

CERTIFICATION OF OTHER PUBLIC SERVICE IN OHIO Defined Benefit Plan Participants

PART 1 –	 Completed by 	Memb	er (Pleas	e see Certification Form Instr	uctions)				
Member's nam	e		STR	STRS Ohio account no.					
			or Social Security no. (last four digits)						
City			Sta	ate ZIP code					
Home phone (_	Area code			Cell phone	e ()			
Certification		tual payr e membe	oll recor r.	oloyer or Custodi ds or a legitimate source d of Purchasable	ce of doc	umentat			ly
Employer									
Date of service	: FromMonth	Day	Year	To	h Da	ny Ye	ar		
	Calendar Year:		Calendar Year:	Calendar Year:					
	OPERS waiver or exemption signed?* Yes No Job Title:			OPERS waiver or exemption signed?* Yes No			OPERS waiver or exemption signed?* Yes No		
				Job Title:		Job Title:			
	Earnings (when earned, not when paid)	Full Time**	Part Time	Earnings (when earned, not when paid)	Full Time**	Part Time	Earnings (when earned, not when paid)	Full Time**	Part Time
January									
February									
March									
April									
May									
June									
July									
August									
September									
October									
November									

December

^{*}For the above service, please indicate "Yes" or "No" as to whether there was a written Ohio Public Employees Retirement System (OPERS) exemption in effect. If yes, please supply a copy of the exemption.

^{**}Full time is defined as providing service for normal working days while employed. A normal working day is service provided for a regular 7.5- to 8-hour day. Employment of other than normal days is part-time service.

IN	PO	RTAN	T —	THE	SE QUESTIONS MUST BE A	NSWERED BY EMPL	OYER:			
1.		Yes		No	Did the member contribute to Social So	ecurity for the service on the	previous page?			
2.	Yes No Was the member a student at the time the service was performed? If "Yes," was money actually paid for this service through the payroll system? Yes No									
3.		Yes		No	Is the member currently contributing to	the Ohio Public Employees	Retirement System (OPERS)?			
4. Na	If"	Highw Ohio I Schoo Munic Other,	Police Pay Pa Public I Emp ipal sy speci	& Fire ttrol Re Employees ystem	Pension Fund stirement System system System Retirement System					
					Official employer or custodian of records					
Tit	le					Department				
	dress				Str	reet State	ZIP code			
		Area coo	le		OFFICE US	SE ONLY				
Biı	th da	te			Date of first STRS Ohio service	Total	STRS Ohio credit			
	() () () () () () () () () ()	DPERS Cannot be add this Cannot be	will g	s form (ive this ained in the been year(s ained in	n OPERS for reasons other than nonmer	a. 145.483. Total credit granter ease list the amount of credit to waived/exempted purchase mbership status. <i>Reason:</i>	chat OPERS would have granted			
'	Certif	fied by					Date			
					Please return to	STRS Ohio.				

CERTIFICATION FORM INSTRUCTIONS Certification of Other Public Service in Ohio

This form is used to certify nonteaching Ohio public employment with a state, county or city employer, who did not deduct retirement contributions that would have been made to Ohio Public Employees Retirement System.

Certification of Other Ohio Public Service in Ohio

- Part 1 Completed by the member.
- Part 2 Completed by the employer (for the service you wish to purchase).
 - The "Record of Purchasable Service" portion of the form must be completed by the current custodian of records for the former employer. Ohio statute requires all of this information to determine the eligible amount of service credit and cost.
 - The custodian of records should pay attention to the instructions on the certification form in order to obtain the maximum service credit possible.

Submitting Online

- Open the document on your desktop computer. (For best results, use Adobe Acrobat Reader.)
- Save it to your computer.
- Complete Part 1 of the form and save again.
- Email the form as an attachment to the former employer covering the service you want to purchase.
- Instruct that individual to complete Part 2 of the form and email the form as an attachment to both you **and** forms@strsoh.org.
- STRS Ohio will send a confirmation email after receiving the form.

Submitting by Mail

- Complete Part 1 of the form.
- Separate and send the form to the former employer covering the service you want to purchase.
- Instruct that individual to complete Part 2 and return the form to you.
- Copy the form for your records.
- Send the original copy of the completed form to STRS Ohio.
- STRS Ohio will send a confirmation email after receiving the form.

Further Information

Further details, including eligibility requirements, are available in the *Purchasing Service Credit* brochure and the *Purchasing Service Credit Fact Sheet for Other Public Service in Ohio* — *Ohio Public Employees Retirement System (OPERS)*.