

MEMBERSHIP RECORD

SCHOOL EMPLOYEES RETIREMENT SYSTEM

300 E. BROAD ST., STE 100, COLUMBUS, OHIO 43215-3746 (614) 222-5853

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 SINGLE ☐ MARRIED ☐ DIVORCED ☐ WIDOWED ☐

PHONE NUMBER ()

FAMILY DATA

SPOUSE LAST NAME FIRST MIDDLE OR MAIDEN DATE OF BIRTH MONTH/DAY/YEAR
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:

State Teachers Retirement System
Public Employees Retirement System
School Employees Retirement System
Police & Firemen's Disability & Pension Fund
State Highway Patrol Retirement System
Cincinnati Municipal Retirement System

MEMBER		BENEFIT	
YES	NO	YES	NO
☐	☐	☐	☐
☐	☐	☐	☐
☐	☐	☐	☐
☐	☐	☐	☐
☐	☐	☐	☐
☐	☐	☐	☐

MEMBER CERTIFICATION

CURRENT DATE OF SERVICE THIS SCHOOL YEAR (July 1 - June 30)

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

SCHOOL DISTRICT COUNTY COUNTY DISTRICT NO.

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

Statement Concerning Your Employment in a Job Not Covered by Social Security

Employee Name: _____

Employee ID#: _____

Employer Name: _____

Employer ID#: _____

Your earnings from this job are not covered under Social Security (i.e., you will not pay Social Security taxes). This means that you will not earn credits for Social Security retirement or disability benefits in this job. If you retire or become disabled, and you are eligible for a Social Security benefit based on other work, your earnings from this job will not be used to compute your Social Security benefit. In addition, we will not consider these non-covered earnings for the future potential calculation of survivor benefits based on your earnings. Your earnings from this job are subject to Medicare taxes and will count for purposes of the Medicare program. For information on how you may qualify for Social Security benefits, visit www.ssa.gov.

For More Information

Social Security publications and additional information are available at www.ssa.gov. You may also call toll free 1-800-772-1213, or for the deaf or hard of hearing call the TTY number 1-800-325-0778 or contact your local Social Security office.

I certify that I have received Form SSA-1945 and understand that my earnings from this job are not covered under Social Security and will not be used to determine eligibility to or the amount of my potential future Social Security Benefits.

Signature of Employee: _____

Date: _____

Information about Social Security Form SSA-1945 Statement Concerning Your Employment in a Job Not Covered by Social Security

The Social Security Protection Act of 2004, Pub. L. No. 108-203, Section 419 requires State and local government employers to provide a statement to employees hired January 1, 2005, or later in a job not covered under Social Security. Form SSA-1945, **Statement Concerning Your Employment in a Job Not Covered by Social Security**, is the document that employers must use to meet the requirements of the law.

While the earlier version of the SSA-1945 discussed the effect of the Windfall Elimination Provision and/or Government Pension Offset on an employee's potential future benefits, the Social Security Fairness Act (SSFA) of 2023 enacted on January 5, 2025, eliminated the reduction of Social Security benefits under the Windfall Elimination Provision and/or Government Pension Offset for individuals entitled to certain pensions from work not covered by Social Security, starting January 2024. However, this did not remove the requirement for State and local government employers to provide a statement to employees hired January 1, 2005, or later in jobs not covered under Social Security. This version of SSA-1945 explains to an employee that non-covered earnings will not be used to determine eligibility to or calculate the amount of potential future benefits.

Employers must:

- Get the employee's signature on the form
- Give the signed statement and information page to the employee prior to the start of employment
- Submit a copy of the signed form to the pension paying agency.

Social Security will not be setting any additional guidelines for the use of this form.

A fillable, downloadable version of the SSA-1945 is available online at the Social Security website, www.ssa.gov/online/ssa-1945.pdf.