

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 I	BY MEME	BER					_[]_[_			
					SOCIAL SECURITY NUMBER									
LAST NAME	FIRST				MIDDLE						MAIDEN			
PERMANENT MAILING ADDRESS:	STREET										_ □ M □ F	IALE EMAL	.E	
-	CITY				STATE				ZIP		_			
DATE OF BIRT	H:			E-MAIL ADDRESS:										
PHONE NUMB	MONTH ER: ()	DAY	YEAR						IGLE RRIED)	_	IVOR(
FAMILY DATA					· · · · · · · · · · · · · · · · · · ·					,	DATE OF BIRTH			
	LAST NAME	AST NAME FIRST			MIDDLE OR MAIDEN					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	retarial raintenance ree of the school ree of the school react company and the following, chemetris from: ployees Retirement System of the Pension Fillinghway Patrol Retirement System receiving a Dis CERTIFICA	nt System of Ohio ystem of Ohio ement System und etirement System n ability Benefit fro	Schrotter Stystem f you ever we MEMBER Yes No Sers No Sers No Sers No Mem Sers No	BENEFIT None None None None None None None	service Servic] Disabili] Disabili] Disabili] Disabili] Disabili] Disabili fore ret	ity	Surv Surv Surv Surv Surv	ivor ivor ivor ivor ivor	·.				
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SIGNATURE:	DO NOT PRINT							DA	ΓE:					
PART B -	TO BE CO	MPLETED I	BY EMPL	OYER										
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SCHOOL DISTI	RICT				COUNTY			CO	UNTY	-	DISTRI	CT NO	 O.	
MEMBER'S F I hereby cert current empl	FIRST DATE OF tify that I have	SERVICE THIS So verified the emplo		R (July 1 - Ju	ne 30):	job title	e, ar			date				