employee(s) expressed in Ohio Deferred Compensation (Ohio DC). Ohio DC is a supplemental 457(b) retirement plan for all Ohio public employees which was established pursuant to Ohio Revised Code Chapter 148 and complies with Internal Revenue Code 457. Ohio DC is one of the largest 457(b) plans in the country. Our mission is to provide quality investment options and services to employees and, because of the Ohio DC's size, plan expenses are low for employees. Deferred compensation has been the Ohio DC's only responsibility since 1976.

According to the Ohio Revised Code, public employers are required to make the Ohio DC available to any eligible employee.

Before enrolling employees, the governing body must enact a resolution to adopt Ohio DC, and execute the Adoption Agreement between the employer and the Ohio DC Board. You will also determine whether your eligible employees will be permitted to make (i) pre-tax deferrals only or (ii) pre-tax deferrals and Roth contributions.

Enclosed are your adoption documents with procedures. Upon receipt of the completed documents, Ohio DC will review, process, and countersign. If there are any discrepancies in the materials, we will communicate that to you in a timely matter. Upon completion, we will forward you a copy of the signed documents for your records.

Thank you for helping your employees save for retirement. Please contact Shanna Rute at 614-222-9465 or [rutes1@nationwide.com](mailto:rutes1@nationwide.com), with any questions.

Sincerely,

Ohio Deferred Compensation

257 EAST TOWN STREET, SUITE 457, COLUMBUS, OHIO 43215-4626

877-644-6457 Ohio457.org Fax 614-222-9457

ACCOUNT EXECUTIVES ARE REGISTERED REPRESENTATIVES OF NATIONWIDE INVESTMENT SERVICES CORPORATION, MEMBER FINRA

**RETURN LETTER**

**PLEASE COPY THIS LETTER ON YOUR LETTERHEAD AND SIGN**

Ohio Deferred Compensation  
257 East Town Street, Suite 457  
Columbus, Ohio 43215-4626

Dear Ohio Deferred Compensation:

The following completed documents are enclosed to implement the Ohio Deferred Compensation Program.

- 1. Return letter**
- 2. Resolution, signature required**
- 3. Adoption Agreement, signature required**
- 4. Exhibit A-1 Worksite Locations**
- 5. Exhibit B-1 Payroll Information, signature required**
- 6. Exhibit B-2 Schedule of Pay Dates**

We are ready to begin payroll withholding for employees who wish to participate in the Program. We are prepared to work with our Account Executive to schedule group meetings to educate all of our employees about saving for retirement.

Sincerely,

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Responsible Official Signature

## RESOLUTION

### Adoption of a Plan under the Program by Eligible Employer

This Resolution has been approved as to form by the Ohio Attorney General

A RESOLUTION adopting the Plan under the Ohio Public Employees Deferred Compensation Program administered by the Ohio Public Employees Deferred Compensation Board for participation by "eligible employees" of the \_\_\_\_\_.

WHEREAS, Ohio Revised Code Section 148 (the "Enabling Statute") creates the Ohio Public Employees Deferred Compensation Board (the "Board") and establishes the Ohio Public Employees Deferred Compensation Program (the "Program") and a copy of the uniform Plan Document for the Program has been provided to the appropriate officer(s) of the \_\_\_\_\_; and

WHEREAS, the \_\_\_\_\_ is an employer of "Eligible Employee(s)" (as defined by Ohio Revised Code Section 148.01(A)(1)), and thereby may adopt a Plan under the Program; and

WHEREAS, the \_\_\_\_\_ desires to or is required to adopt the Plan under the Program for participation by "eligible employees."

NOW THEREFORE, the Governing Body of the \_\_\_\_\_ hereby resolves as follows:

The \_\_\_\_\_ hereby adopts the Plan under the Program, and shall properly contract with any Eligible Employee who desires to participate in the Plan. The \_\_\_\_\_'s Plan shall be the uniform Plan as promulgated by and as amended from time to time by the Board.

The Board is hereby authorized to administer the Plan under the Program, and to do all things necessary or proper for the administration of the Plan, consistent with the Enabling Statutes and all the Rules and Regulations promulgated by the Board, whether by the Ohio Administrative Code or otherwise, and consistent with the Adoption Agreement executed by the \_\_\_\_\_.

The \_\_\_\_\_ (title of individual) is hereby appointed the Responsible Official who is authorized and directed by the Governing Body to execute the Adoption Agreement.

Consistent with the Adoption Agreement and the Rules and Regulations promulgated by the Board, the proper officials, officers, employees, and agents of the \_\_\_\_\_ are authorized to provide the Board with any information it may properly require for the administration of the Plan under the Program.

ADOPTED at a meeting of the Governing Body on the date written below, and duly executed.

\_\_\_\_\_  
Number and/or Date of Resolution

\_\_\_\_\_  
Member of Governing Body Signature

\_\_\_\_\_  
Title or Position

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness or Responsible Official Signature

\_\_\_\_\_  
Title or Position

\_\_\_\_\_  
Date



# OHIO DEFERRED COMPENSATION

OHIO PUBLIC EMPLOYEES DEFERRED COMPENSATION PROGRAM

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## **ADOPTION AGREEMENT**

### **Adoption of the Plan under the Program by Eligible Employer**

This agreement has been approved as to form by the Ohio Attorney General

This Agreement is made by and between the Ohio Public Employees Deferred Compensation Board, an entity created by Ohio Revised Code Section 148.02 (the "Board") and the Eligible Employer named within, an employer of "Eligible Employee(s)" (as defined by Ohio Revised Code Section 148.01(A)(3)), and an agency or political subdivision of the State of Ohio created pursuant to applicable State law (the "Eligible Employer").

WHEREAS, the Board has developed, as required by Ohio Revised Code Section 148.04 (the "Enabling Statute"), a uniform "eligible deferred compensation plan," known as the Ohio Public Employees Deferred Compensation Program (the "Program") for use by agencies and political subdivisions of the State of Ohio that are employers of Eligible Employees; and

WHEREAS, the Eligible Employer, by a Resolution of its Governing Body, has adopted a Plan under the Program; and

WHEREAS, the Board is authorized to administer any and all Plans adopted under the Program; and

WHEREAS, the Eligible Employer, by a Resolution of its Governing Body, has directed its responsible official to enter into the Adoption Agreement.

NOW THEREFORE, in consideration of the premises recited above, and in consideration of the provisions set forth by this Adoption Agreement, the parties agree as follows:

The Eligible Employer's Plan shall be the uniform Plan as promulgated by and as amended from time to time by the Board.

The Eligible Employer delegates to the Board any and all responsibility for the administration of the Plan, to the extent not otherwise expressly provided by this Adoption Agreement or by applicable Rules and Regulations, and authorizes the Board to do all things necessary or proper for the lawful administration of the Plan.

These responsibilities may include but shall not be limited to the following:

- to execute the Plan on behalf of the Eligible Employer;
- to execute a Participation Agreement with any Eligible Employee of the Eligible Employer;
- to invest contributions under the Plan in accordance with any proper investment designations made under the Program;
- to make or decline to make any payments under the Plan;
- to assess service charges against Plan accounts, as provided by the Plan or by applicable Rules and Regulations;
- to amend or terminate the Plan, as provided by the terms of the Plan, consistent with any applicable laws and Rules and Regulations.

OHIO PUBLIC EMPLOYEES DEFERRED COMPENSATION PROGRAM

**Adoption Agreement**

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The Board represents and warrants to the Eligible Employer that it shall comply with all applicable laws affecting the Program.

The Board represents to the Eligible Employer that it shall provide sufficient services to administer the Plan as described above, and to appropriately respond to inquiries by Eligible Employees.

The Eligible Employer shall permit the Board's representative to conduct group and individual meetings for the purpose of explaining the Plan or enrolling Eligible Employees on the Eligible Employer's premises during normal working hours, subject to such reasonable restrictions that the Eligible Employer communicates in writing to the Board and which are accepted by the Board.

The Eligible Employer shall be responsible for remitting deferrals/contributions under the Plan to the Ohio Public Employees Deferred Compensation Program in accordance with the Rules and Regulations or any Procedures promulgated by the Board. The Eligible Employer shall be responsible for the correct and timely reporting and withholding of employees' wages under United States and Ohio income tax laws. See Exhibits A and B attached.

The Eligible Employer shall complete a Worksite Locations form (Exhibit A-1), a Payroll Information form (Exhibit B-1), and a Schedule of Pay Dates (Exhibit B-2), on the forms designated by the Board or its Administrator.

The Eligible Employer acknowledges and agrees that all amounts deferred/contributed under the Plan and all investments purchased with such amounts shall be held by the Board in Trust on behalf of the Eligible Employer for the exclusive benefit of eligible employees and their beneficiaries. All assets, whenever contributed to the Plan, are assigned to the Trust established by the Board.

The Board is not responsible for losses of interest (or possible investment gain), including those losses caused by the delay of the Eligible Employer in remitting deferrals/contributions.

This Adoption Agreement shall become effective on the date that it is accepted by the Board.

The terms of this Adoption Agreement shall be for a period beginning on the date of its acceptance by the Board and ending on the date that is three years from the date that there are no remaining Participants or Beneficiaries or "Continuing Members" under the Plan.

The Eligible Employer shall have no right to terminate this Adoption Agreement until three years from the date that there are no remaining Participants or Beneficiaries under the Plan. At that time, the Eligible Employer may effect a termination by providing the Board a certified copy of its action that effects a termination of the Plan, and the termination shall become effective on the date that it is accepted by the Board.

The Board has the power to terminate this Adoption Agreement at any time. This Adoption Agreement shall automatically terminate if at any time the Program ceases to exist.

Following the termination of this Adoption Agreement, the Board shall have no continuing obligation with respect to any undertaking made in this Adoption Agreement.

OHIO PUBLIC EMPLOYEES DEFERRED COMPENSATION PROGRAM

**Adoption Agreement**

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This Adoption Agreement (including exhibits A and B and any applicable laws or Rules and Regulations or Procedures incorporated in this Adoption Agreement by reference) sets forth the entire agreement and understanding of the parties relating to the subject matter of this Adoption Agreement, and supersedes all prior or contemporaneous agreements and understandings, proposals, representations, and warranties, written or oral, relating to the subject matter of this Adoption Agreement.

This Adoption Agreement may be amended from time to time by the Board, without the consent of the Eligible Employer, consistent with any requirements of the Enabling Statute and any of its Rules and Regulations. The Eligible Employer shall have no right to amend this Adoption Agreement.

IN WITNESS, the duly authorized responsible official has (in accordance with the Eligible Employer's Resolution) executed this Adoption Agreement for the Eligible Employer, and the Board (by its representative) has accepted this Adoption Agreement as of the date so noted below.

\_\_\_\_\_  
Eligible Employer

\_\_\_\_\_  
Responsible Official (printed name)

\_\_\_\_\_  
Responsible Official Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

OHIO PUBLIC EMPLOYEES DEFERRED COMPENSATION BOARD

\_\_\_\_\_  
Accepted for the Program

\_\_\_\_\_  
Date

## EXHIBIT A

### **ENROLLMENT PROCEDURES**

The Ohio Deferred Compensation Program is a very valuable part of any sponsoring Employer's benefits program. The success of the Program depends upon the Employer communicating the availability of this benefit to all eligible employees so that those desiring to participate will be fully aware of the Program's features allowing them to make an informed decision.

Per the Adoption Agreement, arrangements will be made for Program Account Executives to hold informational group meetings and/or individual meetings with all eligible employees, on the Employer's premises during regular working hours. If group meetings are not possible due to the nature of the work schedule, an Account Executive will work with the employer to schedule available times for individual meetings. Account Executives will offer to schedule annual meetings to update current participants of changes in the Program and to educate employees not currently participating in the Program. It will be important for participants and non-participants to attend these meetings to be sufficiently informed about the Program. If meetings cannot be accommodated, the Program will provide the Employer with an optional enrollment form for distribution to eligible employees.

**Please complete the Worksite Locations form (Exhibit A-1).**

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### **We are here to help!**

Our Service Center is located at 257 East Town Street, Suite 457, Columbus, Ohio 43215.

The Service Center has licensed Account Executives who can help participants with their account. They can assist with enrollment, deferral changes, allocation changes to investment options, asset allocation information, and withdrawals.

Phone Hours:

Monday–Friday, 8 a.m.– 5:30 p.m. Call **877-644-6457**.

Fax:

Fax documents and questions to us at **614-222-9457**.

Walk-in Hours:

Monday–Friday, 8 a.m.– 4:30 p.m.

EXHIBIT A-1

WORKSITE LOCATIONS

Please list your worksite locations and the number of employees at each location.

Employer Name: \_\_\_\_\_

Meeting Coordinator: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Worksite Contact	Worksite Address	No. of Employees
Name:		
Title:		
Phone:		
Email:		
Name:		
Title:		
Phone:		
Email:		
Name:		
Title:		
Phone:		
Email:		
Name:		
Title:		
Phone:		
Email:		
Name:		
Title:		
Phone:		
Email:		
Name:		
Title:		
Phone:		
Email:		
Total No. of Employees		



**EXHIBIT B**  
**PAYROLL/ADMINISTRATIVE PROCEDURES**

An Employer that establishes the Plan shall determine whether its employees will be permitted to make (i) pre-tax deferrals only or (ii) pre-tax deferrals and Roth contributions.

elects to offer eligible employees

one of the following options:

\_\_\_\_\_ Pre-tax deferrals only

**OR**

\_\_\_\_\_ Pre-tax deferrals and Roth contributions

*The effective date shall be a date no sooner than 30-days after Ohio DC receives the executed Exhibit B and the Employer receives their first pre-billing invoice for pre-tax deferrals and/or Roth contributions.*

**Deductions**

A. **Pre-tax Deferrals.** The Employer will ensure that federal and state income taxes for each participating employee are calculated after excluding the amount being deferred under the Plan. Please note that pre-tax deferrals are not excluded from local income tax calculations.

B. **Roth Contributions.** The Employer will ensure that Roth contributions are after-tax contributions. This means the Employer includes the amount of the Roth contributions in the employee's gross income at the time the employee would have otherwise received the amount in cash if the employee had not made the election. Roth contributions are subject to all applicable wage-withholding requirements.

The Internal Revenue Code requires that participant deferral/contribution agreements be entered into in the month before they begin. The Program will monitor this regulation and notify Employers of new enrollments and valid changes. The Employer may not make any such contractual changes until the effective date specified on the Payroll Reduction Change Report, except to prevent deferrals/contributions from exceeding the maximum annual limits.

**Reporting**

The Employer may utilize one of the following methods for reporting deferral/contribution amounts.

A. **A pre-billing invoice.** The Program will create an invoice(s) for the Employer at least ten (10) days before each pay date, listing the name, last four digits of the employee's social security number, and dollar amount of the deferral/contribution expected from each employee. Pre-tax deferrals and Roth contributions will be invoiced separately. The employer can obtain these invoices from the Ohio Business Gateway website. The Employer will note any changes on the invoices before reporting these amounts.

- B. **A computer file.** The use of computer files is recommended for all Employers who will have more than 100 participants in the Plan. Pre-tax deferrals and Roth contributions must be in separate files. This confidential data must be transmitted using the secure express upload feature of the Ohio Business Gateway at [business.ohio.gov](http://business.ohio.gov). Computer files must be formatted as indicated below.

<u>Field Name</u>	<u>Data Type</u>	<u>Start/End Pos.</u>		<u>Contents</u>
Transaction Type	X(3)	1	3	'114'
Employer ID	X(6)	4	9	Ohio DC will assign this number
Pay Date*	9(8)	10	17	Your payroll date
Social Security5	9(5)	18	22	First 5 digits of social security number
Social Security4	9(4)	23	26	Last 4 digits of social security number
Termination Code	X(2)	27	28	Does participant still work for you? Yes = SPACES No = 'TT'
Filler	X(8)	29	36	Spaces
Termination Date*	9(8)	37	44	Date employee was terminated or zeros for current employees
Transaction Amount**	9(7)	45	51	Deferral/contribution amount 9999999
Name	X(25)	52	76	Participant name
Filler	X(4)	77	80	Spaces

\* All dates must use CCYYMMDD format (20190101)

\*\* The transaction amount must not include the decimal point. Example, a \$125.00 deferral amount would be sent as 0012500.

Fields are **NOT** packed.

For regular deferrals (pre-tax), the file must be named **defcomp.txt**.

For Roth contributions (post-tax), the file must be named **roth\_defcomp.txt**

**Please note that regular deferrals and Roth contributions are on separate bills and cannot be combined in the same file**

If you need further assistance, please call 614-466-7245.

- C. **An acceptable Employer generated listing.** The Employer may generate their own listing which will identify the name, last four digits of the employee's social security number, and dollar amount of the individual deferrals/contributions. The format must be (by pay frequency) in ascending alphabetic or social security number order with totals for each frequency. Pre-tax deferrals and Roth contributions must be reported separately. The list must contain Employer name, Employer number, and pay date. Do not list reductions by department or full social security numbers.

### Changes

Ohio DC will create a Payroll Change Report(s) showing all employees who are newly enrolled or changing the amount of their deferrals/contributions. This report will be available to the Employer at least ten (10) days before the effective pay date on the Ohio Deferred

Compensation secure section of the Ohio Business Gateway website, [business.ohio.gov](http://business.ohio.gov). Separate Payroll Change Reports will be produced for pre-tax deferrals and Roth contributions.

### **Terminating Employees**

For any participants who have terminated employment, the Employer will note on each invoice, file, or listing, the date of termination, last four digits of the social security number, and name of the employee(s).

### **Remittance**

For each pay date, the Employer will forward payment for the gross amount of deferrals/contributions with supporting documentation. The Employer is responsible for the correct and timely remittance of deferrals/contributions. The Employer may use one of the following methods for remittance:

ACH debit: Use the Ohio Business Gateway at [business.ohio.gov](http://business.ohio.gov). (*preferred method*)

ACH credit: The Program will provide banking information to Employers using this method.

Check mailed to:

Ohio Deferred Compensation  
257 East Town Street, Suite 400  
Columbus, Ohio 43215-4623

**The payment amount must be exactly equal to the total amount of deferrals/contributions on the detailed report.**

### **Refunds**

If deferrals/contributions are erroneously made on behalf of a participant and the money must be returned to that participant, the Employer may not use amounts to be refunded to the participant as an offset or credit against the gross amount of deferrals/contributions for the next pay period. The Employer must notify the Program in writing of such errors and the Board will return the money to the Employer. For pre-tax deferrals the Employer must then refund the money to the employee after withholding all appropriate taxes, etc., since the refund will not have been previously included as taxable income to that employee.

### **Annual Limits**

Consistent with IRS regulations, the Employer is responsible for ensuring that any combination of the participant's annual pre-tax deferrals and Roth contributions do not exceed the lesser of (i) the limits allowed by the Internal Revenue Code or (ii) 100% of includible compensation. Participants age 50 and older or in their three years prior to Normal Retirement Age may be eligible for higher annual limits. The Program will annually provide notice to the Employer regarding such limits. The Program will be careful to enroll the participant for deferral/contributions amounts that will not exceed the IRS's maximum limits. If events occur (requested changes to deferral/contribution amounts are not made timely, a year with 27 bi-weekly pay periods, etc.) whereby those limits could be exceeded, the Program will work with the participant and Employer to adjust deferral/contribution amounts accordingly.

**Form W-2**

The Employer will be responsible for issuing a correct Form W-2 at year-end, which will identify the gross amount of wages subject to federal and state taxes and the gross amount of wages subject to local taxes. The Employer will list on the participant's Form W-2 the amount of pre-tax deferrals or Roth contributions for the year, as required by the IRS.

**Program Withdrawals**

The Program will be responsible for overseeing the disbursement of all withdrawals from the Program to the participant or beneficiary(ies) and to discharge on behalf of the Employer all reporting and withholding responsibilities required by Federal and State Regulatory Authorities.

**Employer Statements**

The Program will provide the Employer with a quarterly statement that will include the total amount received during the quarter and the total value of accounts held on behalf of the employees or beneficiaries.

Note: The Program statements will reflect deferral/contribution activity based on the date received and invested, which may not always coincide or agree with the Employer's records, due to timing of deposits and transfers into and out of individual accounts at the beginning or ending of the statement period.

**Confidentiality**

The Employer shall maintain the confidentiality of individual participants and related account information.

It is the Program's policy to limit the display of social security numbers. Billing and change reports will only display the last four digits of each participant's social security number, unless you provide the Program with a signed release on your Employer letterhead accepting all responsibility for transmitting this sensitive data. If the Employer generates their own listing, the Employer will be responsible for this confidential information while in transit. It is important that the display of social security numbers is limited to the last four digits.

**Other Deferred Compensation Plans**

If the Employer offers deferred compensation programs in addition to the Program as permitted under Section 148.06 of the Ohio Revised Code, then the Employer is responsible for assuring that participants do not exceed the maximum annual limits under IRC Section 457(b).

**Execution**

The duly authorized responsible official has executed this document for the Eligible Employer, and the Board (by its representative) has accepted as of the date so noted below.

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Eligible Employer

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Responsible Official (printed name)

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Responsible Official Signature

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Title

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Date

**OHIO PUBLIC EMPLOYEES DEFERRED COMPENSATION BOARD**

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Accepted for the Program

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Date

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**Employer Services for You**

The Board Office is responsible for administration of the Program, which includes maintaining employer and employee account records, investing payroll deferrals/contributions, processing withdrawal requests and generating employer and employee account statements.

Employers with questions or needing assistance should contact the finance department of the Board Office.

**Board Office:**

Ohio Deferred Compensation  
257 East Town Street, Suite 400  
Columbus, Ohio 43215-4623

**Phone:** 614-466-7245

**Phone Hours:** The Board Office staff is available to assist employers Monday-Friday from 7:30 a.m.-4 p.m.

**Fax:** 614-728-2601

**Email:** [finance@OhioDC.org](mailto:finance@OhioDC.org).

**EXHIBIT B-1**  
**PAYROLL INFORMATION**

Employer Contact Information (this contact will receive quarterly employer statements)

Employer Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
\_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Employer Contact \_\_\_\_\_  
Email Address \_\_\_\_\_  
Telephone \_\_\_\_\_  
Fax \_\_\_\_\_  
Federal Tax ID \_\_\_\_\_

Payroll Contact Information (this contact will receive billing notifications)

☐ Same as Employer Contact

Street Address \_\_\_\_\_  
\_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Payroll Contact \_\_\_\_\_  
Email Address \_\_\_\_\_  
Telephone \_\_\_\_\_  
Fax \_\_\_\_\_

**Payroll Schedule**

Indicate the appropriate pay schedule(s) and provide pay dates for each schedule (see Exhibit B-2):

Weekly (52)	_____	Monthly (12)	_____
Bi-Weekly (26)	_____	Quarterly (4)	_____
Semi-Monthly (24)	_____	Semi-Annually (2)	_____

## EXHIBIT B-2 – SCHEDULE OF PAY DATES

**(Please provide pay dates for each of your pay schedule(s).)**

[illegible]