

MIAMI COUNTY EDUCATIONAL SERVICE CENTER

RETIREMENT ENROLLMENT RECORD FOR STRS AND SERS

STRS - STATE TEACHERS RETIREMENT SYSTEM OF OHIO

SERS - SCHOOL EMPLOYEES RETIREMENT SYSTEM OF OHIO

NEW HIRE AND REEMPLOYED RETIREES

NAME: _____
(FIRST NAME, MIDDLE INITIAL, (MAIDEN NAME) LAST NAME)

MALE FEMALE

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

STREET ADDRESS: _____

CITY: _____ STATE : _____ ZIP : _____

JOB CLASSIFICATION: Mark only one Box

- Administrative
 Certified/Teaching Staff
 Classified/Educational Aide/Clerical/Custodial/Food Service/Transportation
 School Board Member

MEMBERSHIP IN OTHER OHIO RETIREMENT SYSTEMS

For all of the following, check "YES" or "NO" if you ever were a member 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 a& 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

REEMPLOYED RETIREES ONLY

FIRST DATE OF SERVICE AFTER RETIREMENT: _____

EFFECTIVE DATE OF RETIREMENT: _____

Miami Co ESC - 5500 - STRS
Miami Co ESC - 55-001 - SERS