



SCHOOL EMPLOYEES RETIREMENT SYSTEM OF OHIO

300 EAST BROAD ST., SUITE 100 • COLUMBUS, OHIO 43215-3746 • (614) 222-5853

Toll-Free 1-866-280-7377 • www.ohsers.org

Membership Record

PART A - TO BE COMPLETED BY MEMBER

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SOCIAL SECURITY NUMBER

LAST NAME FIRST MIDDLE MAIDEN

PERMANENT MAILING ADDRESS STREET CITY STATE ZIP MALE FEMALE

DATE OF BIRTH MONTH DAY YEAR E-MAIL ADDRESS SINGLE MARRIED DIVORCED WIDOWED

PHONE NUMBER () SINGLE MARRIED DIVORCED WIDOWED

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

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	YES	NO	YES	NO
State Teachers Retirement System of Ohio	YES	NO	YES	NO
Ohio Public Employees Retirement System	YES	NO	YES	NO
Ohio Police and Fire Pension Fund	YES	NO	YES	NO
Ohio State Highway Patrol Retirement System	YES	NO	YES	NO
Cincinnati Municipal Retirement System	YES	NO	YES	NO

MEMBER CERTIFICATION

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

SIGNATURE DO NOT PRINT DATE

PART B - TO BE COMPLETED BY EMPLOYER

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COUNTY DISTRICT NO.

SCHOOL DISTRICT COUNTY

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.

TREASURER'S SIGNATURE