



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

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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	☐ Yes ☐ No	☐ None ☐ Service ☐ Disability ☐ Survivor
State Teachers Retirement System of Ohio	☐ Yes ☐ No	☐ None ☐ Service ☐ Disability ☐ Survivor
Ohio Public Employees Retirement System	☐ Yes ☐ No	☐ None ☐ Service ☐ Disability ☐ Survivor
Ohio Police & Fire Pension Fund	☐ Yes ☐ No	☐ None ☐ Service ☐ Disability ☐ Survivor
Ohio State Highway Patrol Retirement System	☐ Yes ☐ No	☐ None ☐ Service ☐ Disability ☐ Survivor
Cincinnati Retirement System	☐ Yes ☐ No	☐ None ☐ Service ☐ Disability ☐ 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:

DO NOT PRINT

DATE:

PART B - TO BE COMPLETED BY EMPLOYER

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COUNTY

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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.

AUTHORIZED OFFICER'S SIGNATURE: