



# SCHOOL EMPLOYEES RETIREMENT SYSTEM OF OHIO

300 East Broad Street, Suite 100, Columbus, Ohio 43215-3746  
614-222-5853 • Toll-Free 1-800-878-5853 • www.ohsers.org

## MEMBERSHIP RECORD

### PART A - TO BE COMPLETED BY MEMBER

\_\_\_\_-\_\_\_\_-\_\_\_\_

SOCIAL SECURITY NUMBER

LAST NAME FIRST MIDDLE MAIDEN

PERMANENT MAILING ADDRESS:

STREET

MALE  
 FEMALE

CITY

STATE

ZIP

DATE OF BIRTH: MONTH DAY YEAR

E-MAIL ADDRESS:

SINGLE  DIVORCED  
 MARRIED  WIDOWED

PHONE NUMBER: ( )

### FAMILY DATA

LAST NAME

FIRST

MIDDLE OR MAIDEN

DATE OF BIRTH MONTH/DAY/YEAR

SPOUSE:

CHILDREN:

FATHER:

MOTHER:

### JOB CLASSIFICATION *Mark one box only:*

- Administrative
- Educational Aide
- Supplemental (Coach, Advisor, Etc.)
- Clerical/Secretarial
- Food Service
- School Board Member
- Custodial/Maintenance
- Transportation
- Other \_\_\_\_\_

If an employee of the schools through an outside contract company:

Name of contract company: \_\_\_\_\_

### MEMBERSHIP IN OTHER OHIO SYSTEM

For all of the following, check "yes" or "no" if you ever were a member of or received benefits from:

|   | MEMBER   | BENEFIT  |
|---|--|--|
| School Employees Retirement System of Ohio  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> None <input type="checkbox"/> Service <input type="checkbox"/> Disability <input type="checkbox"/> Survivor |
| State Teachers Retirement System of Ohio    | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> None <input type="checkbox"/> Service <input type="checkbox"/> Disability <input type="checkbox"/> Survivor |
| Ohio Public Employees Retirement System     | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> None <input type="checkbox"/> Service <input type="checkbox"/> Disability <input type="checkbox"/> Survivor |
| Ohio Police & Fire Pension Fund             | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> None <input type="checkbox"/> Service <input type="checkbox"/> Disability <input type="checkbox"/> Survivor |
| Ohio State Highway Patrol Retirement System | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> None <input type="checkbox"/> Service <input type="checkbox"/> Disability <input type="checkbox"/> Survivor |
| Cincinnati Retirement System                | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> None <input type="checkbox"/> Service <input type="checkbox"/> Disability <input type="checkbox"/> Survivor |

Individuals receiving a Disability Benefit from SERS need to contact SERS before returning to work.

### MEMBER CERTIFICATION

I hereby certify the information given here to be true to the best of my knowledge.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

DO NOT PRINT

### PART B - TO BE COMPLETED BY EMPLOYER

\_\_\_\_

\_\_\_\_

SCHOOL DISTRICT

COUNTY

COUNTY

DISTRICT NO.

MEMBER'S FIRST DATE OF SERVICE THIS SCHOOL YEAR (July 1 - June 30): \_\_\_\_\_

I hereby certify that I have verified the employee's Social Security number, the job title, and the first date of service for the current employment.

AUTHORIZED OFFICER'S SIGNATURE: \_\_\_\_\_