

# MEMBERSHIP RECORD

## SCHOOL EMPLOYEES RETIREMENT SYSTEM

300 E. BROAD ST., STE 100, COLUMBUS, OHIO 43215-3748 (614) 222-5553

PART A - TO BE COMPLETED BY MEMBER				SOCIAL SECURITY NUMBER						
LAST NAME	FIRST	MIDDLE	MAIDEN							
PERMANENT MAILING ADDRESS			STREET	CITY		STATE	ZIP	MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>	
DATE OF BIRTH			MONTH	DAY	YEAR			SINGLE <input type="checkbox"/>	DIVORCED <input type="checkbox"/>	
List any names, other than that given above, which you have had since you first established membership							MARRIED <input type="checkbox"/>	WIDOWED <input type="checkbox"/>		
FAMILY DATA										
SPOUSE			LAST NAME	FIRST	MIDDLE OR MAIDEN	DATE OF BIRTH MONTH/DAY/YEAR				
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 _____							DATE _____			
DO NOT PRINT										

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 _____			