



## MEMBER INFORMATION

**EMPLOYERS: PLEASE DO NOT SEND THIS FORM TO STRS OHIO.** Use this optional form to gather required information from new employees in order to complete new hire or reemployed retiree notifications. This information **must** be sent in a properly formatted electronic file via secure file upload or electronically in ESS. See the STRS Ohio Employer Website for record layouts.

Members: Please complete the information below and return to your employer within 10 days of your first workday.

### Section 1 — Employee Information

Social Security no. \_\_\_\_\_

Name \_\_\_\_\_

Birth date \_\_\_\_\_ ☐ Male ☐ Female

Address \_\_\_\_\_

City, state, ZIP code \_\_\_\_\_

Primary email address \_\_\_\_\_

☐ Cell phone or ☐ Home phone \_\_\_\_\_

First date on payroll with this employer \_\_\_\_\_ (Retired employees should indicate first day worked with this employer after retirement date.)

**Are you currently receiving a monthly retirement benefit from an Ohio public employer or an alternative retirement plan (ARP)?** ☐ Yes ☐ No If yes, please complete Section 2.

### Section 2 — Retired Employee

Only complete if you are receiving a monthly retirement benefit from an Ohio public employer or an ARP.

Retirement date \_\_\_\_\_

Type of retirement benefit:

☐ Service retirement ☐ Disability ☐ ARP (Allowance)

Which retirement system pays your monthly retirement benefit?

☐ STRS — State Teachers Retirement System of Ohio

☐ OP&F — Ohio Police & Fire Pension Fund

☐ OPERS — Ohio Public Employees Retirement System

☐ SHP — Highway Patrol Retirement System

☐ SERS — School Employees Retirement System of Ohio

☐ CRS — City of Cincinnati Retirement System

☐ ARP — Alternative Retirement Plan (option only for college and university retirees)

### School Use Only

College and university employers: Is this employee eligible for an ARP? ☐ Yes ☐ No