



# 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:

PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_

SINGLE  
 MARRIED

DIVORCED  
 WIDOWED

### 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 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

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: \_\_\_\_\_

**Statement Concerning Your Employment in a Job  
Not Covered by Social Security**

|                      |                        |                         |            |
|----------------------|------------------------|-------------------------|------------|
| <b>Employee Name</b> | _____                  | <b>Employee ID# SS#</b> | _____      |
| <b>Employer Name</b> | Windham Ex Vil. School | <b>Employer ID#</b>     | 39-6003096 |

Your earnings from this job are not covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefit amount may be affected.

**Windfall Elimination Provision**

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2005, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$313.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, "Windfall Elimination Provision."

**Government Pension Offset Provision**

Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension.

For example, if you get a monthly pension of \$600 based on earnings that are not covered under Social Security, two-thirds of that amount, \$400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a \$500 widow(er) benefit, you will receive \$100 per month from Social Security (\$500 - \$400=\$100). Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to Social Security Publication, "Government Pension Offset."

**For More Information**

Social Security publications and additional information, including information about exceptions to each provision, are available at [www.socialsecurity.gov](http://www.socialsecurity.gov). You may also call toll free 1-800-772-1213, or for the deaf or hard of hearing call the TTY number 1-800-325-0778, or contact your local Social Security office.

**I certify that I have received Form SSA-1945 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential future Social Security benefits.**

**Signature of Employee** \_\_\_\_\_ **Date** \_\_\_\_\_