



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

____-____-____

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 DIVORCED MARRIED 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 _____

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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None	<input type="checkbox"/> Service	<input type="checkbox"/> Disability	<input type="checkbox"/> Survivor
State Teachers Retirement System of Ohio	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None	<input type="checkbox"/> Service	<input type="checkbox"/> Disability	<input type="checkbox"/> Survivor
Ohio Public Employees Retirement System	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None	<input type="checkbox"/> Service	<input type="checkbox"/> Disability	<input type="checkbox"/> Survivor
Ohio Police & Fire Pension Fund	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None	<input type="checkbox"/> Service	<input type="checkbox"/> Disability	<input type="checkbox"/> Survivor
Ohio State Highway Patrol Retirement System	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None	<input type="checkbox"/> Service	<input type="checkbox"/> Disability	<input type="checkbox"/> Survivor
Cincinnati Municipal Retirement System	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None	<input type="checkbox"/> Service	<input type="checkbox"/> Disability	<input type="checkbox"/> Survivor

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

____ COUNTY DISTRICT NO.

SCHOOL DISTRICT COUNTY COUNTY DISTRICT NO.

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 _____