



# SCHOOL EMPLOYEES RETIREMENT SYSTEM OF OHIO

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## Membership Record

### PART A - TO BE COMPLETED BY MEMBER

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

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

PHONE NUMBER SINGLE MARRIED DIVORCED WIDOWED

### FAMILY DATA

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:

Table with 2 columns: SYSTEM, MEMBER (Yes/No), BENEFIT (None/Service/Disability/Survivor)

### 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

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