

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

MALE

CITY

STATE

ZIP

FEMALE

DATE OF BIRTH

MONTH

DAY

YEAR

List any names, other than that given above, which you have had since you first established membership _____

SINGLE

DIVORCED

MARRIED

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 |

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	
	YES	NO	YES	NO
State Teachers Retirement System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Employees Retirement System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School Employees Retirement System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Police & Firemen's Disability & Pension Fund	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State Highway Patrol Retirement System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cincinnati Municipal Retirement System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 _____

We are happy to welcome you to membership in the School Employees Retirement System. While you are employed in Ohio's educational system, a small amount will be deducted from each of your paychecks. This money will be deposited in your name with your Retirement System. The savings you accumulate will help to pay for your retirement, disability, or survivor benefits. You may not withdraw your contributions unless you leave public service in Ohio.

The information asked for on the front of this form is necessary for us to establish your savings account. The following are a few pointers to help you to fill out the form properly:

- make sure your Social Security number is correct since it will also be the number of your savings account;
- give your full legal name - do not use initials unless they are actually shown as a part of your name on your birth certificate;
- be sure your date of birth is the same as that on your birth certificate as you may be required to establish your date of birth when you apply for benefits;
- keep the Retirement System informed of your permanent mailing address as statements of your account are mailed annually, as of June 30.

As you join the School Employees Retirement System, the beneficiary of your account is automatically designated by law. In the event of your premature death, a cash refund or monthly survivor benefit will be paid to your beneficiaries in the following order:

- (1) your spouse
- (2) children
- (3) your parents, share and share alike; or
- (4) if none of the above, your estate.

If the order of beneficiaries given above does not meet your particular requirements, you must name your beneficiaries on a DESIGNATION OF BENEFICIARY form which you may obtain from your school office or from your Retirement System. Please note you cannot deny benefits to your qualified children. As your personal situation changes, you should immediately file a new DESIGNATION OF BENEFICIARY form. You may file such forms as often as necessary prior to service retirement.

If you have any questions about the School Employees Retirement System or your membership in the System, we will assist you and send you any additional information you request. Address your questions and/or comments to:

Member Services
School Employees Retirement System
300 East Broad St., Suite 100
Columbus, Ohio 43215-3746

Be sure your letters to the System include your Social Security Number.