



# **EMPLOYER CERTIFICATION OF PUBLIC OR PRIVATE TEACHING**

Defined Benefit Plan Participants — University

Part 1 — Completed by Member (Please see Certification	on Form Instruction	ons)						
Member's name			STRS Ohio account no.					
Address	or Social Security no. (last four digits)							
Street								
City State		Home phone						
Email address		Cell phone (	Area code	)				
Current or past member of: 🚨 Ohio Public Employees Retirement Syst	tem (OPERS)	☐ School Emp	oloyees Ret	irement Syste	em of Ohio	(SERS)		
Part 2 — Completed by Official Employer or 0	Custodian	of Record	S (Please	return form to	member)			
Employment must have been for a	period of at lea	ast 12 consecuti	ive weeks.					
Complete name of college/university								
Address of college/universityStreet		City	State	ZIP co	ode			
Type of school   Public Private		,						
It was ( <i>check all that apply</i> ):   An accredited college or university	•							
Other (describe):								
Record of Purchasable Servi	ice (List each	term of teach	ing senara	ıtely)				
Actual dates of service in each	,	Colleges or Universities (List each term separately.)  Salaried Employment						
STRS Ohio fiscal year* (List each term, such as quarter or	Number	Minimum number of credit hours per	Did position	Indicate if	Number			
semester, on a separate line.) From To	of credit hours	term required for full-time status	have faculty rank or	rendered on quarter,	of days employed	Days in		
Mo Da Yr Mo Da Yr Position or title	taught this term	during listed dates of service	status? (yes or no)	semester or trimester basis	within the school year	normal year of employment		
*STRS Ohio Fiscal Years — Prior to 1974–75: September through August; 1974–75: September thr	ough June; 1975–76 a	and thereafter: July the	rough June	l	l	I		
At the time service was performed:								
Did this college/university require its students to have a high school diplom Did this college/university offer credit for courses that may have been trans				niversities in	Object D	Vag 🗍 Na		
If yes, name the college(s)/university(ies) which would have accepted		2	_					
What degree, advanced certification or license did this college/univers								
Was there any type of retirement program (except Social Security) which the		•		isted above?	☐ Yes [	☐ No		
If yes, check the appropriate box:  State retirement system  P	-	_		1				
I certify the statements and information completed above are correct acc	-							
Print nameOfficial employer or custodian of records		Date						
Title		Phone (Area	)					
Office								
Office addressStreet		City	State	ZIP co	nde			



# **CERTIFICATION FORM INSTRUCTIONS**Application to Purchase Public or Private Teaching Service

Defined Benefit Plan Participants — University

The *Employer Certification* and *Retirement System Certification* forms are to be used by Defined Benefit Plan participants to obtain certification of the possible purchase of service credit for:

- Teaching in a **public** college or university in another state.
- Teaching in a private college or university in the United States.

STRS Ohio does not allow for the purchase of credit for any service for which you are eligible for a benefit under another retirement or annuity plan (except Social Security) paid in the past, currently being paid or payable in the future.

STRS Ohio will return incomplete or improperly certified forms to the member.

## **Employer Certification**

- Part 1 Completed by the member.
- Part 2 Completed by the official employer or custodian of records (for the service you wish to purchase). Certification must be made from actual payroll or retirement records verifying your service.

### **Retirement System Certification**

- Part 1 Completed by the member.
- Part 2 Completed by the retirement system (if contributions were made to a retirement plan for this service). Send this form to the appropriate retirement system if (1) the service was performed in a public institution or a parochial school, or (2) it is indicated on the *Employer Certification* form that a retirement program was in effect for your service (except Social Security). A list of retirement systems is available on the back of the *Retirement System Certification* form.

If you were not in a public institution and the Employer Certification form indicates there was no retirement plan in effect for your service, you do not need to complete this form.

#### **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 both forms and save again.
- Email the forms as an attachment to both the former employer and the retirement system covering the service you want to purchase.
- Instruct those individuals to complete Part 2 of the appropriate form and email the form as an attachment to both you **and** forms@strsoh.org.
- STRS Ohio will send a confirmation email after receving the form.

### **Submitting by Mail**

- Complete Part 1 of both forms.
- Separate and send the appropriate form to the former employer and the retirement system covering the service you want to purchase.
- Instruct those individuals to complete Part 2 and return the forms to you.
- Copy the forms for your records.
- Send the original copies of the completed forms to STRS Ohio in the same envelope.
- STRS Ohio will send a confirmation email after receiving the forms.

#### **Further Information**

Further details, including eligibility requirements, are available in the *Purchasing Service Credit* brochure and the *Purchasing Service Credit Fact Sheet for Teaching and Other Public Service — University.* 



275 East Broad Street Columbus, OH 43215-3771 888-227-7877 www.strsoh.org

# RETIREMENT SYSTEM CERTIFICATION OF PUBLIC OR PRIVATE TEACHING

Defined Benefit Plan Participants — University

Part 1 — Completed by Member	er (Please see C	Certification Form	m Instruction	s)					
Member's name									
AddressStreet				or Social Security no. (last four digits)					
Str					( )				
				Home phone ()					
Email address			Cell phone ()						
Part 2 — Completed by Retireme	nt System	in Effect l	During 1	ime of Ser	vice (Please ret	turn form to me	mber)		
1. Was the applicant ever a member of your retinue.  Yes No If no, skip to number.			e informatio	on requested bel	ow.				
Dates of plan membership	Dates of plan membership Type of pla			n		Contributions made by (check one or both)			
From         To           Mo         Da         Yr         Mo         Da         Yr	Defined benefit	Defined contribution	DB/DC hybrid	Non- contributory	Optional retirement plan	Applicant	Employer		
2. Has the member withdrawn (refunded) his/he	ar antira account	t with wave av	ratam?	Vos. D. No.			L		
If yes, please provide the following: Da		, ,							
B. Has the member ever received monthly benef					l No				
. Is the member currently receiving or currentl						l No			
i. I certify the above statements are true to the bo									
Retirement system									
Street address									
City				_ State	ZIP code	·			
Print name				_ Date					
Title				Phone (	)				

