



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

CITY

STATE

ZIP

☐ MALE
☐ FEMALE

DATE OF BIRTH

MONTH

DAY

YEAR

E-MAIL
ADDRESS

PHONE NUMBER ()

☐ SINGLE
☐ MARRIED

☐ DIVORCED
☐ WIDOWED

FAMILY DATA

LAST NAME

FIRST

MIDDLE OR MAIDEN

DATE OF BIRTH
MONTH/DAY/YEAR

SPOUSE

CHILDREN

FATHER

MOTHER

JOB CLASSIFICATION Mark one box only:

- | | | |
|--|---|--|
| <input type="checkbox"/> Administrative | <input type="checkbox"/> Educational Aide | <input type="checkbox"/> Supplemental (Coach, Advisor, Etc.) |
| <input type="checkbox"/> Clerical/Secretarial | <input type="checkbox"/> Food Service | <input type="checkbox"/> School Board Member |
| <input type="checkbox"/> Custodial/Maintenance | <input type="checkbox"/> Transportation | <input type="checkbox"/> 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:

School Employees Retirement System of Ohio
State Teachers Retirement System of Ohio
Ohio Public Employees Retirement System
Ohio Police & Fire Pension Fund
Ohio State Highway Patrol Retirement System
Cincinnati Municipal Retirement System

MEMBER

☐ Yes ☐ No
☐ Yes ☐ No
☐ Yes ☐ No
☐ Yes ☐ No
☐ Yes ☐ No
☐ Yes ☐ No

BENEFIT

☐ None ☐ Service ☐ Disability ☐ Survivor
☐ None ☐ Service ☐ Disability ☐ Survivor
☐ None ☐ Service ☐ Disability ☐ Survivor
☐ None ☐ Service ☐ Disability ☐ Survivor
☐ None ☐ Service ☐ Disability ☐ Survivor
☐ None ☐ Service ☐ Disability ☐ 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

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