

GREGORY J. O'BRIEN  
216-706-3870  
gobrien@taftlaw.com

December 3, 2014

Via E-Mail

Ed Gallek ([EGallek@woio.com](mailto:EGallek@woio.com))  
Cory Shaffer ([CShaffer@cleveland.com](mailto:CShaffer@cleveland.com))  
Peggy Sinkovich ([Peggy.Sinkovich@fox8.com](mailto:Peggy.Sinkovich@fox8.com))  
Jennifer Smola ([JSmola@ap.org](mailto:JSmola@ap.org))  
Andrew Tobias ([andrewjtobias@gmail.com](mailto:andrewjtobias@gmail.com))

Re: O.R.C. §149.43 Public Records Request  
Timothy Loehmann

Ladies/Gentlemen:

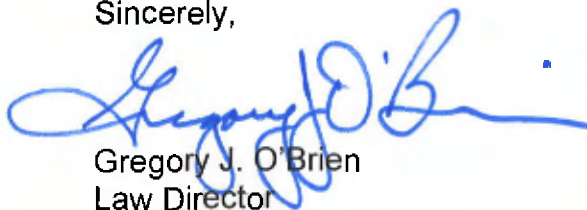
Attached please find records responsive to your public records request to the City of Independence (Bates Numbered IND000001 through IND000061).

If you have also requested to review the original public records, please coordinate a time with Kathy Alexie (216) 524-4131 who will make the original records (excluding exempted information) available for inspection during the normal business hours of the City.

The records provided fully respond to your request. Please contact me should you have any further questions. In the meantime, the City does not waive any and all exemptions or defenses afforded to it pursuant to R.C. §149.43 et seq. or Ohio law relative to non-production.

Thank you.

Sincerely,



Gregory J. O'Brien  
Law Director

Attachment

cc: Gregory P. Kurtz, Mayor  
Kathy Alexie, Records Custodian Officer

### Pinkerton Global Screening Solutions

Pinkerton Global Screening Solutions authorizes ReferencePro.net, Inc. to process verifications on our behalf. If you have any questions concerning this verification process, please contact us at 866-647-5564

#### Employment Verification Request

**This is time sensitive information. Please process within 24 hours.**

Company:	city of independence		
Attention:	Employment Verification		
Fax:	12165241910	Phone:	216-524-1008
Order:	39161698	Cust. ID:	ALLI02127

Dear Sir or Madam:

We are attempting to verify Employment information on the individual listed below. Please enter information from your records in Section B. Your immediate assistance in this matter is greatly appreciated.

**Please reply to: Phone: 8 6 6 - 6 4 7 - 5 5 6 4 Fax: 8 6 6 - 5 8 0 - 4 6 5  
8**

<b>Section A -- Information Provided by the Applicant</b>	
Applicant Name:	Timothy Alexander Loehmann <i>file</i>
Previous/Other Name:	
Please contact our office if SSN or date of birth is required for a records search	
Dates of Employment:	
Title:	
<b>Section B -- PLEASE PROVIDE INFORMATION BELOW FROM YOUR RECORDS</b>	
Dates of Employment:	7-11-2012 / 12-4-2012
Title:	POLICE OFFICER Salary: \$42,157
Eligible for Rehire?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving:	<input type="checkbox"/> Another job opportunity
	<input type="checkbox"/> Assignment Ended
	<input type="checkbox"/> Internship Ended
	<input type="checkbox"/> Plant/Office Closure or Relocation
	<input type="checkbox"/> Schedule Conflict
NO RECORD FOUND	<input type="checkbox"/> Due to company merger/acquisition
	<input type="checkbox"/> Worked in another division
	<input type="checkbox"/> Worked for a temp firm (please identify the firm) How far back are your records kept?
Your Name:	MAGGIE OSYSKO
Title:	PAYROLL
Phone (w/extension):	216-524-9713

**Please reply to: Phone: 8 6 6 - 6 4 7 - 5 5 6 4 Fax: 8 6 6 - 5 8 0 - 4 6 5  
8**

Email: verifications@referencepro.com  
Reference Pro.Net, Inc, 9 S. Washington St., Ste 515, Spokane, WA 99201

If you are having problems reaching our toll free fax line, please fax this document to our office directly at 509-747-3463

\* \* \* Communication Result Report ( Sep. 10. 2013 12:42PM ) \* \* \*

1) City / Independence Finance Dept  
2)

Date/Time: Sep. 10. 2013 12:42PM

File No.	Mode	Destination	Pg(s)	Result	Page Not Sent
2871	Memory TX	718665804658	P. 1	OK	

Reason for error  
 E. 1) Hang up or line fail  
 E. 2) Busy  
 E. 3) No answer  
 E. 4) No facsimile connection  
 E. 5) Exceeded max. E-mail size

09/05/2013 9:34 AM ReferencePro CLK COUNCIL, KUNSHUK I Fax: 216-524-1008 Sep 5 2013 12:14pm P88/081  
 +12165241910

**Pinkerton Global Screening Solutions**

Pinkerton Global Screening Solutions and its affiliates are not, in any way, responsible for the accuracy of the information provided in this report. If you have any questions concerning this verification process, please contact us at 866-627-5564.

**Employment Verification Request**

This is time sensitive information. Please process within 24 hours.

Company:	City of Independence		
Attention:	Employment Verification		
Fax:	12165241910	Phone:	216-524-1008
Order:	89181688	Case ID:	ALL102127

Dear Sir or Madam:  
 We are attempting to verify employment information on the individual listed below. Please enter information from your records in Section B. Your immediate assistance in this matter is greatly appreciated.

Please reply to: Phone: 866-647-5564 Fax: 866-580-4665  
 8

Section A - Information Provided by the Applicant	
Applicant Name:	Timothy Alexander Lechman
Previous/Other Name:	
Please contact our office if SSN or date of birth is required for a records search.	
Dates of Employment:	
Title:	
Section B - PLEASE PROVIDE INFORMATION BELOW FROM YOUR RECORDS	
Dates of Employment:	7-11-2012 / 12-4-2012
Title:	Police Officer Salary: 43,187
Eligible for Rehire?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving:	<input type="checkbox"/> Resigned (job opportunity)
	<input type="checkbox"/> Employment Ended
	<input type="checkbox"/> Currently Employed
NO RECORD FOUND	<input type="checkbox"/> Internal Transfer
	<input type="checkbox"/> Plant/Office Closure or Reorganization
<input type="checkbox"/> Retired <input type="checkbox"/> No to company transfer/question <input type="checkbox"/> Worked in another division <input type="checkbox"/> Worked for a temp firm (please identify the firm) <small>(Note: For leads are your records kept?)</small>	
Your Name:	Maggie DeVries
Title:	Payroll
Phone (w/extension):	46-624-9713

Please reply to: Phone: 866-647-5564 Fax: 866-580-4665  
 8

Email: verification@referencepro.com  
 Reference Pro, Inc, 9 S. Washington St, Ste 616, Spokane, WA 99201

If you are having problems reaching our toll free fax line, please fax this document to our office directly at 509-747-3463



The City of  
Independence

December 17, 2012

Timothy Loehmann  


Dear Tim:

Due to a qualifying event – termination of employment - you are no longer eligible for City-sponsored coverage under the City of Independence group health plan. As a result, your coverage will terminate effective December 31, 2012. The purpose of this notice is to inform you of your right to elect continuation coverage under the City of Independence group health plan listed on the enclosed election form. You may elect coverage under the plans in any of the combinations listed. The coverage will be the same as that provided to similarly situated employees.

You may continue coverage if you were covered under the City of Independence group health plan(s) on the day before the event causing this notice. You may not currently add coverage for any individual who was not covered before the event. The monthly premiums that must be paid by you, if you elect coverage, are listed on the enclosed election form. If you elect to continue coverage under a given plan, such coverage for you and any covered dependents will end on the earliest of the following dates:

- June 30, 2014; or
- the date on which the City of Independence ceases to provide a group health plan to its employees; or
- the end of the period for which the last premium payment was made, if you fail to make timely premium payment; or
- the date on which you become covered under any other group health plan (as an employee or otherwise), unless that plan contains any exclusion or limitation with respect to preexisting conditions affecting a covered individual. Then that individual may continue coverage until it would otherwise end; or
- the date on which you become entitled to Medicare, unless it is the covered employee who becomes so entitled. The covered employee's family members, who have continuation coverage, may continue that coverage for up to a total of 36 months from the date of December 31, 2012.

Using the enclosed election forms, you must notify the City of your election to continue coverage within 60 days of this notification letter. **Your election period ends on February 15, 2013.**

If you elect to continue coverage within the election period but after coverage has terminated, coverage will be reinstated retroactively to the date it terminated (December 31, 2012). If you waive continuation coverage, you may revoke your waiver at any time before February 15, 2013; however, your continuation coverage will begin on the date your waiver is revoked. Coverage will not include the period between the date your regular plan coverage terminated and the date the waiver is revoked. If you do not elect any coverage by February 15, 2013, you may **not** do so later.

If you elect continuation coverage, you do not have to send any payment with your election form. **However, you must make your first payment no later than 45 days after the date of your election. If you do not pay the full premium amount within 45 days after your election date, you will lose all continuation coverage rights and your coverage will automatically terminate.**

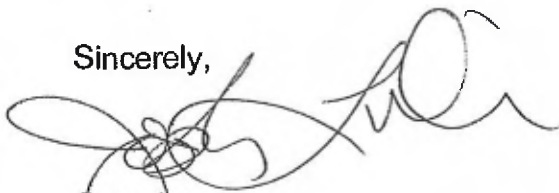
**Thereafter, premium payments for coverage are due in advance and payable on the first of each preceding month.** Once again, if you do not pay the full premium amount on the first of the preceding month, you may lose all continuation coverage rights and your coverage may automatically terminate.

**Please make your check payable to the City of Independence Group Health Plan.** Remember that your payment is subject to change as the cost of the plan's coverage for the City of Independence does change.

If you or a covered family member is determined to have been disabled (under Titles II of XVI of the Social Security Act) as of December 31, 2012, that person may be entitled to a total of 29 months of continuation coverage (instead of 18 months). To receive this extended coverage period, the City must be notified during the initial 18-month coverage period and within 60 days of receiving Social Security's determination. A higher premium is required for the 19<sup>th</sup> through 29<sup>th</sup> months of continuation coverage (generally 150 percent of the full monthly premium). This extended coverage may end because of any of the reasons listed above (except that the first scenario is extended to the end of your 29-month coverage period) or because Social Security determines the person is no longer disabled. In the latter case, extended coverage ends on the first day of the month that begins more than 30 days after the date of that determination.

If you have any questions, please do not hesitate to contact me at 216/447-1100. Please complete and return the enclosed election form by February 15, 2013, if you decide to continue coverage.

Sincerely,



Joseph Lubin  
HR Director

**CITY OF INDEPENDENCE**

**COBRA RATES (Effective Date 1/1/13-12/31/13)**

COVERAGE	GROUP #	COVERAGE YOU HAD WITH THE CITY	LEVEL OF COBRA COVERAGE YOU WOULD LIKE TO PURCHASE <i>(Place an "X" in the appropriate boxes)</i>	MONTHLY COST OF COBRA COVERAGE <i>(Place an "X" in the appropriate boxes)</i>
<b>HEALTH &amp; PRESCRIPTIONS</b> <i>(New UHC NAVIGATE)</i>	743697	<input type="checkbox"/> Family	<input type="checkbox"/> Family	<input type="checkbox"/> \$1,539.79
		<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Individual	<input type="checkbox"/> \$615.92
		<input type="checkbox"/> NONE	<input type="checkbox"/> NONE	<input type="checkbox"/> None/Decline
<b>DENTAL</b> <i>(UHC)</i>	675446	<input type="checkbox"/> Family	<input type="checkbox"/> Family	<input type="checkbox"/> \$91.46
		<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Individual	<input type="checkbox"/> \$30.02
		<input type="checkbox"/> NONE	<input type="checkbox"/> NONE	<input type="checkbox"/> None/Decline
<b>VISION</b> <i>(GUARDIAN)</i>	00387798	<input type="checkbox"/> Family	<input type="checkbox"/> Family	<input type="checkbox"/> \$14.22
		<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Individual	<input type="checkbox"/> \$6.28
		<input type="checkbox"/> NONE	<input type="checkbox"/> NONE	<input type="checkbox"/> None/Decline
<b>TOTAL MONTHLY COST OF COBRA COVERAGE ELECTED</b> <i>(Add the total of all items you selected in the last column)</i>				<b>\$</b>

**ACKNOWLEDGEMENT OF PERSON RECEIVING THIS NOTICE:**

I have read and understand this notice, and I am aware of my rights concerning my option to continue coverage under the plan(s) specified herein. By signing this form, the decision I make with regard to any plan for which I decline coverage may be revoked before **February 15, 2013**. If I revoke any waiver of coverage under a plan before that date, I understand that my continuation coverage under that plan will begin on the date I revoke the waiver. If I do not elect to continue coverage before **February 15, 2013**, eligibility for continuation coverage under the above plan(s) will end.

I acknowledge that I have read and understand this notice, and I am aware of my rights concerning my option to continue coverage under the plans specified herein. I understand that the cost of the coverage is subject to change depending on the premiums charged by the carrier(s) and that rates are guaranteed through December 31, 2013 only. Lastly, I understand that if I elect continuation coverage, I do not have to send any payment with my election form. However, I agree to make my first payment no later than 45 days after the date of my election. If I do not pay the full premium amount within 45 days after my election date, I understand that I will lose all continuation coverage rights and my coverage will automatically terminate.

Thereafter, premium payment for coverage is due in advance and payable on the 1<sup>st</sup> of each preceding month. Make your check payable to the City of Independence Group Health Plan.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

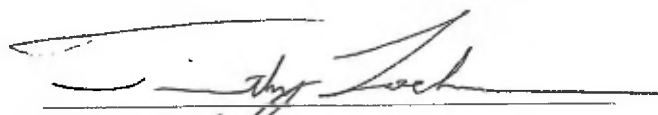
Please return this form to the City of Independence (6800 Brecksville Road, Independence, OH 44131) whether or not you are electing COBRA coverage.


Letter Resignation

To: Chief Polak  
From: Timothy Loehmann  
Date: December 5, 2012

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Please accept this letter as my official resignation as a patrolman for the City of Independence. I am resigning my commission for personal reasons at this time. Thank you for the opportunity and training I have received.

 12-5-2012  
Timothy Loehmann

 12-5-12  
Sgt. Greg Timirello 3945

I accept. MP011



**SGT. JOEL BARRON**  
Training Division

**EUCLID POLICE DEPARTMENT**

545 East 222nd Street  
Euclid, Ohio 44123

Direct: 216.289.8465  
Fax: 216.289.8543  
email: [jbarron@cityofeuclid.com](mailto:jbarron@cityofeuclid.com)



AUTHORIZATION TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize any representative of the City of Euclid bearing this release or copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment, credit, or educational records, including but not limited to, academic, achievement, attendance, athletic, personal history and disciplinary records, military records, medical records and credit records, including the Ohio Bureau of Workers' Compensation. I hereby direct you to release such information upon request of the bearer. This Release shall be effective to waive any and all privileges and agreements of confidentiality regarding any requested information.

I hereby authorize and direct the release and disclosure to any duly authorized agent, officer or employee of the City of Euclid; of a Consumer Report as that term is defined in the Fair Credit Reporting Act, 15 U.S.C. § 1681a (d) and shall be deemed effective to permit the release and/or use of a Consumer Report for any purpose permitted by the Fair Credit Reporting Act, 15 U.S.C. § 1681 et seq. I hereby authorize and acknowledge the City of Euclid's use of said Consumer Report for employment purposes.

I hereby release you, as the custodian of such record, and any school, college, university, or other education institution, hospital or other repository if medical records, military records, credit bureau, lending institutions, consumer reporting agency, police departments or retail business establishments, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damage or whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any question as to the validity of this release, please contact the City of Euclid Human Resource Department.

This request is executed with full knowledge and understanding that the information is for official use of the City of Euclid. Consent is granted for the City of Euclid to furnish such information as described above to third parties in the course of fulfilling its official responsibilities. Similarly, where applicable, this Release shall be deemed written consent for disclosure of records pursuant to 5 U.S.C.A. 552a (b) (West 2013).

Applicant Releasing Records:

Timothy A. Loehmann  
Print Name  
[Redacted]  
Address City State  
Timothy A. Loehmann 1-22-2014  
Signature Date

SWORN TO AND SUBSCRIBED IN MY PRESENCE IN THE STATE OF oh,  
COUNTY OF Cuyahoga, THIS 22 DAY OF Jan, 2014.

[Signature]  
NOTARY PUBLIC

3/17/14 - Sgt Joel Barron  
from Euclid PD  
reviewed Tim LOEHMAN's personnel file  
12<sup>00</sup> pm - 12<sup>30</sup> pm in HR office with Joe Lubin  
witnessing  
- he took a few notes and left without asking for copies

# CITY OF INDEPENDENCE

## Employee Development Plan Training Request Form

**Instructions:**

1. Supervisor will **meet annually** with each of his/her employees to discuss, select and approve appropriate courses in order to develop an annual Employment Development Plan.
2. Training should be selected **only** if:
  - The employee will use the training in their current position
  - The training is linked to the organization's and employee's work goals
  - The training is required/mandatory for the employee in their current position
  - The training will increase the employee's safety awareness on the job
  - The training will help the employee to build confidence in overall work performance
3. **Approval required prior to registration enrollment:**
  - Attach all training/seminar information to request form.
  - Submit Training request form with Travel Expense Request to your Training Supervisor for authorization

**PROCEDURES:**

Title of the program/training: OPOTC 8hr JAIL course  
 Purpose of the program: update  
 Location: Cleve office Date(s): 12/13/12  
 Company/Organization: BMANT + STRATTON

**SIGNATURE APPROVALS:**

Employee Attending Mark Buchner / TM Loehman Date: 11/26/12  
 Supervisor/Training Officer [Signature] Date: 11/26/12  
 Department Head: [Signature] Date: 11/26/12  
(Directors/Training Coordinators initially will be responsible in determining necessity of the requested training)  
 Human Resources: [Signature] Date: 11/26/12  
 Approved by Mayor: [Signature] Date: 11/27/12

**Finance Dept. (Accounts Payable)**

This request made in compliance with Section 733.79 of the Ohio Revised Code, the above agree to obtain receipts when possible and present them to the Finance Dept. With a certified statement of actual expenses incurred while attending function. I hereby certify the \$ \_\_\_\_\_ is available for the above purpose in Account No. \_\_\_\_\_ Entitles \_\_\_\_\_ which has been appropriated for such purpose. Reimbursement will be made upon presentation and approval of the certified statement and receipts, which has lawfully been appropriated for such purpose. Reimbursement will be made upon presentation and approval of the certified statement and receipts referred to above.

Approved by Finance Director\*

Date

# Member Detail Report

## CUSTOMER/GROUP INFORMATION:

Customer/Group: City of Independence (0743697)  
Employee: [REDACTED] TIMOTHY A LOEHMANN  
Alternate ID: [REDACTED]

## MEMBER INFORMATION:

Member Name: TIMOTHY A LOEHMANN

Address1: [REDACTED]

Home Phone: [REDACTED] Work Phone: [REDACTED]

Address2: [REDACTED]

City: [REDACTED] State: OH

Zip: [REDACTED]

Foreign Addr: N Preferred Language:

Relationship: EE EMPLOYEE

Marital Status: Gender: MALE

Portability Applies:

Late Enrollment: TIMELY ENROLLMENT

Address Start Date: 07/25/2012

Date of Birth: [REDACTED]

Original Effective Date: 07/11/2012

Termination Date:

Last Update Date: 07/25/2012

## EMPLOYEE INFORMATION:

Social Security Number: [REDACTED]

Date of Hire: 07/11/2012

Cross Reference Number: [REDACTED]

Date of Retirement:

Claim Office Number:

Date of Death:

Payee Indicator: N

Payee Last Name:

Payee First Name:

## PRODUCT INFORMATION:

Policy	Product	Effective Date	Termination Date	Plan Var	Report Code	Provider
0743697	MEDICAL	07/11/2012		0005	0005	
0743697	DENTAL	07/11/2012		0009	0009	
0743697	MEDCO PHAR	07/11/2012		0005	0005	

## OTHER INSURANCE INFORMATION:

Medicare: N

Medicare A Start:

Medicare A Stop:

Medicare B Start:

Medicare B Stop:

HIC Number:

Carrier1: 00

Carrier2: 00

Carrier3: 00



The Guardian Life Insurance Company of America  
The Guardian Insurance & Annuity Company, Inc.

GG-013500  
Enrollment Form  
For Non-Medical Coverages

- Midwest Regional Office P.O. Box 8012 Appleton, WI 54912-8012
- Northeast Regional Office P.O. Box 26040 Lehigh Valley, PA 18002-6040
- Western Regional Office P.O. Box 2454 Spokane, WA 99210-2454

Planholder Name (Company Name) <b>City of Independence</b>		Group Plan No. <b>387798</b>	Division	Class
Planholder Street Address <b>6800 Brecksville Rd.</b>		City <b>Independence</b>	State <b>Oh</b>	Zip <b>44131</b>
MARITAL STATUS: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Legally Separated <input type="checkbox"/> Divorced				
PLEASE CHECK REASON FOR COMPLETING: <input checked="" type="checkbox"/> INITIAL APPLICATION				
CHANGE: <input type="checkbox"/> ADD DEPENDENT(S) <input type="checkbox"/> TERMINATE A FAMILY MEMBER <input type="checkbox"/> ADDRESS <input type="checkbox"/> NAME <input type="checkbox"/> DELETE COVERAGE				
DATE OF CHANGE <u>1/1</u> REASON FOR CHANGE _____				
GIVE THE FOLLOWING INFORMATION FOR EACH PERSON TO BE INSURED				
Name (Last, First, Middle Initial)		Sex	Birthdate	Employee's Social Security #
Employee: <b>Loehman, Timothy, A</b>		<input checked="" type="checkbox"/> M <input type="checkbox"/> F	[REDACTED]	[REDACTED]
Spouse:		<input type="checkbox"/> M <input type="checkbox"/> F		Date of Marriage <u>1/1</u>
Child:		<input type="checkbox"/> M <input type="checkbox"/> F		Full Time Student? <input type="checkbox"/> Yes <input type="checkbox"/> No
Child:		<input type="checkbox"/> M <input type="checkbox"/> F		Full Time Student? <input type="checkbox"/> Yes <input type="checkbox"/> No
Child:		<input type="checkbox"/> M <input type="checkbox"/> F		Full Time Student? <input type="checkbox"/> Yes <input type="checkbox"/> No
Child:		<input type="checkbox"/> M <input type="checkbox"/> F		Full Time Student? <input type="checkbox"/> Yes <input type="checkbox"/> No
(1) Are any dependent children adopted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "yes", indicate name and date of placement:				
(2) Have you included stepchildren? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "yes", indicate name(s):				
(3) Are they dependent on you for support and maintenance? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Date of Full Time Employment <b>7-10-2012</b>	Hrs. Worked / Week <b>40</b>	Annual Salary <b>\$42,157</b>	Occupation / Job Title <b>Police Officer</b>	
Employee's Street Address [REDACTED]		City [REDACTED]		
State <b>Ohio</b>	Zip [REDACTED]	Business Phone [REDACTED]	Home Phone # [REDACTED]	
VISION				
Employee: <input checked="" type="checkbox"/> I elect coverage. <input type="checkbox"/> I decline coverage. I understand if I elect coverage at a later date, late entrant penalties will apply. **		Spouse: <input type="checkbox"/> Yes <input type="checkbox"/> No***		Child(ren): <input type="checkbox"/> Yes <input type="checkbox"/> No***
** If declining coverage, are you covered under another vision plan? <input type="checkbox"/> Yes <input type="checkbox"/> No				
*** If declining dependent coverage, are your dependents covered under another vision plan? <input type="checkbox"/> Yes <input type="checkbox"/> No				
DECLINATION OF COVERAGE:				
* If I have waived the insurance, I understand that if I request coverage for myself and/or my eligible dependents at a later date, I will be required to furnish, at my own expense, proof of each person's insurability, and Guardian reserves the right to reject my request.				
<ul style="list-style-type: none"> <li>I hereby apply for the group benefit(s) indicated above.</li> <li>I understand I must be actively at work or my coverage will not take effect until I have completed a waiting period (as defined in the Group Plan) of full time service.</li> <li>I understand that insurance coverage for my dependents will not take effect if a dependent, other than a newborn is confined to a hospital or other health care facility, or is unable to perform the normal activities of someone of like age and sex.</li> <li>I authorize my employer to take deductions from my pay or agree that the contributions be added to my dues; if they are required for the insurance.</li> <li>The information provided above is true and correct to the best of my knowledge.</li> <li>Any person who with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.</li> </ul>				
X SIGNATURE OF EMPLOYEE <i>Timothy A. Loehman</i>			DATE <b>7-9-2012</b>	

Mark all boxes and complete all sections that apply. Return completed form to your Human Resources Department.

APPLICANT	Your Name (Last, First, Middle) <b>Lochmann, Timothy, A</b>		Group Name <b>City of Independence</b>		Group Number(s)	
	Your Address [REDACTED]		City [REDACTED]		State <b>Ohio</b>	ZIP [REDACTED]
	Your Soc. Sec. No. [REDACTED]	Date of Birth [REDACTED]	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		Job Title/Occupation <b>Police Officer</b>	

LIFE	Check with your Human Resources Department about coverage options available to you and Evidence Of Insurability requirements.					
	<b>Life Insurance</b>					
	<input checked="" type="checkbox"/> Life with AD&D Employer Paid					
	<b>Additional/Optional Life</b>					
<input type="checkbox"/> Additional/Optional Life Your requested amount \$ _____						
<b>Dependents Life Insurance</b>						
<input type="checkbox"/> Spouse requested amount \$ _____		Spouse Name _____		Date of Birth _____		
<input type="checkbox"/> Children requested amount \$ _____						
<b>Accidental Death and Dismemberment (AD&amp;D) Insurance</b>						
<input type="checkbox"/> Voluntary AD&D Your requested amount \$ _____						

BENEFICIARY	This designation applies to Life Insurance available through your Employer, if any. Unless specified otherwise on a separate sheet of paper, this designation will also apply to Accidental Death and Dismemberment (AD&D) Insurance available through your Employer, if any. Designations are not valid unless signed, dated, and delivered to the Employer during your lifetime. See page 2 for further information.					
	Primary - Full Name		Address	Soc. Sec. No.	Relationship	% of Benefit
	[REDACTED]		[REDACTED]	[REDACTED]	[REDACTED]	50
	[REDACTED]		[REDACTED]	[REDACTED]	[REDACTED]	50
Contingent - Full Name		Address	Soc. Sec. No.	Relationship	% of Benefit	
[REDACTED]		[REDACTED]	[REDACTED]	[REDACTED]	50	
[REDACTED]		[REDACTED]	[REDACTED]	[REDACTED]	50	

CHANGE	Use this section only when you wish to make a change after insurance becomes effective. Complete all boxes and sections that apply.					
	<input type="checkbox"/> Add Dependent	<input type="checkbox"/> Delete Dependent	<input type="checkbox"/> Name Change	<input type="checkbox"/> Beneficiary Change		
Date of add/delete _____		Former name _____		<input type="checkbox"/> Other _____		

SIGNATURE	I wish to make the choices indicated on this form. If electing coverage, I authorize deductions from my wages to cover my contribution, if required, toward the cost of insurance. I understand that my deduction amount will change if my coverage or costs change.					
	Member/Employee Signature Required <i>Timothy A. Lochmann</i>				Date (Mo/Day/Yr) <b>7-9-2012</b>	

Human Resources Department - Complete this section. Retain form for your records.					
Dvsn ID	Billing Cat.	Date of Hire/Rehire	Hrs. Worked Per Wk.	Earnings \$	Per: <input type="checkbox"/> Hour <input type="checkbox"/> Wk <input type="checkbox"/> Mo <input type="checkbox"/> Yr

## Beneficiary Information

- Your designation revokes all prior designations.
- Benefits are only payable to a contingent Beneficiary if you are not survived by one or more primary Beneficiary(ies).
- If you name two or more Beneficiaries in a class:
  1. Two or more surviving Beneficiaries will share equally, unless you provide for unequal shares.
  2. If you provide for unequal shares in a class, and two or more Beneficiaries in that class survive, we will pay each surviving Beneficiary his or her designated share. Unless you provide otherwise, we will then pay the share(s) otherwise due to any deceased Beneficiary(ies) to the surviving Beneficiaries pro rata based on the relationship that the designated percentage or fractional share of each surviving Beneficiary bears to the total shares of all surviving Beneficiaries.
  3. If only one Beneficiary in a class survives, we will pay the total death benefits to that Beneficiary.
- If a minor (a person not of legal age), or your estate, is the Beneficiary, it may be necessary to have a guardian or a legal representative appointed by the court before any death benefit can be paid. If the Beneficiary is a trust or trustee, the written trust must be identified in the Beneficiary designation. For example, "Dorothy Q. Smith, Trustee under the trust agreement dated \_\_\_\_\_."
- A power of attorney must grant specific authority, by the terms of the document or applicable law, to make or change a Beneficiary designation. If you have any questions, consult your legal advisor.
- Dependents Insurance, if any, is payable to you, if living, or as provided under your Employer's coverage under the Group Policy.

# Enrollment Application/Change/Cancellation Request



Standard

11/1/12

- Enroll**
- Cancel**
- Change**
- Address Change**
- Name Change**
- Date of Change   /  /

## To Be Completed By Employer

**ATTENTION EMPLOYER REPRESENTATIVE:** To ensure accurate processing of application, 1) please review all sections and confirm the employee completed the appropriate information, 2) complete the information in this section and 3) provide your signature and today's date. If the employee is waiving coverage, do not submit the application but retain it for your records.

Company Name City of Independence Group # \_\_\_\_\_ Department # \_\_\_\_\_

Plan Variation	Reporting Code	Benefit Level/Class Code, if applicable
Medical <input checked="" type="checkbox"/> Vision _____ Dental <input checked="" type="checkbox"/> Life _____	Medical _____      Vision _____ Dental _____      Life _____	Life/AD&D _____      Suppl. Life _____ Spouse Life _____      Suppl. AD&D _____

- New Enrollment/Additions: (Check one)**
- Date of Hire 7/11/12 Requested Date of Coverage   /  /
- New Hire       Status Change (PT to FT)
  - Return from Leave/Layoff
  - Birth       Marriage       Adoption
  - Court ordered dependent
  - Other (describe) \_\_\_\_\_
  - COBRA/State Continuation start date \_\_\_\_\_ stop date \_\_\_\_\_
  - Annual Open Enrollment** Requested Effective Date of Enrollment   /  /

- Cancellations:** Last Date of Employment   /  /
- Requested Effective Date of Cancellation   /  /
- Cancel all coverage
  - Cancel all listed below – Section B
- Reason: (check one)
- Death     Employee Terminated     Divorce
  - Moved out of service area
  - Dependent reached student/dependent max age
  - Other (describe) \_\_\_\_\_

**Employee Type**  Union  Non-union  Salaried  Hourly  Active  Retire Date   /  /    COBRA/State Cont.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## A Employee Information

Employer Position _____		Phone Number _____		
Last Name <u>Loehmann</u>	First Name <u>Timothy</u>	MI <u>A</u>	Social Security Number [REDACTED]	Home Phone [REDACTED]
Address [REDACTED]		Apt # _____	City [REDACTED]	State <u>Ohio</u>
Date of Birth [REDACTED]		Physician* (First & Last Name) / Physician's ID Number [REDACTED]		Primary Care Dentist Number* <u>  </u> / <u>  </u> / <u>  </u>
Marital Status <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		Race – Check all that apply (Optional)** <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African-American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native Hawaiian/Pacific Islander <input checked="" type="checkbox"/> White <input type="checkbox"/> Other--Please specify _____		

\*IMPORTANT: Please see employer representative as some plans require a Primary Physician (Primary Care) and/or a Primary Care Dentist (PCD) selection.

\*\*Data collected will be used only to help communicate with enrollees and inform them of specific programs to enhance their well-being and not for eligibility or claim payment determination.

Coverage Provided by "UnitedHealthcare and Affiliates":  
 Medical coverage provided by United HealthCare Insurance Company of Ohio or United HealthCare of Ohio, Inc.  
 Dental coverage provided by United HealthCare Insurance Company of Ohio or United HealthCare of Ohio, Inc.  
 Life Insurance coverage provided by United HealthCare Insurance Company of Ohio or Unimerica Insurance Company  
 Vision coverage provided by United HealthCare Insurance Company of Ohio or Unimerica Insurance Company

**B. Family Information**

List All Enrolling/Changing/Cancelling (Attach sheet if necessary)

Check appropriate box	Last Name	First Name	MI	Sex	Relationship**	Birthdate	Full Time Student***	Physician* (First and Last Name) Physician's ID Number
<input type="checkbox"/> Enroll <input type="checkbox"/> Cancel <input type="checkbox"/> Change				M F	Spouse			
Race - Check all that apply (Optional)**** <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African-American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other-Please specify _____								Primary Care Dentist Number*
<input type="checkbox"/> Enroll <input type="checkbox"/> Cancel <input type="checkbox"/> Change				M F	Dependent		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Race - Check all that apply (Optional)**** <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African-American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other-Please specify _____								Primary Care Dentist Number*
<input type="checkbox"/> Enroll <input type="checkbox"/> Cancel <input type="checkbox"/> Change				M F	Dependent		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Race - Check all that apply (Optional)**** <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African-American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other-Please specify _____								Primary Care Dentist Number*
<input type="checkbox"/> Enroll <input type="checkbox"/> Cancel <input type="checkbox"/> Change				M F	Dependent		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Race - Check all that apply (Optional)**** <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African-American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other-Please specify _____								Primary Care Dentist Number*
<input type="checkbox"/> Enroll <input type="checkbox"/> Cancel <input type="checkbox"/> Change				M F	Dependent		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Race - Check all that apply (Optional)**** <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African-American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other-Please specify _____								Primary Care Dentist Number*

\* IMPORTANT: Please see employer representative as some plans require a Primary Physician (Primary Care) and/or a Primary Care Dentist (PCD) selection.  
 \*\* For some cases, such as Qualified Medical Child Support, additional documentation may be required. Please see employer representative for more information.  
 \*\*\* Please see employer representative for student status qualifications.  
 \*\*\*\* Data collected will be used only to help communicate with enrollees and inform them of specific programs to enhance their well-being and not for eligibility or claim payment determination.\*

**C. Product Selection**

Please check all that apply. Benefit offerings are dependent upon employer selection.

Person	Medical	Dental	Vision	Life/Amount	Sup Life	Sup AD&D	STD	LTD	Dual Option Plan Selected
Employee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Dependents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Salary _____ Required only if Life Plan based on salary					

Life Insurance Beneficiary's Full Name and Address	Relationship
--	--------------



**D. Other Medical Coverage Information** This section must be completed. (Attach sheet if necessary.)

On the day this coverage begins, will you, your spouse or any of your dependents be covered under any other medical health plan or policy, including another UnitedHealthcare plan or Medicare?  YES (continue completing this section)  NO (skip the rest of this section)

Name of other carrier \_\_\_\_\_

Other Group Medical Coverage Information (only list those covered by other plan)	Type (B/S/F)*	Effective Date	End Date	Name and date of birth of policyholder for other coverage
Spouse Name:				
Dependent Name:				
Dependent Name:				
Dependent Name:				

\*B. Enter 'B' when this dependent is covered under both you and your spouse's insurance plan (married)

S. Enter 'S' if you are the parent awarded custody of this dependent and no other individual is required to pay for this dependent's medical expenses.

F. Enter 'F' if this dependent is covered by another individual (not a member of your household) required to pay for this dependent's medical expenses.

Medicare – Employee Information: If enrolled in Medicare, please attach a copy of your Medicare ID card.

- Enrolled in Part A: Effective Date \_\_\_\_\_  Ineligible for Part A\*  Not Enrolled in Part A (chose not to enroll)  
 Enrolled in Part B: Effective Date \_\_\_\_\_  Ineligible for Part B\*  Not Enrolled in Part B (chose not to enroll)  
 Enrolled in Part D: Effective Date \_\_\_\_\_  Ineligible for Part D\*  Not Enrolled in Part D (chose not to enroll)  
 Reason for Medicare eligibility:  Over 65  Kidney Disease  Disabled  Disabled but actively at work

Medicare – Spouse/Dependent Name: \_\_\_\_\_

- Enrolled in Part A: Effective Date \_\_\_\_\_  Ineligible for Part A\*  Not Enrolled in Part A (chose not to enroll)  
 Enrolled in Part B: Effective Date \_\_\_\_\_  Ineligible for Part B\*  Not Enrolled in Part B (chose not to enroll)  
 Enrolled in Part D: Effective Date \_\_\_\_\_  Ineligible for Part D\*  Not Enrolled in Part D (chose not to enroll)  
 Reason for Medicare eligibility:  Over 65  Kidney Disease  Disabled  Disabled but actively at work

\*Only check "Ineligible" if you have received documentation from your Social Security benefits that indicate that you are not eligible for Medicare.

**E. Waiver of Coverage**

I decline coverage for:

- Myself  
 Spouse  
 Dependent Children  
 Myself and all dependents

Declining coverage due to existence of other coverage:

- Spouse's Employer's Plan  Individual Plan  
 Covered by Medicare  Medicaid  
 COBRA from Prior Employer  VA Eligibility  
 Tri-Care  
 I (we) have no other coverage at this time  
 Other \_\_\_\_\_

I understand that by waiving coverage at this time, I will not be allowed to participate unless I experience a life change event, at the next open enrollment period or as a late enrollee, if applicable. I acknowledge that I have received the "Important Information" statement which is included with this form.

Employee Initials | Date

**F. Signature**

I confirm that the information I have provided on this form is complete and accurate.

I understand that the health benefit plan that I have selected provides reimbursement for certain medical costs, which are more fully described in the current Certificate of Coverage. I understand there may be instances where treatment decisions made by my physician or me or medical expenses which I have incurred may not be covered by my health benefit plan.

I understand that information collected in connection with administration of the benefit plan may be used to bring to my attention health products or services that might be valuable to me and otherwise as permitted by law. I understand that you may combine that information with other information so that it is no longer individually identifiable and use it for commercial and other purposes.

I acknowledge that I have received the "Important Information" statement which is included on the back of this form.

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Date: 7-9-2012 Employee Signature for all applying and waiving: [Signature] Spouse Signature (if applying for coverage):

Primary Language Spoken  English  Spanish  Other \_\_\_\_\_

## IMPORTANT INFORMATION

In order to make choices about your health care coverage and treatment, we believe that it is important for you to understand how your plan operates and how it may affect you. In an ever-changing environment, the information can never be complete and we urge you to contact us if, after enrollment, your Certificate of Coverage or other materials do not answer your questions. Further information is available at [www.myuhc.com](http://www.myuhc.com) or at the toll-free Customer Care number located on the back of your identification card or on other plan materials.

1. We do not provide health care services or make treatment decisions. We help finance and/or administer the health benefit plan in which you are enrolled. That means:
  - We make decisions about whether the health benefit plan you chose will reimburse you for care that you may receive.
  - We do not decide what care you need or will receive. You and your provider make those decisions.
2. We may enter into arrangements where another entity carries out some of our duties, but those entities must operate consistently with our commitment to your plan.
3. We may use individually identifiable information about you to identify for you (and you alone) procedures, products, and services that you may find valuable.
4. We contract with networks of physicians and other providers. Our credentialing process confirms public information about the providers' licenses and other credentials, but does not assure the quality of the services provided.
5. Physicians and other providers in our networks are independent contractors and are not our employees or agents. We do not control nor do we have a right to control your provider's treatment or plan.
6. We may enter into agreements with your physician or other provider to share in the cost savings that our approach may generate. We encourage providers in our network to disclose the nature of those arrangements with you. If they do not, we encourage you to talk to your provider about these arrangements.
7. We encourage physicians and other providers to talk with you about care you or your provider think might be valuable.
8. We will use individually identifiable information about you as permitted by law, including in our operations and in our research. We will use anonymous data for commercial purposes including research.

## Statement of affirmation and authorization to obtain and disclose information in connection with eligibility for coverage.

I (we) request the indicated group coverage for myself and, if the plan provides, for my dependents. I authorize any required premium contributions to be deducted from earnings.

I (we) authorize all providers of health services or supplies and any of their representatives to give the following to the HMO/insurance company(ies): any available information about the health history, condition, or treatment of any persons named in this request. I (we) authorize the HMO/insurance company(ies) to use this information to determine eligibility for health coverage and eligibility for benefits under an existing policy.

I (we) also authorize the HMO/insurance company(ies) to give this information to its (their) representatives or to any other organization for the reason notified above. I (we) agree that this authorization is valid for 30 months from the date below. I (we) know that I (we) have the right to ask for and to receive a copy of this authorization.

I understand that the Certificate of Coverage and other documents, notices, and communications regarding my health benefit plan may be transmitted electronically.

I (we) have not given the agent or any other persons any health information not included on the Request for Coverage. I (we) understand that the HMO/insurance company(ies) is not bound by any statements I (we) have made to any agent or to any other persons, if those statements are not written or printed on this Request for Coverage and any attachments.

# Ohio Police & Fire Pension Fund

140 East Town Street / Columbus, Ohio 43215-5164 / Tel. (614) 228-2975 / www.op-f.org

August 15, 2012

MAGGIE OSYSKO  
CITY OF INDEPENDENCE  
6800 BRECKSVILLE RD  
INDEPENDENCE OH 44131

Subject: Member Minimum Medical Testing and Diagnostic Procedures/Physician's Report

Dear Employer:

The Ohio Police & Fire Pension Fund ("OP&F") received the Personal History Record that your office submitted for the member listed below on August 6, 2012.

In addition, OP&F received the complete member's minimum medical testing and certification on August 6, 2012.

Name: TIMOTHY LOEHMANN SSN: [REDACTED]

Hire Date: July 11, 2012 PEP Due Date: September 9, 2012

Based on the review of the member minimum medical reports, this letter will serve as notice that your office has submitted the required reports and certification pursuant to ORC Section 742.38 and OAC Rule 742-1-02. The determination of whether a disability is presumed to be an on-duty injury will be made if and when a member files a disability application with OP&F.

Should you have any questions, please contact OP&F Customer Service at (888) 864-8363. We appreciate your assistance in filing these reports in a timely and proper manner.

Sincerely,



Jacinda Price  
Member Services Department

L068

IND000018





# City of Independence, Ohio

"THE HEART OF CUYAHOGA COUNTY"

6800 BRECKSVILLE ROAD

INDEPENDENCE, OHIO 44131

CIVIL SERVICE COMMISSION

6335 SELIG BLVD. INDEPENDENCE, OHIO 44131

216.524.1439

7/26/12

Jacinda Price  
Ohio Police and Fire and Pension Fund  
140 East Town Street  
Columbus, OH 43215

Re: Timothy A. Loehmann [REDACTED]  
New Police Patrol Officer Appointment

Member Services:

Enclosed please find the completed Personal History Record (7/9/12) including a copy of the letter confirming full time appointment date of 7/11/12 for Timothy A. Loehmann. His Member's Medical Questionnaire, physical examination reports and form SSA-1945 are also enclosed.

If you have any questions or need additional information, please do not hesitate to contact me.

Sincerely,

*William Zarlenga (sc)*

William Zarlenga, Chairman  
Civil Service Commission

WZ/gc

Enclosures

cc: Joe Lubin, Human Resources Director w/copy of Personal History Record (7/9/12);  
John Nicastro, Police Chief w/copy of Personal History Record (7/9/12)

IND000019



Ohio Police & Fire Pension Fund  
 140 East Town Street  
 Columbus, OH 43215  
 Phone: (614) 628-8435  
 www.op-f.org

## PERSONAL HISTORY RECORD

This form must be completed and filed with the Ohio Police & Fire Pension Fund (OP&F) for each new employee who is hired as a full-time police officer or firefighter in a position qualifying for enrollment in OP&F as part of an employer's reporting requirements. Ohio law requires an employer to cause the employee to undergo a physical examination in the form established by OP&F prior to his or her employment and, with limited exceptions, timely file the required documentation with OP&F. Otherwise, penalties and interest may be imposed against the employer.

Ohio law sets forth the eligibility requirements for individuals who are required to become a member of OP&F. Before enrolling in OP&F, the employer should review the eligibility requirements listed below and confirm that the individual meets these requirements for OP&F membership. If the individual meets the requirements, the employer must complete the Personal History Record form to begin the process of enrollment in OP&F, as well as filing the appropriate documentation for the pre-employment physical. OP&F reserves the right to reject membership or service credit at a later date as information becomes available.

A summary of OP&F's membership eligibility requirements are as follows:

Firefighters contributing to OP&F must be paid from public funds of the employing municipal entity and be:

- A full-time firefighter who is employed by a fire department of the state, instrumentality of the state, or of a municipal corporation, township, joint fire district, or other political subdivision in a position in which he or she is required to satisfactorily complete, or to have satisfactorily completed, a firefighter training course approved under former Ohio Revised Code (ORC) Section 3303.07 or Section 4765.55, or conducted under ORC Section 3737.33.

Police officers contributing to OP&F must be paid from public funds of the employing municipal entity and be:

- A full-time, regular police officer in a police department of a municipal corporation appointed from a duly-established civil service eligible list or pursuant to ORC Section 124.411 [124.41.1];
- A full-time, regular police officer in a police department who is appointed pursuant to ORC Section 737.15 or 737.16 and is paid solely out of public funds of the employing municipal corporation; or
- A full-time police officer with a police department who is required to satisfactorily complete a peace officer training course in compliance with ORC Section 109.77.

Once completed, this entire form (Pages 1-4) must be submitted to OP&F and contain original signatures. OP&F will not accept this form if the signatures have been faxed, photocopied or scanned.

The employee required to enroll in OP&F membership must complete Sections A through F. The employer must complete Sections G, H, and I.

Section A: Employee information			
Name: First, MI, Last, suffix (Jr, III, etc.) <i>Timothy A Loehmann</i>		<input checked="" type="checkbox"/> Police officer <input type="checkbox"/> Firefighter	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Street Address / Post office box [REDACTED]		Social Security number [REDACTED]	
City, State, ZIP code [REDACTED]		Date of Birth [REDACTED]	
Home phone [REDACTED]		Date of hire as a police officer or firefighter 07 / 02 / 2012	
<input type="checkbox"/> New Alternate phone [REDACTED]	<input type="checkbox"/> New Email address [REDACTED]	<input type="checkbox"/> New	

**Section B: Marital and dependent information**

**Current spouse**

Name

Gender:

Male  Female

Marriage date

--	--	--	--	--	--	--	--	--	--

Social Security number

--	--	--	--	--	--	--	--	--	--

Birth date

--	--	--	--	--	--	--	--	--	--

**Dependent information (excluding current spouse)**

Relationship	Dependent name	Gender (M/F)	Social Security number	Birth date
Children, under the age of 18				
Children, 18-22 if unmarried and a student				
Children, any age if dependent and disabled				

**Section C: Multiple Ohio retirement system membership**

Yes  No Are you **currently receiving**, or eligible to receive in the future, an age/service retirement benefit or disability benefit from any of the following Ohio retirement systems? (Please check all that apply)

<input type="checkbox"/> State Highway Patrol Retirement System	<input type="checkbox"/> School Employees Retirement System
<input type="checkbox"/> Ohio Public Employees Retirement System	<input type="checkbox"/> State Teachers Retirement System
<input type="checkbox"/> Cincinnati Retirement System	<input type="checkbox"/> <b>Ohio Police &amp; Fire Pension Fund</b>

Yes  No Are you **currently contributing** to any of the following Ohio retirement systems? (Please check all that apply)

<input type="checkbox"/> State Highway Patrol Retirement System	<input type="checkbox"/> School Employees Retirement System
<input type="checkbox"/> Ohio Public Employees Retirement System	<input type="checkbox"/> State Teachers Retirement System
<input type="checkbox"/> Cincinnati Retirement System	<input type="checkbox"/> <b>Ohio Police &amp; Fire Pension Fund</b>

Yes  No Have you **received a refund of contributions** for full-time service from any of the following Ohio retirement systems? (Please check all that apply)

<input type="checkbox"/> State Highway Patrol Retirement System	<input type="checkbox"/> School Employees Retirement System
<input type="checkbox"/> Ohio Public Employees Retirement System	<input type="checkbox"/> State Teachers Retirement System
<input type="checkbox"/> Cincinnati Retirement System	<input type="checkbox"/> <b>Ohio Police &amp; Fire Pension Fund</b>

Yes  No Do you have **contributions on deposit for full-time service**, but are not **currently contributing** to any of the following Ohio retirement systems? (Please check all that apply)

<input type="checkbox"/> State Highway Patrol Retirement System	<input type="checkbox"/> School Employees Retirement System
<input type="checkbox"/> Ohio Public Employees Retirement System	<input type="checkbox"/> State Teachers Retirement System
<input type="checkbox"/> Cincinnati Retirement System	<input type="checkbox"/> <b>Ohio Police &amp; Fire Pension Fund</b>

**Section D: Out-of-state, federal or military employment information**

Yes  No Have you ever been employed full-time by an **out-of-state public employer** or as a **civil employee of the federal government**? If yes, please provide your employer's name, address, date of hire and termination date.

Yes  No Do you have previous active duty service in the **Armed Forces**? If yes, please provide your branch and dates of service.

**Section E: Employee signature and acknowledgement**

I, the employee described in section A of this *Personal History Record*, who, having been duly sworn, represent that I am the person herein described, and I certify that all the statements made herein are true and correct.


Signature *Timothy A. Tsch...* Date of signature 07-09-2012

**Section F: Notary public requirement**

The notary public in good standing must sign in the space provided in this section and affix their seal.

State of Ohio, County of Cuyahoga, ss:

The foregoing *Personal History Record* was acknowledged before me by the person named in the foregoing Section E, this July day of 2012.

Affix seal here  **DARLYNN K. VELOTTA**  
NOTARY PUBLIC  
STATE OF OHIO  
Recorded in  
Cuyahoga County  
My Comm. Exp. 3/6/2016

Notary's signature *Darlynn K. Velotta*  
Print name DARLYNN K. VELOTTA  
My commission expires 3-6-2016

Sections G, H and I (on Page 4 of this form) must be completed by an authorized employer representative.

The following sections (G, H and I) must be completed by an authorized employer representative.

**Section G: Employer Information**

Employer name <u>CITY OF INDEPENDENCE</u>	Employer Code <u>0277</u>	Check one: <input checked="" type="checkbox"/> Police <input type="checkbox"/> Fire
Street address / Post office box <u>6800 BAECKSVILLE RD.</u>	Employer phone <u>216-524-9713</u>	Employer fax <u>216-524-0936</u>
City, State, ZIP code <u>INDEPENDENCE, OH 44131</u>	Employer e-mail address: <u>osyskom@independenceohio.org</u>	

**Section H: Certification of membership eligibility**

In order to assist OP&F in determining the employee's eligibility for OP&F membership, please complete this section. OP&F reserves the right to reject membership or service credit at a later date as information becomes available.

- Yes  No The employee received an original appointment as a full-time, regular **police officer**.  
Check one of the following:
- A full-time, regular police officer in a police department of a municipal corporation appointed from a duly-established civil service eligible list or pursuant to Ohio Revised Code (ORC) Section 124.411 [124.41.1];
  - A full-time, regular police officer in a police department who is appointed pursuant to ORC Section 737.15 or 737.16 and is paid solely out of public funds of the employing municipal corporation; or
  - A full-time, regular police officer in a police department who is required to satisfactorily complete a peace officer training course in compliance with ORC Section 109.77.

- Yes  No The employee has been employed as a full-time **firefighter** employed by a fire department of the state, instrumentality of the state, or of a municipal corporation, township, joint fire district or other political subdivision in a position in which he or she is required to satisfactorily complete, or to have satisfactorily completed, a firefighter training course approved under former ORC Section 3303.07 or Section 4765.55, or conducted under ORC Section 3737.33. **Please submit a copy of the certificate earned upon the completion of the training course.**

07/11/2012  
(month/day/year) Date employee began contributing a percentage of his/her salary to OP&F (first date that compensation was earned as a full-time police officer or firefighter).

07/11/2012  
(month/day/year) Date employee was appointed to a full-time police officer or firefighter position. **Please attach a copy of the appointment letter confirming full-time status for the member.**

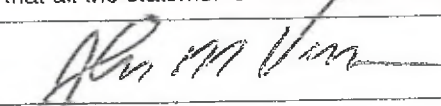
\$42,157  
(per year) Member's initial salary rate (starting annual salary).

07/2012  
(month/year) Date pension contributions will first appear on the *Report of Retirement Deductions*.

Payroll reporting pick-up plan (A, B, C or D) that the member contributions will be submitted under on the *Report of Retirement Deductions*.  
(A, B, C or D)

**Section I: Employer certification**

I hereby certify the person named in Section A is employed as a full-time police officer or firefighter by the employer named in Section G, and that all the statements made herein are true and correct.

Signature 	Date of signature <u>7-10-12</u>
Print name <u>JOHN M. VERES</u>	Title <u>DIRECTOR OF FINANCE</u>

Once completed, this entire form (Pages 1-4) must be submitted to OP&F and contain original signatures. OP&F will not accept this form if the signatures have been faxed, photocopied or scanned.

OP&F USE ONLY

Entered/Date:

Reviewed/Date:

IND000023



# ORIENTATION CHECKLIST

Employee Name (Title):

Tim Loehmann (Patrol Officer)

Date of Hire: July 11, 2012

Orientation Date:

July 9, 2012

F.T. = Full-Time year-round employee

P.T. 20 = Part-Time year-round employee who regularly works 20+ hours per week.

P.T. 30 = Part-Time year-round employee who regularly works 30+ hours per week

## CHECK OFF WHEN DISCUSSED:

- Offer Letter
- New Hire / Rehire Form
- N/A Service Credit Acknowledgement Letter
- Personal Day(s)
- Holidays (P.T. 20 - F.T.)
- Sick Days (F.T.)
- Vacation (P.T. 20 - F.T.)
- Declaration Regarding Material Assistance (Homeland Security Form)
- Direct Deposit Enrollment Form
- Jury Duty (P.T. 20 - F.T.)
- Employee Assistance Program (P.T. 30 - F.T.) - Also for families, strictly confidential
- I-9 Form (and proof of identity)
- N/A Recreation Facility Use Memo
- Medicare Deduction (1.45% of salary)
- Garnishment/Child Support/Chapter 13 Bankruptcy
- Finance Paperwork (W-4, IT4)
- United Way (Flyers distributed in October or November)

## RETIREMENT ACCOUNTS

- Ohio Deferred Compensation
- Retirement Information (<sup>OPPPF</sup>OPERS) & WEP/GPO Signoff Sheet

## CITY BENEFITS

- Health, Dental and Vision
- Life Insurance
- Supplemental Term Life Insurance (Ee must sign agreeing to payroll deductions)
- AFLAC
- COBRA Initial Notification (Ee keeps notice; City gets back signed receipt)
- Flexible Spending Account

## CITY POLICIES:

- Disciplinary Action
- Discrimination & Sexual Harassment
- N/A Personal Appearance / Dress Code
- Travel Reimbursement Policy
- Ethics
- FMLA
- IT Policy & Summary Sheet
- Drug & Alcohol Policy
- Pre-Employment Drug Testing Acknowledgement Form

**NEW EMPLOYEE ACKNOWLEDGEMENT:** I agree that the information that has been checked above has been thoroughly explained to me in my orientation. I agree to review this information and understand that, should I have any questions on any of the subject matter, I can call Human Resources (extension 2240) at any time.

Employee Signature & Date:

*Timothy A. Loehmann* 7-9-2012

HR Department Witness:

*John Fuler* 7/9/12

IND000024

# CITY OF INDEPENDENCE NEW HIRE/REHIRE FORM

*1509750*

## EMPLOYEE DATA

New Hire     Rehire

LAST NAME <b>LOEHMANN</b>	FIRST NAME <b>Timothy</b>	MI <b>A</b>	SOCIAL SECURITY # [REDACTED]
------------------------------	------------------------------	----------------	---------------------------------

ADDRESS [REDACTED]	HOME PHONE # [REDACTED]
-----------------------	----------------------------

CITY [REDACTED]	STATE <b>OH</b>	ZIP CODE [REDACTED]	DATE OF BIRTH [REDACTED]	GENDER <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
--------------------	--------------------	------------------------	-----------------------------	---

MARITAL STATUS <input type="checkbox"/> Married <input checked="" type="checkbox"/> Single	US CITIZEN <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	PREFERRED LANGUAGE <input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other	HIGHEST EDUCATION <input type="checkbox"/> Grade School (1-9) <input type="checkbox"/> High School/GED <input checked="" type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Above Masters
--	--	---	---

I-9 Completed by: \_\_\_\_\_

## EMERGENCY CONTACT

NAME [REDACTED]	RELATIONSHIP [REDACTED]	PHONE NUMBER(S) [REDACTED]
ADDRESS [REDACTED]	CITY [REDACTED]	STATE    ZIP CODE [REDACTED]    [REDACTED]

## POSITION DATA

1 <sup>st</sup> DAY WORKED <b>July 11, 2012</b>	DEPARTMENT <b>Police</b>	POSITION TITLE/DESCRIPTION <b>Patrol Officer</b>
RATE OF PAY [REDACTED]	PAY TYPE <input type="checkbox"/> Hourly <input checked="" type="checkbox"/> Annual	STATUS <input checked="" type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Intern <input type="checkbox"/> Temp <input type="checkbox"/> On Call
RACE		
<input type="checkbox"/> Caucasian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Other		
# OF SCHOOL HOURS PER WEEK (If Applicable) [REDACTED]		


## APPROVALS

Originating Supervisor's Signature	Title	Date
Human Resource Director's Signature		Date
Mayor's Signature		Date

**CITY OF INDEPENDENCE  
DISCRIMINATION AND SEXUAL HARASSMENT POLICY**

1. It is the policy of the City of Independence that it will not tolerate verbal or physical conduct by an employee which harasses, disrupts or interferes with another's work performance or which creates an intimidating, offensive or hostile working environment.
2. While all forms of harassment are prohibited, including racial, ethnic, and religious harassment, it is the City's policy to emphasize that sexual harassment is specifically prohibited.
3. Unwelcome sexual advances, requests for sexual favors or other verbal or physical conduct of the sexual nature constitutes sexual harassment when:
  - a. Submission to the conduct is made whether an explicit or implicit condition of employment;
  - b. Submission to or rejection of the conduct is used as the basis for an employment decision affecting the harassed employee; and
  - c. The harassment substantially interferes with an employee's work performance or creates an intimidating, hostile, or offensive work environment.
4. Other sexually harassing or offensive conduct in the work place whether committed by supervisors of non-supervisory personnel is also prohibited. Such conduct includes, but is not limited to:
  - a. Sexual flirtations, touching , advances, or propositions;
  - b. Verbal abuse of a sexual nature;
  - c. Graphic or suggestive comments about an individual's dress or body;
  - d. Sexually degrading words to describe an individual; and
  - e. The display in the work place of sexually suggestive objects or pictures, including nude photographs.
5. Any employee who believes that he or she has suffered from sexual, racial, or ethnic harassment shall report the incident to the Mayor's office immediately. The City guarantees that an employee reporting such an incident of sexual harassment will not suffer any reprisal by the City or any of its agents or employees.
6. All complaints of harassment will be investigated promptly and as impartially and confidentially as possible by the Mayor or his or her designee. The result of the investigation and/or any action taken thereon will be communicated to the complaining employee.
7. The City considers all sexual, racial, and ethnic harassment to be a serious offense which may result in disciplinary action against the offender regardless of the offender's position, up to and including discharge.

By signing below, you hereby acknowledge that you have received, read, and understand the foregoing policy, Ordinance NO. 1998-28, against sexual harassment and understand how to report instances of such prohibited conduct. You further understand that acts of unlawful discrimination or harassment on your part are against city policy and that engaging in such conduct will result in disciplinary action, up to and including termination of employment.

  
\_\_\_\_\_  
Employee's Signature

7-9-2012  
Date

IND000026

TIMOTHY A. LOEHMANN

02/07

207

6-7041/2410  
563

Pay to the  
order of

VOID

Date

\$

Dollars



Charter One

For

[Redacted]



PRIDE IN AMERICA'S WPA



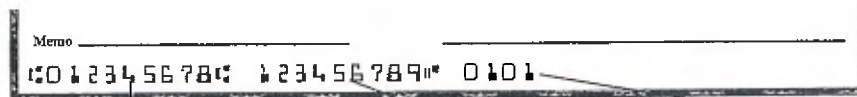
# Employee Direct Deposit Enrollment Form

**Payroll Manager—Please complete this section and enter data into your ADP Payroll system for employee enrollment. Then contact your CSR or AE for further instructions on how to update your employee's direct deposit information to ADP. NOTE: YOUR COMPANY NAME MUST BE FILLED IN BEFORE DISTRIBUTING THIS FORM TO YOUR EMPLOYEE FOR COMPLETION. (Please print.)**

Company Code: \_\_\_\_\_ Company Name: \_\_\_\_\_ Employee File Number: \_\_\_\_\_  
(referred to herein as "Employer")  
Payroll Mgr. Name: \_\_\_\_\_ Payroll Mgr. Signature: \_\_\_\_\_

To enroll in Full Service Direct Deposit, simply fill out this form and give it to your payroll manager. Attach a voided check for each checking account – not a deposit slip. If depositing to a savings account, ask your bank to give you the Routing/Transit Number for your account. It isn't always the same as the number on a savings deposit slip. This will help ensure that you are paid correctly.

Below is a sample check MICR line, detailing where the information necessary to complete this form can be found.



**Routing/Transit #**  
(A 9-digit number always between these two marks)

**Checking Account #**

**Check #**  
(this number matches the number in the upper right corner of the check— not needed for sign-up)

*✓ Done  
7-24-12  
MCO*

## Important! Please read and sign before completing and submitting.

I hereby authorize Employer, either directly or through its payroll service provider, to deposit any amounts owed me, by initiating credit entries to my account at the financial institution (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by Employer, either directly or through its payroll service provider, to my account. In the event that Employer deposits funds erroneously into my account, I authorize Employer, either directly or through its payroll service provider, to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until Employer and Bank have received written notice from me of its termination in such time and in such manner as to afford Employer and Bank reasonable opportunity to act on it.

Employee Name: Timothy Loehmann Social Security #: [REDACTED]  
Employee Signature: Timothy A. Loehmann Date: 07-09-2012

## Account Information

The last item must be for the remaining amount owed to you. To distribute to more accounts, please complete another form. **Make sure to indicate what kind of account, along with amount to be deposited, if less than your total net paycheck.**

- Bank Name/City/State: Charter One  
Routing/Transit #: \_\_\_\_\_ Account Number: \_\_\_\_\_  
 Checking  Savings  Other I wish to deposit: \$ \_\_\_\_\_ or  Entire Net Amount
- Bank Name/City/State: \_\_\_\_\_  
Routing/Transit #: \_\_\_\_\_ Account Number: \_\_\_\_\_  
 Checking  Savings  Other I wish to deposit: \$ \_\_\_\_\_ or  Entire Net Amount
- Bank Name/City/State: \_\_\_\_\_  
Routing/Transit #: \_\_\_\_\_ Account Number: \_\_\_\_\_  
 Checking  Savings  Other I wish to deposit: \$ \_\_\_\_\_ or  Entire Net Amount

### ATTENTION PAYROLL MANAGER:

Employers must keep each original employee enrollment form on file as long as the employee is using FSDD, and for two years thereafter.

## *Full Service Direct Deposit*

### **Your Pay Goes into the Bank. You Don't.**

Here's a new employee benefit that takes the hassle out of payday.

Full Service Direct Deposit automatically deposits your paycheck into the bank account(s) you select. Distribute your pay among multiple accounts (checking, savings, Christmas clubs, investment accounts, etc.) at different financial institutions. You won't have to stand in long check-cashing lines to deposit your pay anymore. Your pay will be in your account(s), ready for immediate use—even if you can't get to the bank.

### **Full Service Direct Deposit is...**

- *Convenient.* It deposits your net pay automatically to the bank account(s) of your choice. Full Service Direct Deposit also makes your money instantly available on payday for withdrawal or check writing—even if you aren't in the office on payday!
- *Safe.* Full Service Direct Deposit eliminates the chance of lost, stolen, or damaged paychecks.
- *Confidential.* Full Service Direct Deposit reduces handling of your personal payroll information by others.
- *Reliable.* Full Service Direct Deposit provides complete paystub information and deposit confirmation every payday.
- *Free.* All these benefits are offered to employees at no additional charge.

### **How to Enroll...**

To sign up for Full Service Direct Deposit, complete the enrollment form and give it to your payroll manager. Take advantage of Full Service Direct Deposit today!

02-184-124

Automatic Data Processing, Inc.  
One ADP Boulevard  
Roseland, New Jersey 07068-1728



TAKE THE  
HASSLE OUT  
OF YOUR  
PAYDAY

# Full Service Direct Deposit



IND000029

**Statement Concerning Your Employment in a Job  
Not Covered by Social Security**

Employee Name Timothy Loehmann

Employee ID# [REDACTED]

Employer Name City of Independence

Employer ID# [REDACTED]

Your earnings from this job are not covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefit amount may be affected.

**Windfall Elimination Provision**

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2005, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$313.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, "Windfall Elimination Provision."

**Government Pension Offset Provision**

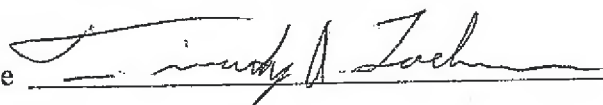
Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension.

For example, if you get a monthly pension of \$600 based on earnings that are not covered under Social Security, two-thirds of that amount, \$400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a \$500 widow(er) benefit, you will receive \$100 per month from Social Security (\$500 - \$400=\$100). Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to Social Security Publication, "Government Pension Offset."

**For More Information**

Social Security publications and additional information, including information about exceptions to each provision, are available at [www.socialsecurity.gov](http://www.socialsecurity.gov). You may also call toll free 1-800-772-1213, or for the deaf or hard of hearing call the TTY number 1-800-325-0778, or contact your local Social Security office.

I certify that I have received Form SSA-1945 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential future Social Security Benefits.

Signature of Employee 

Date 7-9-2012

## Information about Social Security Form SSA-1945 Statement Concerning Your Employment in a Job Not Covered by Social Security

New legislation [Section 419(c) of Public Law 108-203, the Social Security Protection Act of 2004] requires State and local government employers to provide a statement to employees hired January 1, 2005 or later in a job not covered under Social Security. The statement explains how a pension from that job could affect future Social Security benefits to which they may become entitled.

Form SSA-1945, **Statement Concerning Your Employment in a Job Not Covered by Social Security**, is the document that employers should use to meet the requirements of the law. The SSA-1945 explains the potential effects of two provisions in the Social Security law for workers who also receive a pension based on their work in a job not covered by Social Security. The Windfall Elimination Provision can affect the amount of a worker's Social Security retirement or disability benefit. The Government Pension Offset Provision can affect a Social Security benefit received as a spouse or an ex-spouse.

Employers must:

- Give the statement to the employee prior to the start of employment;
- Get the employee's signature on the form; and
- Submit a copy of the signed form to the pension paying agency.

Social Security will not be setting any additional guidelines for the use of this form.

Copies of the SSA-1945 are available online at the Social Security website, [www.socialsecurity.gov/form1945](http://www.socialsecurity.gov/form1945). Paper copies can be requested by email at [oplmsoswm.rqct.orders@ssa.gov](mailto:oplmsoswm.rqct.orders@ssa.gov) or by fax at 410-965-2037. The request must include the name, complete address and telephone number of the employer. Forms will not be sent to a post office box. Also, if appropriate, include the name of the person to whom the forms are to be delivered. The forms are available in packages of 25. Please refer to Inventory Control Number (ICN) 276950 when ordering.



# Form W-4 (2012)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2012 expires February 18, 2013. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends).

**Basic Instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

**Head of household.** Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity

income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

**Nonresident alien.** If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2012. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

**Future developments.** The IRS has created a page on [IRS.gov](http://IRS.gov) for information about Form W-4, at [www.irs.gov/w4](http://www.irs.gov/w4). Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted on that page.

## Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for yourself if no one else can claim you as a dependent . . . . .	<b>A</b>	0
<b>B</b>	Enter "1" if: • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. . . . .	<b>B</b>	0
<b>C</b>	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .	<b>C</b>	0
<b>D</b>	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b>	0
<b>E</b>	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) . . . . .	<b>E</b>	0
<b>F</b>	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit . . . . .	<b>F</b>	0
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three to seven eligible children or less "2" if you have eight or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child . . . . .	<b>G</b>	0
<b>H</b>	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶	<b>H</b>	0

For accuracy, complete all worksheets that apply.

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Separate here and give Form W-4 to your employer. Keep the top part for your records.

<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074 <b>2012</b>	
▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.					
1 Your first name and middle initial Timothy A		Last name Loehmann		2 Your social security number [REDACTED]	
Home address (number and street or rural route) [REDACTED]		3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.			
City or town, state, and ZIP code [REDACTED]		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>			
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)				5 0	
6 Additional amount, if any, you want withheld from each paycheck				6 \$ 0	
7 I claim exemption from withholding for 2012, and I certify that I meet both of the following conditions for exemption.					
• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and					
• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.					
If you meet both conditions, write "Exempt" here. ▶ 7					
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) ▶ Timothy A. Loehmann				Date ▶ 7-9-2012	
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) City of Independence			9 Office code (optional)		10 Employer identification number (EIN)

**Deductions and Adjustments Worksheet**

**Note.** Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1	Enter an estimate of your 2012 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions . . . . .	1	\$ 0
2	Enter: $\left\{ \begin{array}{l} \$11,900 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,700 \text{ if head of household} \\ \$5,950 \text{ if single or married filing separately} \end{array} \right\}$ . . . . .	2	\$ 0
3	<b>Subtract</b> line 2 from line 1. If zero or less, enter "-0-" . . . . .	3	\$ 0
4	Enter an estimate of your 2012 adjustments to income and any additional standard deduction (see Pub. 505)	4	\$ 0
5	<b>Add</b> lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2012 Form W-4</i> worksheet in Pub. 505.) . . . . .	5	\$ 0
6	Enter an estimate of your 2012 nonwage income (such as dividends or interest) . . . . .	6	\$ 0
7	<b>Subtract</b> line 6 from line 5. If zero or less, enter "-0-" . . . . .	7	\$ 0
8	<b>Divide</b> the amount on line 7 by \$3,800 and enter the result here. Drop any fraction . . . . .	8	0
9	Enter the number from the <b>Personal Allowances Worksheet</b> , line H, page 1 . . . . .	9	0
10	<b>Add</b> lines 8 and 9 and enter the total here. If you plan to use the <b>Two-Earners/Multiple Jobs Worksheet</b> , also enter this total on line 1 below. Otherwise, <b>stop here</b> and enter this total on Form W-4, line 5, page 1 . . . . .	10	0

**Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)**

**Note.** Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1	Enter the number from line H, page 1 (or from line 10 above if you used the <b>Deductions and Adjustments Worksheet</b> ) . . . . .	1	0
2	Find the number in <b>Table 1</b> below that applies to the <b>LOWEST</b> paying job and enter it here. <b>However</b> , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3" . . . . .	2	0
3	If line 1 is <b>more than or equal to</b> line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. <b>Do not</b> use the rest of this worksheet . . . . .	3	0

**Note.** If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

4	Enter the number from line 2 of this worksheet . . . . .	4	
5	Enter the number from line 1 of this worksheet . . . . .	5	
6	<b>Subtract</b> line 5 from line 4 . . . . .	6	
7	Find the amount in <b>Table 2</b> below that applies to the <b>HIGHEST</b> paying job and enter it here . . . . .	7	\$
8	<b>Multiply</b> line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . . . .	8	\$
9	Divide line 8 by the number of pay periods remaining in 2012. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2011. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck . . . . .	9	\$

**Table 1**

**Table 2**

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$5,000	0	\$0 - \$8,000	0	\$0 - \$70,000	\$570	\$0 - \$35,000	\$570
5,001 - 12,000	1	8,001 - 15,000	1	70,001 - 125,000	950	35,001 - 90,000	950
12,001 - 22,000	2	15,001 - 25,000	2	125,001 - 190,000	1,060	90,001 - 170,000	1,060
22,001 - 25,000	3	25,001 - 30,000	3	190,001 - 340,000	1,250	170,001 - 375,000	1,250
25,001 - 30,000	4	30,001 - 40,000	4	340,001 and over	1,330	375,001 and over	1,330
30,001 - 40,000	5	40,001 - 50,000	5				
40,001 - 48,000	6	50,001 - 65,000	6				
48,001 - 55,000	7	65,001 - 80,000	7				
55,001 - 65,000	8	80,001 - 95,000	8				
65,001 - 72,000	9	95,001 - 120,000	9				
72,001 - 85,000	10	120,001 and over	10				
85,001 - 97,000	11						
97,001 - 110,000	12						
110,001 - 120,000	13						
120,001 - 135,000	14						
135,001 and over	15						

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

**IND000033**

Notice to Employee

1. For state purposes, an individual may claim only natural dependency exemptions. This includes the taxpayer, spouse and each dependent. Dependents are the same as defined in the Internal Revenue Code and as claimed in the taxpayer's federal income tax return for the taxable year for which the taxpayer would have been permitted to claim had the taxpayer filed such a return.
2. You may file a new certificate at any time if the number of your exemptions **increases**.

You must file a new certificate within 10 days if the number of exemptions previously claimed by you **decreases** because:

- (a) Your spouse for whom you have been claiming exemption is divorced or legally separated, or claims her (or his) own exemption on a separate certificate.
- (b) The support of a dependent for whom you claimed exemption is taken over by someone else.
- (c) You find that a dependent for whom you claimed exemption must be dropped for federal purposes.

The death of a spouse or a dependent does not affect your withholding until the next year but requires the filing of a new certificate. If possible, file a new certificate by Dec. 1st of the year in which the death occurs.

For further information, consult the Ohio Department of Taxation, Personal and School District Income Tax Division, or your employer.

3. If you expect to owe more Ohio income tax than will be withheld, you may claim a smaller number of exemptions; or under an agreement with your employer, you may have an additional amount withheld each pay period.
4. A married couple with both spouses working and filing a joint return will, in many cases, be required to file an individual estimated income tax form IT 1040ES even though Ohio income tax is being withheld from their wages. This result may occur because the tax on their combined income will be greater than the sum of the taxes withheld from the husband's wages and the wife's wages. This requirement to file an individual estimated income tax form IT 1040ES may also apply to an individual who has two jobs, both of which are subject to withholding. In lieu of filing the individual estimated income tax form IT 1040ES, the individual may provide for additional withholding with his employer by using line 5.

✂ please detach here



Department of Taxation

Employee's Withholding Exemption Certificate

Print full name Timothy A. Loehmann Social Security number [REDACTED]

Home address and ZIP code [REDACTED]

Public school district of residence [REDACTED] School district no. \_\_\_\_\_  
(See *The Finder* at tax.ohio.gov.)

- |  |      |
|--|------|
| 1. Personal exemption for yourself, enter "1" if claimed .....   | 0    |
| 2. If married, personal exemption for your spouse if not separately claimed (enter "1" if claimed) ..... | 0    |
| 3. Exemptions for dependents .....   | 0    |
| 4. Add the exemptions that you have claimed above and enter total .....                                  | 0    |
| 5. Additional withholding per pay period under agreement with employer .....                             | \$ 0 |

Under the penalties of perjury, I certify that the number of exemptions claimed on this certificate does not exceed the number to which I am entitled.

Signature Timothy A. Loehmann Date 7-9-2012 IND000034



Ohio Police & Fire Pension Fund  
 140 East Town Street  
 Columbus, OH 43215  
 Phone: (614) 628-8435  
 www.op-f.org

## PERSONAL HISTORY RECORD

This form must be completed and filed with the Ohio Police & Fire Pension Fund (OP&F) for each new employee who is hired as a full-time police officer or firefighter in a position qualifying for enrollment in OP&F as part of an employer's reporting requirements. Ohio law requires an employer to cause the employee to undergo a physical examination in the form established by OP&F prior to his or her employment and, with limited exceptions, timely file the required documentation with OP&F. Otherwise, penalties and interest may be imposed against the employer.

Ohio law sets forth the eligibility requirements for individuals who are required to become a member of OP&F. Before enrolling in OP&F, the employer should review the eligibility requirements listed below and confirm that the individual meets these requirements for OP&F membership. If the individual meets the requirements, the employer must complete the Personal History Record form to begin the process of enrollment in OP&F, as well as filing the appropriate documentation for the pre-employment physical. OP&F reserves the right to reject membership or service credit at a later date as information becomes available.

A summary of OP&F's membership eligibility requirements are as follows:

Firefighters contributing to OP&F must be paid from public funds of the employing municipal entity and be:

- A full-time firefighter who is employed by a fire department of the state, instrumentality of the state, or of a municipal corporation, township, joint fire district, or other political subdivision in a position in which he or she is required to satisfactorily complete, or to have satisfactorily completed, a firefighter training course approved under former Ohio Revised Code (ORC) Section 3303.07 or Section 4765.55, or conducted under ORC Section 3737.33.

Police officers contributing to OP&F must be paid from public funds of the employing municipal entity and be:

- A full-time, regular police officer in a police department of a municipal corporation appointed from a duly-established civil service eligible list or pursuant to ORC Section 124.411 [124.41.1];
- A full-time, regular police officer in a police department who is appointed pursuant to ORC Section 737.15 or 737.16 and is paid solely out of public funds of the employing municipal corporation; or
- A full-time police officer with a police department who is required to satisfactorily complete a peace officer training course in compliance with ORC Section 109.77.

Once completed, this entire form (Pages 1-4) must be submitted to OP&F and contain original signatures. OP&F will not accept this form if the signatures have been faxed, photocopied or scanned.

The employee required to enroll in OP&F membership must complete Sections A through F. The employer must complete Sections G, H, and I.

Section A: Employee information			
Name: First, MI, Last, suffix (Jr, III, etc.) <i>Timothy A Loehmann</i>	<input checked="" type="checkbox"/> Police officer <input type="checkbox"/> Firefighter	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Social Security number [REDACTED]
Street Address / Post office box [REDACTED]	Date of Birth [REDACTED]		
City, State, ZIP code [REDACTED]	Date of hire as a police officer or firefighter <div style="border: 1px solid black; padding: 2px; display: inline-block;">             07 10 2012           </div>		
Home phone <input type="checkbox"/> New [REDACTED]	Alternate phone <input type="checkbox"/> New [REDACTED]	Email address <input type="checkbox"/> New [REDACTED]	

**Section B: Marital and dependent information**

**Current spouse**

Name \_\_\_\_\_ Gender:  Male  Female

Marriage date       Social Security number       Birth date

**Dependent information (excluding current spouse)**

Relationship	Dependent name	Gender (M/F)	Social Security number	Birth date
Children, under the age of 18				
Children, 18-22 if unmarried and a student				
Children, any age if dependent and disabled				

**Section C: Multiple Ohio retirement system membership**

Yes  No Are you **currently receiving**, or eligible to receive in the future, an age/service retirement benefit or disability benefit from any of the following Ohio retirement systems? (Please check all that apply)

State Highway Patrol Retirement System       School Employees Retirement System  
 Ohio Public Employees Retirement System       State Teachers Retirement System  
 Cincinnati Retirement System       **Ohio Police & Fire Pension Fund**

Yes  No Are you **currently contributing** to any of the following Ohio retirement systems? (Please check all that apply)

State Highway Patrol Retirement System       School Employees Retirement System  
 Ohio Public Employees Retirement System       State Teachers Retirement System  
 Cincinnati Retirement System       **Ohio Police & Fire Pension Fund**

Yes  No Have you **received a refund of contributions** for full-time service from any of the following Ohio retirement systems? (Please check all that apply)

State Highway Patrol Retirement System       School Employees Retirement System  
 Ohio Public Employees Retirement System       State Teachers Retirement System  
 Cincinnati Retirement System       **Ohio Police & Fire Pension Fund**

Yes  No Do you have **contributions on deposit for full-time service, but are not currently contributing** to any of the following Ohio retirement systems? (Please check all that apply)

State Highway Patrol Retirement System       School Employees Retirement System  
 Ohio Public Employees Retirement System       State Teachers Retirement System  
 Cincinnati Retirement System       **Ohio Police & Fire Pension Fund**

**Section D: Out-of-state, federal or military employment information**

Yes  No Have you ever been employed full-time by an **out-of-state public employer** or as a **civil employee of the federal government**? If yes, please provide your employer's name, address, date of hire and termination date.

Yes  No Do you have previous active duty service in the **Armed Forces**? If yes, please provide your branch and dates of service.

**Section E: Employee signature and acknowledgement**

I, the employee described in section A of this *Personal History Record*, who, having been duly sworn, represent that I am the person herein described, and I certify that all the statements made herein are true and correct.


Signature *Timothy A. Tuck* Date of signature 07-09-2012

**Section F: Notary public requirement**

The notary public in good standing must sign in the space provided in this section and affix their seal.

State of Ohio, County of Cuyahoga, ss:

The foregoing *Personal History Record* was acknowledged before me by the person named in the foregoing Section E, this July day of 2012.

Affix seal here  **DARLYNN K. VELOTTA**  
NOTARY PUBLIC  
STATE OF OHIO  
Recorded in  
Cuyahoga County  
My Comm. Exp. 3/6/2016

Notary's signature *Darlynn K. Velotta*  
Print name DARLYNN K. VELOTTA  
My commission expires 3-6-2016

Sections G, H and I (on Page 4 of this form) must be completed by an authorized employer representative.

The following sections (G, H and I) must be completed by an authorized employer representative.

**Section G: Employer Information**

Employer name <b>CITY OF INDEPENDENCE</b>	Employer Code <b>0277</b>	Check one: <input checked="" type="checkbox"/> Police <input type="checkbox"/> Fire
Street address / Post office box <b>6800 BAECKSVILLE RD.</b>	Employer phone <b>216-524-9713</b>	Employer fax <b>216-524-0936</b>
City, State, ZIP code <b>INDEPENDENCE, OH 44131</b>	Employer e-mail address: <b>osyskom@independence.ohio.org</b>	

**Section H: Certification of membership eligibility**

In order to assist OP&F in determining the employee's eligibility for OP&F membership, please complete this section. OP&F reserves the right to reject membership or service credit at a later date as information becomes available.

- Yes  No The employee received an original appointment as a full-time, regular **police officer**.  
Check one of the following:
- A full-time, regular police officer in a police department of a municipal corporation appointed from a duly-established civil service eligible list or pursuant to Ohio Revised Code (ORC) Section 124.411 [124.41.1];
  - A full-time, regular police officer in a police department who is appointed pursuant to ORC Section 737.15 or 737.16 and is paid solely out of public funds of the employing municipal corporation; or
  - A full-time, regular police officer in a police department who is required to satisfactorily complete a peace officer training course in compliance with ORC Section 109.77.

- Yes  No The employee has been employed as a full-time **firefighter** employed by a fire department of the state, instrumentality of the state, or of a municipal corporation, township, joint fire district or other political subdivision in a position in which he or she is required to satisfactorily complete, or to have satisfactorily completed, a firefighter training course approved under former ORC Section 3303.07 or Section 4765.55, or conducted under ORC Section 3737.33. **Please submit a copy of the certificate earned upon the completion of the training course.**

07/11/2012  
(month/day/year) Date employee began contributing a percentage of his/her salary to OP&F (first date that compensation was earned as a full-time police officer or firefighter).

07/11/2012  
(month/day/year) Date employee was appointed to a full-time police officer or firefighter position. **Please attach a copy of the appointment letter confirming full-time status for the member.**

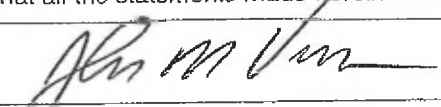
\$42,157  
(per year) Member's initial salary rate (starting annual salary).

07/2012  
(month/year) Date pension contributions will first appear on the *Report of Retirement Deductions*.

\_\_\_\_\_  
(A, B, C or D) Payroll reporting pick-up plan (A, B, C or D) that the member contributions will be submitted under on the *Report of Retirement Deductions*.

**Section I: Employer certification**

I hereby certify the person named in Section A is employed as a full-time police officer or firefighter by the employer named in Section G, and that all the statements made herein are true and correct.

Signature 	Date of signature <b>7-10-12</b>
Print name <b>JOHN M. VERES</b>	Title <b>DIRECTOR OF FINANCE</b>

Once completed, this entire form (Pages 1-4) must be submitted to OP&F and contain original signatures. OP&F will not accept this form if the signatures have been faxed, photocopied or scanned.

OP&F USE ONLY Entered/Date:

Reviewed/Date:

**RECEIPT OF COBRA INFORMATION**  
(City of Independence)

I acknowledge that I have received the **Initial Notice of COBRA Rights Notice** from the City of Independence.

Timothy Loehmann

Name of Employee (Print)



Signature of Employee

7-9-2012

Date

Name of Spouse (Print)

Signature of Spouse

Date

Please return this receipt form (you keep the attached notice) via one of the following methods:

1. Deliver this receipt in person to Human Resources
2. Place this receipt in inter-office mail to Human Resources
3. Mail this receipt via U.S. mail to: City of Independence, 6800 Brecksville Road, Independence, OH 44131, Attn: Human Resources

Thanks for your cooperation.





**PUBLIC EMPLOYMENT**

In accordance with section 2909.34 of the Ohio Revised Code

**DECLARATION REGARDING MATERIAL ASSISTANCE/NONASSISTANCE TO A TERRORIST ORGANIZATION**

This form serves as a declaration by an applicant for public employment of material assistance/nonassistance to an organization on the U.S. Department of State Terrorist Exclusion List ("TEL"). Please see the Ohio Homeland Security Division Web site for a copy of the TEL.

Any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided. Failure to disclose the provision of material assistance to such an organization or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree.

For the purposes of this declaration, "material support or resources" means currency, payment instruments, other financial securities, funds, transfer of funds, financial services, communications, lodging, training, safe houses, false documentation or identification, communications equipment, facilities, weapons, lethal substances, explosives, personnel, transportation, and other physical assets, except medicine or religious materials.

LAST NAME <i>Lochmann</i>		FIRST NAME <i>Timothy</i>		MIDDLE INITIAL <i>A</i>
HOME ADDRESS [REDACTED]				
CITY [REDACTED]	STATE <i>Ohio</i>	ZIP [REDACTED]	COUNTY [REDACTED]	
HOME PHONE [REDACTED]		WORK PHONE [REDACTED]		

**DECLARATION**

In accordance with section 2909.32 (A)(2)(b) of the Ohio Revised Code

For each question, indicate either "yes," or "no" in the space provided. Responses must be truthful to the best of your knowledge.

- Are you a member of an organization on the U.S. Department of State Terrorist Exclusion List?  Yes  No
- Have you used any position of prominence you have with any country to persuade others to support an organization on the U.S. Department of State Terrorist Exclusion List?  Yes  No
- Have you knowingly solicited funds or other things of value for an organization on the U.S. Department of State Terrorist Exclusion List?  Yes  No
- Have you solicited any individual for membership in an organization on the U.S. Department of State Terrorist Exclusion List?  Yes  No
- Have you committed an act that you know, or reasonably should have known, affords "material support or resources" to an organization on the U.S. Department of State Terrorist Exclusion List?  Yes  No
- Have you hired or compensated a person you knew to be a member of an organization on the U.S. Department of State Terrorist Exclusion List, or a person you knew to be engaged in planning, assisting, or carrying out an act of terrorism?  Yes  No

If an applicant's employment is denied due to a positive indication on this form, the applicant may request the Ohio Department of Public Safety to review the denial. Please see the Ohio Homeland Security Web site for information on how to file a request for review.

**CERTIFICATION**

I hereby certify that the answers I have made to all of the questions on this declaration are true to the best of my knowledge. I understand that if this declaration is not completed in its entirety, it will not be processed and I will be automatically disqualified. I understand that I am responsible for the correctness of this declaration. I understand that failure to disclose the provision of material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List, or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree. I understand that any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided by myself or my organization. If I am signing this on behalf of a company, business or organization, I hereby acknowledge that I have the authority to make this certification on behalf of the company, business or organization referenced above.

APPLICANT SIGNATURE X <i>Timothy A. Lochmann</i>	DATE <i>7-9-2012</i>
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# The City of Independence

## Pre-Employment Drug Testing Policy

All job applicants selected for employment with the City of Independence will undergo screening for the presence of illegal drugs as a condition for employment. Applicants will be required to voluntarily submit to a urinalysis test at a laboratory or on-site facility chosen by the City, and by signing a consent agreement, will release the City from liability. Any applicant with a positive test results will be denied employment at that time. The City will not discriminate against applicants for employment because of past abuse of drugs or alcohol. It is the current abuse of drugs or alcohol, which prevents employees from properly performing their jobs that the City will not tolerate.

### Pre-Employment Agreement

#### PLEASE READ CAREFULLY

I freely and voluntarily agree to submit to a urinalysis (drug screen) as part of my application for employment. I understand that either refusal to submit to the urinalysis screen or failure to qualify according to the minimum standards established by the City for this screen might disqualify me from further consideration for employment.

I further understand that upon commencement of employment with the City, I may again be required to submit to a urinalysis screen. I understand that refusal to take a requested urinalysis screen or failure to meet the minimum standards set for the screen may result in immediate suspension or discharge.

In the event that employment commences prior to the employer receiving the drug test results, I understand that I will be immediately discharged if the result comes back positive.

I have read in full and understand the above statements and conditions of employment.

Timothy A. Loehmann  
Applicant's Signature

7-9-2012  
Date

Timothy A. Loehmann  
Print Name

I have read the above and give my parental consent.

\_\_\_\_\_  
Parent's Signature

**RECEIPT OF OHIO ETHICS LAW AND RELATED STATUTES**  
(City of Independence)

The City of Independence and its employees are covered by the Ohio Ethics Law (Ohio Revised Code Chapter 102 and Section 2921.42) and, as such, the City must provide each new employee with a copy of this legislation and obtain written acknowledgement of receipt.

**EMPLOYEE ACKNOWLEDGEMENT:** I acknowledge that I have received a copy of the Ohio Ethics Law and related statutes and that I have read the provisions of said legislation.

I understand that if I have questions in this regard I can contact the City's Human Resources Director at 216/524-4131 or the State of Ohio Ethics Commission at 614/466-7090.

Timothy Loehmann

Name of Employee (Print)

Timothy A. Loehmann

Signature of Employee

\_\_\_\_\_  
Signature of Parent/Guardian  
(if employee is under age 18)

7-9-2012

Date

Please return this receipt form (you keep the attached copy of the ethics statutes) by:


1. Delivering it in person to Human Resources, or
2. Placing it in inter-office mail to Human Resources, or
3. Mailing it via U.S. mail to: City of Independence, 6800 Brecksville Road, Independence, OH 44131, Attn: Human Resources

Thanks for your cooperation.

**5. Acknowledgement**

The undersigned acknowledges that he/she has read and understands the City's Computer, E-Mail, and Internet Usage Policy statement, has received a copy of this policy, and agrees to be bound by its terms.

Date 7-9-2012

Signature 

Print Name Timothy A. Loehmann

# *City of Independence*

## Alcohol & Controlled Substances Policy

### **I. PURPOSE**

It is the policy of the City of Independence that its employees be free of substance and alcohol abuse. Consequently, the use of controlled substances by employees is prohibited. Further, employees who use alcohol shall be deemed to have engaged in prohibited conduct. The City will take the necessary steps, including controlled substance and alcohol testing to meet our overall goal, prevention, detection, deterrence and rehabilitation rather than termination.

### **II. APPLICABILITY**

This policy applies to all employees of the City.

**III. TESTING REQUIRED** – The cost of the testing shall be borne by City of Independence.

#### **Pre-employment**

**Reasonable suspicion** – employee violated the alcohol or controlled substance prohibitions, based on specific, direct, articulable, observations concerning the appearance, behavior, speech or body odors of the employee  
Erratic / abnormal behavior, deteriorating work performance.

**Post-accident-** an unplanned, event that occurs on City business, during working hours, or involves City supplied motor vehicles that are used in conducting City business or is within the scope of employment and which results in any of the following:

- a. a fatality of anyone involved in the accident
- b. bodily injury to employee or another person that requires off-site medical attention
- c. vehicular damage in apparent excess of \$750.
- d. Non-vehicular damage in apparent excess of \$500.

When such an accident results in one of the situations above, any employee involved in such accident will be tested for controlled substance or alcohol use or both.

**IV. CONTROLLED SUBSTANCE DEFINITIONS:** The term "drug" include cannabis as well as other controlled substances (**amphetamines, cocaine, marijuana, opiates and PCP**) as defined in the Ohio Revised Code. The

## DAUGHERTY'S DETECTIVE SERVICES

Chief John Nicastro  
Independence Police Department  
6800 Brecksville Road  
Independence, OH 44131

Confidential  
Post-Offer  
Pre-Employment Polygraph

June 21, 2012,

Dear Chief Nicastro:

On Thursday June 21, 2012, your police department applicant, Timothy Alexander Loehmann arrived to our office on time for an 11:45A.M. polygraph appointment regarding having been offered employment as a full time Independence Police Officer. It was explained to Mr. Loehmann that the only information that would be requested would be that which was relevant to the position that has been conditionally offered to him by the Independence Police Department. It was explained that there would be health related questions which include questions that regard alcohol and drug use, but that there are no questions that regard sexual preference or any sex between consenting adults other than illegal sexual activity.

### PRE-TEST INTERVIEW

An extensive pre-test interview was conducted and questions pertaining to the sixteen polygraph questions were discussed. The applicant was advised that he would have no difficulty with the polygraph exam as long as he was truthful during the interview.

Applicant stated that he has resided at [REDACTED] for fifteen years, with his [REDACTED] and [REDACTED] he stated that he sleeps, keeps his belongings and accepts mail only on [REDACTED] applicant's telephone numbers are [REDACTED] and [REDACTED] and e-mail addresses are [REDACTED] and [REDACTED] date of birth is [REDACTED] social security number is [REDACTED] and drivers license number is [REDACTED]. Applicant stated that he has never been married. Applicant stated that he is called "Tim" by his family and friends, and goes by no other names. Applicant's reason for wanting to be in law enforcement and his reason for wanting to be an Independence Police Officer is because the community of Independence has a superb police department. The position of patrolman is a stable job in Independence under the leadership of Mayor Kurtz and Chief Nicastro.

Applicant stated that this is his fifth summer working part time for the city of [REDACTED] doing maintenance. He stated that he likes his job. His rate of pay is \$8.00 per hour. In the past five years applicant has had no full time jobs and two part time jobs, all of his jobs are listed on his Independence employment application. Applicant stated that in the past year he was never absent, was never late and he was never disciplined. Applicant stated that he is not sure but thinks he was fired from Steve and Barry's in 2005 for tardiness and absenteeism when he eventually just did not come to work. He stated that this is unverifiable because Steve and Barry's is out of business. Applicant stated that he has never had a personality problem on the job, has never been asked to resign from a job, and has never been asked to quit a job before he would have been fired. Applicant has not recently applied for any other employment but he had applied to multiple police departments in 2010. If hired by the Independence Police Department applicant plans to stay for his entire career.

IND000045

Chief John Nicastro  
Re: Timothy Alexander Loehmann  
6/21/12  
Page 2

Applicant stated that he has never been a member of the US Armed forces.

Applicant graduated from Benedictine High School in 2007. He attended Tiffin University for one year in 2008, he completed one year at Tri-C from 2009-2010 where he received an Associates in Arts degree in Law Enforcement and he received a Bachelor of Arts degree from Cleveland State University in Criminology and Sociology in 2011.

Applicant stated that he has no real estate loans, student loans or automobile loans. He has a checking account with Charter One Bank and a saving account with Unity Catholic. He has no outstanding loans, bills, or debts. Applicant states a credit check will show that he has never defaulted on a loan, he has never had his wages garnished, never declared bankruptcy, never appeared in court due to a bad debt, and never wrote a check knowing he did not have sufficient funds in the account. He pays no child support or alimony, and he has no claims pending against him, nor does he have any claims pending against anyone else.

Applicant stated he has a valid Ohio Drivers License and has been driving for seven years. He has no restrictions on his driver's license which would prohibit him from operating a police vehicle. He stated that he wears glasses occasionally, he does not wear contacts. He drives his father's [REDACTED] and his insurance is carried through State Farm Insurance Company. Applicant stated that in the past five years he has had no moving violations, no parking violations, he has never been convicted of driving under the influence of alcohol or drugs or a related offense, he has never had his license revoked or suspended and he was never denied motor vehicle insurance. Applicant further stated that at age seventeen in 2011 he was involved in one, not at fault accident at 65<sup>th</sup> and Fleet.

Applicant stated that he has never shoplifted. He further stated that if he had to pay cash for everything he has ever taken from an employer he would owe less than \$60 and that would include a can of orange spray paint from Steve and Barry's; other than that, he has never taken anything from an employer no cash, food, tools or equipment. Applicant stated that he has never switched price tags in order to pay the lower price, never been asked to leave a job because something was missing, never felt he had good reason to steal from a job, never had another employee show him how to steal from a job, never bought or sold stolen property or merchandise, never misused another person's credit card, never borrowed money from an employer without his knowledge, never questioned at a job about something missing, never falsified an insurance claim for personal gain, was never not truthful under oath, and if he saw another employee steal, he would report it.

Applicant stated that the most he has ever gambled in one day is \$100 on Over and Under at a church carnival, the largest single bet he ever placed was \$10 and the total dollars he has lost gambling in his lifetime is under \$1,000. He does place bets on football bowl games and on March Madness. He does not place bets on baseball or cards. Applicant further stated that he has never set money aside to gamble with, or borrowed money to gamble with, or booked a bet for someone else or placed a bet with a bookie. He has never been to Atlantic City or to Las Vegas, or any other city to gamble.

Applicant is a United States Citizen and has lived in Ohio only. Applicant stated he gets along very well with other people, and has no problems getting along with other people. Applicant stated that he does not

Chief John Nicastro  
Re: Timothy Alexander Loehmann  
6/21/12  
Page 3

lose his temper. Applicant stated that in the past five years he has never been convicted of a crime, and has never committed a serious crime. Applicant stated a record check would show a summons for Underage Consumption in Tiffin, Ohio at age eighteen; he paid a fine and attended a seminar. Other than that, he has no convictions; he was never questioned by police as a suspect, questioned by police in possession of a stolen item, in jail for any reason, or picked up for shoplifting. Applicant stated that he has never intentionally caused physical harm to another person when he was angry. Applicant stated that he has never carried a concealed weapon illegally, he does not have a concealed carry permit, but that he, [REDACTED] He owns an M-72 and a Glock .40cal. Applicant stated that he has shot at Roger Schillinger's property on Middle Road in Pierpont Ohio and he has shot at Grand River Shooting Range in Trumbull County. He stated that he has never been a member of an organization that was against the United States, and that the crimes that offend him the most are Drug Abuse, "because it ruins people's lives", and Rape. Applicant stated that he believes police officers sometimes lie to protect themselves and that he does not think police work involves performing any tasks that he doesn't personally approve of.

Applicant describes his alcohol usage as occasional, fourteen times per month, three or four times per week. Applicant stated that the greatest amount of alcoholic beverages that he consumed at any one time in the past six months is when he drank ten beers at the Barking Spider. Applicant stated that he has never drunk alcoholic beverages while working. He further stated that alcohol has never affected his ability to do his job and he has never missed work due to excessive use of alcohol. Applicant stated that in the past year he has driven a motor vehicle one time after he had been drinking, when he knows he should not have.

Applicant stated that he has never used any illegal drugs. Applicant stated that he has not uses any compounds or chemical or illegal substances of abuse, he has never sold drugs or profited from the sale of drugs, he has never spent any money on an illegal drug he has never used a prescription medicine that was not prescribed for him and he has never filled out a blank prescription form. Applicant stated that he has never used steroids illegally. Applicant stated that he has been present when others were getting high at parties but he just gets away from it.

Applicant stated that he has never had sex with anyone without them consenting to it; that he has never looked at photographs, videos or magazines that involve child pornography; that he has never taken photographs of a nude child; never has gotten paid for sex; never paid for sex; never had sexual contact with anyone under sixteen years of age; never had sexual contact with an animal; never made obscene phone calls; never placed "900" sex calls, and has never mooned, streaked, flashed, or practiced voyeurism. Applicant further stated that he has viewed adult pornographic sites over the Internet but has never transmitted adult pornography.

Applicant stated that his last physical examination was in April 2012 for the New York City Police Department; the results showed him to be in good physical health. Applicant stated that he missed no days of work last year due to illness. Applicant stated that he has never had any surgeries or serious illnesses and he has never been hospitalized overnight. He stated that he wears glasses occasionally and he does not wear contact lenses. He stated that he has never been seriously injured. He has never had any back injuries, heart problems, diabetes, asthma, high blood pressure, epilepsy, serious allergies and he has never had any broken bones but he did roll his ankle playing football. Applicant stated that he has never



Chief John Nicastro  
Re: Timothy Alexander Loehmann  
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Page 4

been treated for a stress, emotional or nervous condition. Applicant further stated that he has never attempted suicide or been seriously depressed, or been hospitalized for an emotional disorder. Applicant stated that he has never been involved in any physical fights as an adult.

Applicant stated that he has never been injured on the job, he has never received compensation for an injury, he has never filed a claim for an injury and he has never received compensation or a settlement for an injury.

Applicant is eligible for rehire at any of the places he's worked at, and he has never lied on an application or resume. Applicant feels that his job with the city of ██████████ would generate his most favorable reference, and Steve and Barry's may generate a less than favorable recommendation. Applicant stated that he has never been involved in a disagreement at work that became physical or resulted in a threat being made, or was loud enough to come to the attention of a supervisor. Applicant stated that he has never altered or falsified any work documents. Applicant stated that he has never given away or sold merchandise without paperwork or ringing it up through a cash drawer, he has never given unauthorized discounts at previous places of employment, and has never been so in love with another person that he followed them, or watched them when he knew that they would have been afraid, had they known.

Applicant stated that he has never been employed as a police officer or a firefighter.

## PROCEDURE

Sixteen polygraph test questions were prepared and the procedure was discussed and the questions were reviewed word for word. A Stoelting Ultrascibe, four channel polygraph instrument was attached to the client and a pre-approved question technique was used, in a detection of deception examination. The technique resulted in the recording of physiological activity in response to systematic, relevant and irrelevant questions. Variations in respiration cycles, galvanic skin responses, pulse rate, blood volume and blood pressure were evaluated from two separate charts.

## CONCLUSION

It is my professional opinion that Mr. Timothy Alexander Loehmann was truthful throughout the interview and examination concerning the sixteen pre-approved polygraph questions after questions #3, #5 and #8 were altered by the phrase, "other than what you told me". Pertinent admissions are explained in the pre-test interview portion of this report.

Respectfully Submitted,

  
James D. Daugherty  
Certified OAPE Examiner

IND000048

7. LOEHTMANN  
06-21-12

DAUGHERTY'S DETECTIVE SERVICES

**POLYGRAPH PRE-EMPLOYMENT QUESTION FORMAT FOR POLICE AND FIRE**

**ADA POST-OFFER WHEN NO PRE-OFFER IS GIVEN**

**CHART ONE**

- YES IR Is your first name TIM \_\_\_\_\_?
- NO R 1. Did you falsify your INDEPENDENCE POLICE DEPT. employment application?
- NO R 2. Have you ever purposely falsified any company records or documents?
- NO R/O/T 3. Have you ever been convicted of a crime?
- NO R 4. Have you ever committed a serious crime and not been caught?
- YES IR Is this the month of JUNE \_\_\_\_\_?
- NO R/O/T 5. Have you ever been fired from a job?
- NO R 6. Have you used any illegal drugs?
- NO R 7. Have you sold any illegal drugs?
- NO R/O/T 8. Have you ever stolen anything from an employer?

**CHART TWO**

- YES IR Are you a permanent resident of Ohio?
- YES R 9. Have you been truthful about your injuries?
- YES R 10. Have you told the truth about your use of alcohol?
- YES R 11. Have you been truthful about your financial status?
- NO R 12. Have you ever shoplifted?
- NO IR Do you actually like taking this test?
- NO R 13. Are you withholding any information about your health?
- YES R 14. Have you been truthful about your driving history?
- NO R 15. Are you concealing any information which would disqualify you from getting this job?
- YES R 16. Have you been truthful about your sexual behavior?

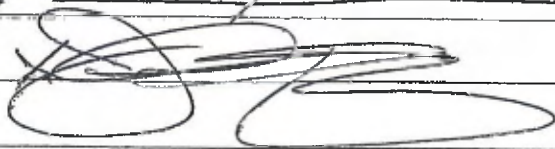
CHART THREE: If indicated, as listed : IR \_\_\_\_\_ IR \_\_\_\_\_

*JOHNAS  
NOX*

Please write <sup>TWO</sup> short ~~100~~ on "WHY I WANT TO BE A POLICE OFFICER."

2. "WHY FOR INDEPENDENCE P.P."

The community of Independence has a superb police department. The position of patrolman is a stable job in Independence under the leadership of Mayor Kurtz and Chief Nicastro.

*T. Loehmann*  


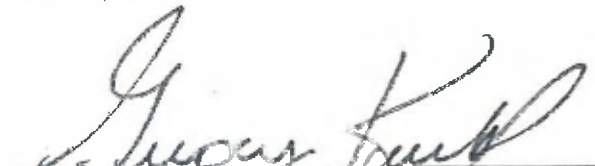
STATE OF OHIO )  
COUNTY OF CUYAHOGA ) SS. OATH OF OFFICE  
CITY OF INDEPENDENCE )

I, TIMOTHY A. LOEHMANN, BEING FIRST DULY SWORN, UPON MY OATH SAY THAT I WILL SUPPORT THE CONSTITUTION AND LAWS OF THE UNITED STATES, THE CONSTITUTION AND LAWS OF THE STATE OF OHIO, AND THE CHARTER AND ORDINANCES OF THE CITY OF INDEPENDENCE; AND THAT I WILL FAITHFULLY, HONESTLY AND IMPARTIALLY DISCHARGE MY DUTIES AS FULL TIME POLICE OFFICER OF THE POLICE DEPARTMENT OF THE CITY OF INDEPENDENCE, OHIO.

SO HELP ME GOD.

  
TIMOTHY A. LOEHMANN

SWORN TO AND SUBSCRIBED  
BEFORE ME THIS 10<sup>TH</sup> DAY OF  
JULY, 2012.

  
GREGORY P. KURTZ, MAYOR  
CITY OF INDEPENDENCE





**Gregory P. Kurtz**  
Mayor  
Independence, Ohio

July 17, 2012

Timothy Loehmann  
[REDACTED]

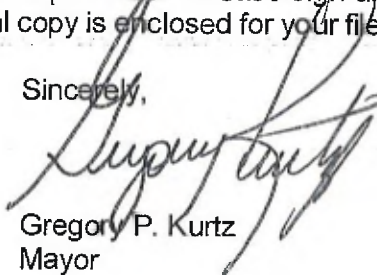
Dear Mr. Loehmann:

Congratulations! Following your successful completion of the post-offer psychological, physical and polygraph examinations, as well as the positive background checks, the City of Independence is pleased to offer you employment as a Patrol Officer effective Wednesday, July 11, 2012, in accordance with the terms previously outlined in my letter of June 20, 2012.

Information on your probationary period, benefits, rights, etc., can be obtained through the Labor Agreement by and between the City of Independence and the Fraternal Order of Police Lodge #67 (Patrolmen's Unit), copy of which is available at the Police Department. Chief of Police John Nicastro will be contacting you shortly with further details regarding assuming your new position.

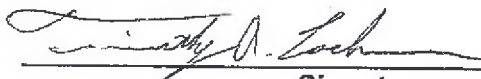
Please do not hesitate to call me if you have any questions. We look forward to welcoming you as a new member of the Independence Police Department. Please sign and return one copy of this letter in the enclosed envelope; an additional copy is enclosed for your files.

Sincerely,

  
Gregory P. Kurtz  
Mayor

c: John Nicastro, Chief of Police  
Finance  
Human Resources Personnel File

I, Timothy Loehmann agree to accept the position of Independence Patrol Officer, as outlined above.

  
\_\_\_\_\_  
Signature

8-4-2012  
Date



Gregory P. Kurtz  
Mayor  
Independence, Ohio

June 20, 2012

Mr. Timothy Loehmann  
[REDACTED]

Dear Mr. Loehmann: *PLM*

The City of Independence is pleased to extend to you a conditional offer of employment as a Patrol Officer with a starting salary of \$42,157 and with a starting date to be decided after completion of the remaining evaluations.

A final offer of employment is contingent upon: (1) medical certification that you possess both physical and emotional health adequate to meet the demands of employment as a patrol officer; (2) your successful completion of a supplemental polygraph examination and psychological examination; and (3) satisfactory final background and drug testing information / references.

Again, please note that FAILURE TO MEET THE CITY'S STANDARDS IN ANY OF THE ABOVE NOTED AREAS WILL RESULT IN WITHDRAWAL OF THE CONDITIONAL OFFER OF EMPLOYMENT.

Thank you for your continued interest in employment with the City, and best wishes for completing the remaining evaluations. We recognize this will require a significant commitment of your time and appreciate your patience in participating in all the phases of the selection process.

Please sign and return the enclosed copy of this letter as soon as possible.

Sincerely,

Gregory P. Kurtz  
Mayor

IND000053

Loehmann Conditional Offer Letter

June 20, 2012

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I, Timothy Loehmann, accept the City of Independence conditional offer of employment as a Patrol Officer, as outlined above, and agree to participate in the remaining selection procedures.

\_\_\_\_\_  
Timothy Loehmann

\_\_\_\_\_  
Date

Enclosures

c: John Nicastro, Police Chief  
Finance  
Human Resources

IND000054

# MEMORANDUM

**TO:** HR Director Lubin

**CC:**

**FROM:** Deputy Chief Jim Polak

**DATE:** 112912

**REF:** Ptl. Loehmann

On 112812, I was notified by FTO Sgt. Tinnirello of the following circumstances related to our recruit, Ptl. Loehmann. A written statement was included.

On this date, during a state range qualification course Ptl. Loehmann was distracted and weepy. He could not follow simple directions, could not communicate clear thoughts nor recollections, and his handgun performance was dismal. Sgt. Tinnirello tried to work through this with Ptl. Loehmann by giving him some time. But, after some talking it was clear to Sgt. Tinnirello that the recruit was just not mentally prepared to be doing firearm training. Sgt. Tinnirello stored the recruit's weapons and I advised Sgt. Tinnirello to continue the training day to see how Ptl. Loehmann progressed.

Sgt. Tinnirello and Ptl. Loehmann then continued out to Painesville to pick up some more of Ptl. Loehmann's gear that had arrived in the store. During this drive, Sgt. Tinnirello continued to speak with Tim about his problems, and Ptl. Loehmann continued with his emotional meltdown to a point where Sgt. Tinnirello could not take him into the store, so they went to get something to eat and he continued to try and calm Ptl. Loehmann. Sgt. Tinnirello describes the recruit as being very downtrodden, melancholy with some light crying. Sgt. Tinnirello later found this emotional perplexity was due to a personal issue with Ptl. Loehmann's on and off again girlfriend whom he was dealing with till 0400 hrs the night before. (Ptl. Loehmann was scheduled for 0800 the morning in question). Some of the comments made by Ptl. Loehmann during this discourse were to the effect of, "I should have gone to NY", "maybe I should quit", "I have no friends", "I only hang out with 73 yr old priests", "I have cried every day for 4 months about this girl."

Sgt. Tinnirello also found from Ptl. Loehmann that these events had happened once before about three months ago while in the Police Academy but the Capt. of the Academy was able to calm him. (Sgt. Tinnirello later verified that with Capt. Barnhard of the Cleveland Heights Police Academy. It was reported to us as an isolated incident, and after counseling by Capt. Barnhard, Ptl. Loehmann did finish the Academy satisfactorily.)

At this point when Sgt. Tinnirello and Ptl. Loehmann reported back to IPD, and these events were reported to me, I decided to send Ptl. Loehmann home for the day, and made sure his well-being was protected by contacting his family.

IND000055



There were three other incidents reported to me by Sgt. Tinnirello concerning Ptl. Loehmann. Individually these events would not be considered major situations, but when taken together they show a pattern of a lack of maturity, indiscretion and not following instructions.

When Ptl. Loehmann was issued his firearm he was told that it needed to be secured when he was not working. If the weapon was not with him, then it needed to be secured in his locker or the arsenal. Ptl. Loehmann was given a locker assignment, and he was later asked by Sgt. Tinnirello whether he had a lock for his locker. Ptl. Loehmann stated, 'yes'. The next day when Sgt. Tinnirello was in the locker room he noticed that Ptl. Loehmann's locker did not have a lock on it. So he asked Tim if he had a secured locker. Ptl. Loehmann then told Sgt. Tinnirello that he had a lock, like he was asked; he just didn't have time to put it on the locker because it was at home. So, Ptl. Loehmann had left his firearm in his locker overnight, unsecured, after being told that was not acceptable.

There was another incident where Sgt. Tinnirello told Ptl. Loehmann to sit in Dispatch for part of his orientation and he would come and get him later. A little while later, Sgt. Tinnirello came into the Patrol Room and saw Tim there. He asked Tim why he was upstairs and he told Sgt. Tinnirello that the Dispatchers said he was done and to come upstairs. Later in the day while driving around the City, Ptl. Loehmann confesses to Sgt. Tinnirello that he had come upstairs from Dispatch on his own, "that the Dispatchers never told him to come upstairs."

When Ptl. Loehmann was issued his bulletproof vest he was told by Sgt. Tinnirello to wear it in order to get used to it. Approximately ½ hr later, when checking in with Tim back down in Dispatch he found Ptl. Loehmann with no vest on. When he was questioned as to why it was off, Ptl. Loehmann stated, "that he was too warm, so he took it off."

On 112912, I called in and spoke to Ptl. Loehmann and Sgt. Tinnirello.

The first thing I established was that there was no personality or relationship issues between Ptl. Loehmann and Sgt. Tinnirello. Ptl. Loehmann stated that there *were not* and that he respected Sgt. Tinnirello for helping him and training him. He felt they got along fine, and would not have felt that Sgt. Tinnirello assessments of him were biased in anyway.

Ptl. Loehmann was then asked to explain his actions of 112812. His version of events concurred with the Sergeant's reporting. Although somewhat remorseful, he seemed to cast these issues as misunderstandings or miscommunications. But when pushed, he seemed to understand his deficiencies and why they worried us. He stated he spoke with his priest friend and a Cleveland Police officer last night about the situation, and they gave him some advice on how to deal with his issues at home and at work. He said he was refreshed by this counseling, and was ready to train again.

As our discussion focused on Ptl. Loehmann's future and his commitment to Independence, there seems to be a theme of him being "told" to work at IPD. He keeps referring to being told to stay in Independence, although it appears he often thinks of going to NY, where his best friend lives, and he has opportunities to work for NYPD. He told me that he was called by NYPD, and although he declined their position, he was told he would be on their list for 2 more years. That theme was repeated many times by Ptl. Loehmann, even him stating, "I will work here as long as possible, and do my best, but if I find I don't like it then I will go do something else". I found this lack of commitment to us, disturbing.

Ptl. Loehmann appears genuine in his explanations, and takes criticism well. It just appears that he is not mature enough in his accepting of responsibility or his understanding in the severity of his loss of control on the range.

Summary

These are the deficiencies as noted:

**Emotional Immaturity-**

Ptl. Loehmann's inability to perform basic functions as instructed, and his inability to emotionally function because of a personal situation at home with an on and off again girlfriend leads one to believe that he would not be able to substantially cope, or make good decisions, during or resulting from any other stressful situation. This ongoing personal relationship should not have whole-fully consumed him that he would not be able to follow simple direction, especially after being given a reasonable amount of time to collect himself.

**Circumventing Direction-**

It appears from the pattern developing within our short time frame with Ptl. Loehmann that he often feels that when told to do something, that those instructions are optional, and that he can manipulate them if he so feels it can better serve him. I do not say he is doing this for some benefit, or in an insubordinate way, but he just appears to have the mind set that if he thinks he knows better, than that is the course he follows.

Recommendation

Due to this dangerous loss of composure during live range training and his inability to manage this personal stress, I do not believe Ptl. Loehmann shows the maturity needed to work in our employment.

Unfortunately in law enforcement there are times when instructions need be followed to the letter, and I am under the impression Ptl. Loehmann, under certain circumstances, will not react in the way instructed.

Ptl. Loehmann's lack of commitment for his future here at Independence is disconcerting. Although saying he is happy to be here, he seems to be considering other options.

For these reasons, I am recommending he be released from the employment of the City of Independence. I do not believe time, nor training, will be able to change or correct these deficiencies.

After reviewing the documents of this situation and discussing the events with the HR Dept., I decided to meet with Ptl. Loehmann to advise him I was beginning the disciplinary process of separation.

On 12/03/12, Ptl. Loehmann, Sgt. Tinnirello, Mr. Lubin, and I met. I advised him of my intent and reasons for it, and Ptl. Loehmann decided to resign instead for personal reasons. I accepted his written resignation.

I will be forwarding this information to you for the Mayor's review.

On November 28, 2012 probationary Officer Tim Loehmann came to work at 0600 hrs. He appeared to be sleepy and upset. In the past days with Ptl. Loehmann he had shared with me that he was having trouble with his girlfriend. Ptl. Loehmann and I went down to IPD range to qualify him on the State of Ohio gun qualifications. During the qualification Ptl. Loehmann was distracted and was not following simple instructions.

Ptl. Loehmann went to the back of the range to reload his magazines and could not return to the shooting line. He was emotionally upset and appeared to be crying. I asked several times if he was ok and Ptl. Loehmann stated "I need a minute." After several attempts to get Ptl. Loehmann to return, I decided that he was not fit to return and had him sit down. He expressed to me again that the situation with his girlfriend was upsetting him and he was still emotionally upset and crying. Concerned for his well being I took Ptl. Loehmann's gun belt and gun from him and secured it in a safe location. I gave him a few minutes to pull himself together, and I notified Chief Nicastro and Deputy Chief Polak of the situation. We decided to stop firearms training and to go out to Atwells Police Supply to pick up Ptl. Loehmann's Bullet Proof Vest.

During the forty minute drive out to Atwells, Ptl. Loehmann remained emotionally upset. He informed me that during his time at the Cleveland Hts. Police Academy he had a similar situation happen and Captain G. Barnard had to counsel him. He stated his Girlfriend broke up with him for four months and he cried every morning for four months. When we arrived at Atwells Police Supply Ptl. Loehmann was still upset and I felt he needed more time to get his emotions under control. I took him out for breakfast and talked with him. During our time at breakfast Ptl. Loehmann expressed that he was unclear on where his future was headed. I explained to Ptl. Loehmann that he could not be released from the FTO program until IPD knew he could handle the job. Ptl. Loehmann stated "that just makes me want to quit." As we talked about being emotionally ready for duty and the events of the morning Ptl. Loehmann became agitated. He stated to me as if he was thinking out loud "what I want is for you to shut up." Ptl. Loehmann wasn't even looking at me when he made the statement and seemed to be distracted as if the statement just came out under stress.

We finished breakfast and went to Atwells Police Supply and returned to the station without further incident. I directed Ptl. Loehmann to dispatch for training and I met with Deputy Chief Polak. We decided to send Ptl. Loehmann home for the day and meet with him on November 29, 2012 at 0830. When I met with Ptl. Loehmann and informed him that he was going home. He stated he didn't want to go home but understood why we were sending him home. I noticed again he was becoming emotionally upset and asked him if he need Counseling, he stated no. I asked him if he was thinking about hurting himself and he stated no. I repeated that we would do whatever we could to help him if he needed counseling but he again stated he was good. As he was leaving the department I noticed he was even more upset.

Concerned for Ptl. Loehmann I attempted to contact his father or his mother. I was able to reach Marie Loehmann at her work. I informed her of the situation and she stated she knew there was a problem but Ptl. Loehmann did not share details with her. She informed me that as Ptl. Loehmann was going through the Cleveland Hts. Police Academy his study papers would be soaked in tears nightly for three months because of

the problems with his girlfriend. I asked her to contact him and see if there was anything we could do to help him. She asked if her husband could contact me and I gave her my personal cell phone number. I expressed to her that we were concerned about Tim and that we would do whatever it took to get him the help he needed.

After getting off the phone with Mrs. Loehmann I called the Cleveland Hts. Police Academy and talked with Captain G. Barnard. He informed me that during one of Ptl. Loehmann's classes he noticed he was falling asleep. He stated he counseled Ptl. Loehmann once about sleeping in class. During their talk Ptl. Loehmann told Captain Barnard that the reason he was falling asleep was because of the situation with his girlfriend. Captain G. Barnard stated Ptl. Loehmann corrected his behavior and he did not have another problem with him the rest of the Academy. He also stated he did not notice any unusual behavior with Ptl. Loehmann and he seemed to get along with others in his class.

I started Ptl. Loehmann introduction to the FTO program on November 19, 2012. We spent approximately 10-12 hrs days together. During that time period there are several events that should be noted. I issued Ptl. Loehmann a locker and instructed him to put a lock on it ASAP. IPD officers keep their firearms in their lockers, and when I issued Ptl. Loehmann his firearm I asked him if he had a lock on his locker. He indicated that he did, and I offered advice about keeping his duty gun at work. On November 28, 2012 when I went to put Ptl. Loehmann's gun belt above his locker I noticed there was no lock. When questioned about it, he stated he did not state he had a lock on the locker but had a lock at home. I asked him if he left his firearm unsecured in his locker and he stated yes. Then I asked him why he didn't bring a lock in, he stated because he was upset about his girlfriend.

I also instructed Ptl. Loehmann to sit a dispatch on November 26, 2012 to learn how IPD Dispatch Center works. During that time he was called into the IPD report room for an unrelated topic. I instructed him to return to dispatch and I would come get him later. A short time later, I returned to the IPD report room and Ptl. Loehmann was there. I asked why he wasn't in dispatch, he stated the Dispatchers informed him he was done. I instructed him to return to Dispatch and to follow the instructions given him. Later that day Ptl. Loehmann informed me that the Dispatchers did not tell him he was done and that he had made it up.

Sgt. Greg Tinnirello 3945