



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

MALE
 FEMALE

CITY

STATE

ZIP

DATE OF BIRTH:

MONTH

DAY

YEAR

E-MAIL ADDRESS:

SINGLE
 MARRIED

DIVORCED
 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	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> None	<input type="checkbox"/> Service	<input type="checkbox"/> Disability	<input type="checkbox"/> Survivor
Slate 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 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

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

The University of Akron

Summit

7 7

5 0 2

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.

AUTHORIZED OFFICER'S SIGNATURE: _____