

## 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 CO	MPLETED	BY MEM	BER					_[		]_[_			
		SOCIAL SECURITY NUMBER											·	
LAST NAME	FIRST				MIDDLE						MAIDEN			
PERMANENT MAILING ADDRESS:	STREET											IALE EMAL	.E	
-	CITY				STATE				ZIP		_			
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MONTH D/		DAY	YEAR						IGLE RRIED	)	_	IVOR(		
FAMILY DATA					<del> </del>				,	DATE OF BIRTH				
	LAST NAME		FIRST		MIDDLE	OR MAII	//AIDEN				MONTH/DAY/YEAR			
CHILDREN:														
FATHER:														
MOTHER:														
Name of cor  MEMBERS  For all of the received ber School Empore State Teach Ohio Publice Ohio State Cincinnati Fundividuals r	aintenance ee of the school ntract company SHIP IN OT e following, che nefits from: ployees Retirement ers Retirement Sy Employees Retire e & Fire Pension Fi Highway Patrol Re Retirement System receiving a Dis CERTIFIC	ement System und etirement System n ability Benefit fr	Dutside contraction  SYSTEN  If you ever vous MEMBER  Yes No	theract compared to compa	ember of or  EFIT  one Service	Disabilit Disabilit Disabilit Disabilit Disabilit Disabilit	ty L ty L ty L ty L	l Survi l Survi l Survi l Survi l Survi	ivor ivor ivor ivor ivor	<b>.</b>				
I hereby cert	tify the informa	tion given here	to be true to	the best o	of my knowledg	ge.								
SIGNATURE:	DO NOT PRINT							DA	ΓE: _					
PART B -	TO BE CO	MPLETED	BY EMP	LOYER										
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SCHOOL DISTI	RICT	<del></del>			COUNTY			СО	UNTY	-	DISTRI	CT NO	D.	
I hereby cert current empl	tify that I have	SERVICE THIS verified the emp				iob title	e, an	d the	; first	date	of serv	ice fc	or the	