

STRS/SERS EMPLOYEE MEMBERSHIP

Please complete this form. This information will allow us to enroll you in the State Teachers Retirement System of Ohio OR School Employees Retirement System of Ohio . Certificated employees are required to be members of STRS, and non-certificated employees are required to be members of SERS. To learn more about STRS Ohio, visit the STRS web site at www.strsoh.org or call toll-free at 1-888-227-7877. To learn more about SERS Ohio, visit the SERS website at www.ohsers.org or call toll-free at 1-866-280-7377.

SECTION 1 - EMPLOYEE INFORMATION:

LAST NAME	FIRST NAME	M.I.
STREET ADDRESS		POST OFFICE BOX NUMBER
CITY	STATE	ZIP
SOCIAL SECURITY NUMBER: _____ - ____ - _____		___ MALE ___ FEMALE
DATE OF BIRTH: _____		___ SINGLE ___ MARRIED
MONTH	DAY	YEAR
PHONE NUMBER: _____		
EMAIL: _____		

Are you currently receiving a monthly retirement benefit from an Ohio public employer or alternative retirement plan (ARP)? ___ YES ___ NO
IF YES – PLEASE COMPLETE SECTION 2.

SECTION 2 – RETIRED EMPLOYEE INFORMATION:

Complete if you are receiving a monthly retirement benefit from an Ohio public employer or an ARP.

Retirement Date: _____
MONTH DAY YEAR

Ohio public retirement system paying the benefit:

___ STRS ___ SERS ___ OPERS ___ City of Cincinnati Ret. System
___ Highway Patrol Retirement System ___ Ohio Police & Fire Pension Fund ___ ARP

Type of Retirement Benefit: ___ Service retirement ___ Disability ___ ARP

Retired from what school district? _____