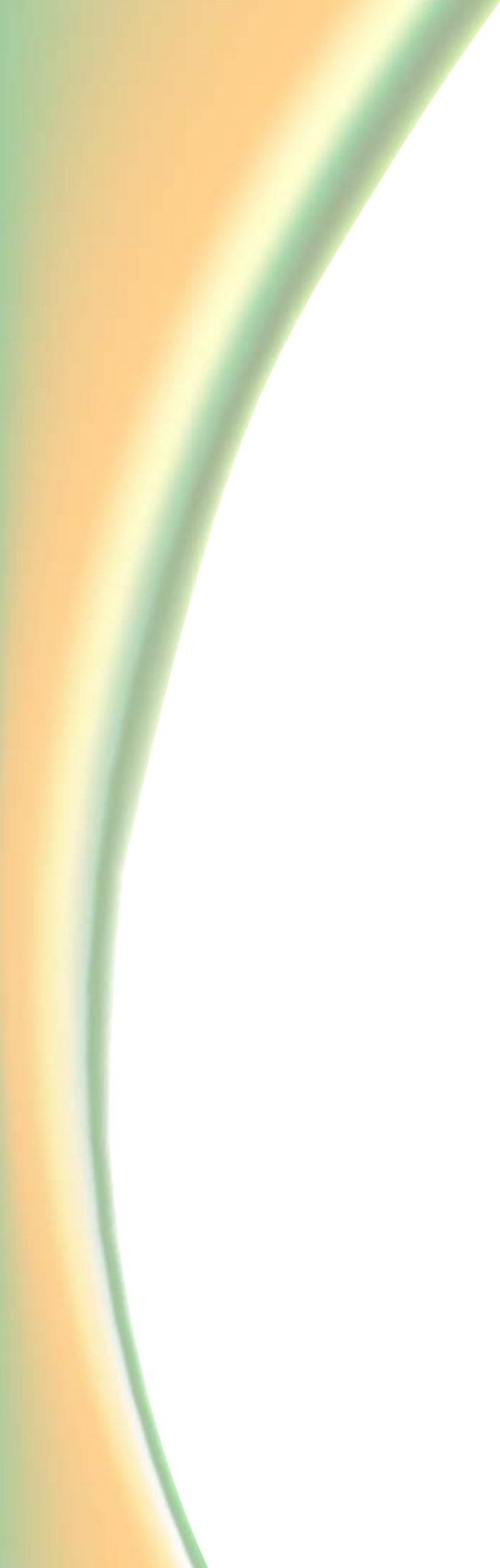




Reporting STRS Ohio Employer Contributions for ARP Participants

Effective Aug. 1, 2005





**STATE TEACHERS RETIREMENT SYSTEM
OF OHIO**

**Reporting STRS Ohio
Employer Contributions
for ARP Participants**

This booklet is intended to help you understand reporting requirements for alternative retirement plans (ARPs). Inside you'll find information on:

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If you have questions after reviewing this booklet, STRS Ohio can provide the answers you need quickly. Simply refer to "Getting help" on the back cover of this booklet for contact information.

ARP history and background

Ohio law requires all public colleges and universities to offer an alternative retirement plan (ARP) to new full-time employees as well as newly eligible full-time employees as of Aug. 1, 2005. The Department of Insurance has approved nine vendors to offer alternative retirement plans in addition to the state's public retirement systems, which include STRS Ohio. These vendors are:

- AIG VALIC
- AXA Equitable Life Insurance Company
- Great American Life Insurance Company
- ING Life Insurance and Annuity Company
- Lincoln National Life Insurance Company
- Metropolitan Life Insurance Company
- Nationwide Life Insurance Company
- TIAA-CREF
- The St. Paul Travelers Companies

Effective Aug. 1, 2005, employees eligible to make an ARP election include:

- New full-time employees hired on or after Aug. 1, 2005;
- Current employees who move from a part-time position to a full-time position on or after Aug. 1, 2005; and
- Current full-time employees who have accrued less than five years of service credit as of Aug. 1, 2005, and did not have a previous opportunity to elect an ARP. (For STRS Ohio purposes, this group of employees consists of reemployed retirees working in full-time positions.)

Prior to Aug. 1, 2005, employees eligible to make an ARP election included (1) all full-time academic and administrative faculty hired after the establishment of an alternative retirement program, and (2) all academic and administrative faculty who moved from a part-time or noneligible ARP position to a full-time eligible ARP position after the establishment of an alternative retirement program.

However, effective Aug. 1, 2005, Senate Bill 133 expands eligibility for ARPs to all full-time higher education employees. This means that STRS Ohio retirees who are reemployed in full-time positions may now be eligible to participate in an ARP.

For all employees who elect STRS Ohio as their retirement plan, no special reporting is required. As members of STRS Ohio, their 10% member contribution and the 14% employer contribution must be remitted to STRS Ohio no later than five business days after each pay date. Contribution amounts must also be included in the *Annual Report of Member Contributions*, which is due at STRS Ohio by the second Friday of every August.

For employees who elect an ARP, Ohio law requires employers to contribute to the ARP vendor a percentage of each ARP participant's compensation equal to the amount that the employer would have otherwise remitted to the employee's applicable state retirement system, less the unfunded liability amount.

Effective Aug. 1, 2005, the required employer contribution rate to ARP vendors is **10.5%** for ARP participants who would have otherwise been members of STRS Ohio (14% STRS Ohio employer contribution amount, less 3.5% STRS Ohio unfunded liability amount). In the past, each institution's board of trustees set the employer's contribution rate. However, the new law sets the required rate for all institutions.

The employer is also required to remit and report monthly 3.5% employer contributions to STRS Ohio on compensation paid. This reporting and contribution requirement begins with the employee's ARP effective date. Please note that contributions for ARP participants earned after their ARP effective date should not be included in the *Annual Report*.

Three employer contribution rates have been in effect since the inception of ARPs. Below is a history of the employer contribution rate amounts to STRS Ohio for ARP participants:

Rate*	Effective Date
6%	ARP inception through June 30, 1999
5.76%	July 1, 1999, through Sept. 30, 2001
3.5%	Oct. 1, 2001, and after

*The ARP contribution rate is subject to review every three years per Ohio law.

When to remit 3.5% employer contributions

Newly hired employees have 120 days after their first date of employment to elect an ARP. An ARP election becomes irrevocable when the election is made, effective back to the first day of employment. An election to participate in STRS Ohio becomes irrevocable after the employee's 120-election period expires.

Examples:

- You hire a new employee who begins employment on Sept. 1. The new employee elects an ARP on Nov. 12. This election is irrevocable on Nov. 12. The effective date of the election is the first date of employment, Sept. 1. This means that all earnings since Sept. 1 are subject to 3.5% employer contributions.
- You hire a new employee who begins employment on Sept. 1. The new employee elects STRS Ohio on Nov. 12. This election becomes irrevocable on Dec. 31, the 121st day after the first date of employment.

The 3.5% employer contribution is due to STRS Ohio for as long as the employee is continuously employed in an STRS Ohio-covered position. Keep in mind that the 3.5% employer contribution remitted to STRS Ohio may be affected if an employee changes retirement systems.

For example, if an employee moves from an STRS Ohio-covered position to an Ohio Public Employees Retirement System (OPERS) or School Employees Retirement System (SERS) position while continuously employed and contributing to an ARP, the employer remits the 3.5% ARP contribution to STRS Ohio until the effective date of the change in the employee's position. After that time, the applicable contribution rate should be remitted to OPERS or SERS. Conversely, the 3.5% ARP contribution should be remitted to STRS Ohio when continuously employed individuals contributing to an ARP move from an OPERS- or SERS-covered position to an STRS Ohio-covered position. Please see Page 13 for information about when and how to notify STRS Ohio of such employees.

Also, ARP participants who terminate employment in an ARP-eligible position must remain in the ARP plan as long as there is no more than a one-year break in employment with their college or university. This rule affects both (1) ARP participants who move from a full-time to a part-time position, and (2) ARP participants whose break in service with their college or university is less than one year.

The monthly ARP reporting process

The 3.5% employer contribution is due to STRS Ohio for the month in which the compensation is paid. Compensation for ARP contributions falls under the same definition used for STRS Ohio members. It includes all earnings, salary and wages paid to an individual during his or her employment. However, STRS Ohio compensation does exclude certain types of payments, such as unused vacation, unused sick leave or payments in lieu of insurance. A complete definition of compensation can be found in Section 3307.01(L) of the Ohio Revised Code and in Section 2 of the *STRS Ohio Employers Manual*.

Employer contributions for ARP participants are due at STRS Ohio by the 15th of each month for the prior month's payroll. For example, employer contributions for October payroll are due by Nov. 15. Reporting for the month includes these five steps:

1. Remit payment of your 3.5% employer contributions to STRS Ohio by the 15th of each month (for the prior month's payroll). To document the remittance, you should complete the appropriate sections of the *Employer Cash Receipt Remittance Form* and submit it via the STRS Ohio Employer Web Site (preferred) or mail a completed paper form to STRS Ohio. See Pages 5–6 for sample forms.
2. Submit a detailed report of all ARP participants by the 15th of each month (for the prior month's payroll). This monthly ARP report must be submitted electronically via file transfer or cartridge tape. For each ARP participant, the report must include: employer number, fiscal year, month, Social Security number, member type, last name, first name, middle name, suffix, employer contribution amount and participant earnings for the month. See Pages 7–10 for field definitions, record layout and submission instructions.
3. STRS Ohio will verify that the total employer contribution amount reported for all participants equals the cash you remitted. We will contact you regarding any differences between what you reported and what you paid.
4. STRS Ohio will also contact you about any errors or exception conditions that might indicate a problem with your report.
5. Employers will receive a report each month of employees with contributions reported for whom STRS Ohio does not have an election form on file. Employers will also receive a report each month of participants with an election form on file but no contributions reported to STRS Ohio. See Page 12 for report examples.


Sending employer contributions to STRS Ohio

Employer contributions for ARP participants are due monthly and must be remitted to STRS Ohio by the 15th of each month (for the prior month's payroll). You should submit an *Employer Cash Receipt Remittance Form* to document your remittance.

You do not need to remit payment for 3.5% employer contributions with each payroll — payroll reporting is for employees electing STRS Ohio as their retirement plan.

If ARP and payroll report payments are due at the same time and you remit these contributions together, you can submit one *Employer Cash Receipt Remittance Form* by including ARP contributions in Section 4 of the form. See Page 6 for a completed sample of a paper remittance form. For additional information, please refer to the *STRS Ohio Employers Manual* or contact your STRS Ohio employer advisor.

Sample remittance forms



**STATE TEACHERS
RETIREMENT SYSTEM
OF OHIO**
275 EAST BROAD STREET, COLUMBUS, OHIO 43215-3771 | 1-888-535-4050

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Employer Account Information

Online Cash Remittance Form

Employer cash receipt remittance form

Section 1: Employer Information

Employer Number: _____

Employer Name: _____

Submitter's Name: _____

Submitter's Phone Number: () ext. _____

Section 2: Payment Method and Amount

Checks Total amount: \$100000.00

Section 3: Contribution Amounts Included in Payment

Employee contributions

Pay date(s):	Check number	Amount
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	\$ <input type="text"/>

Employer contributions

Pay date(s):	Check number	Amount
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	\$ <input type="text"/>

Section 4: Other Amounts Included in Payment

	Check number	Amount
<input type="checkbox"/> 3.5% ARP contributions (submit monthly) (College or University ONLY):	<input type="text"/>	\$ <input type="text"/>
<input type="checkbox"/> IPP deductions (submit monthly) (Submit copy of payroll deduction remittance form)	<input type="text"/>	\$ <input type="text"/>
<input type="checkbox"/> Adjustments to member accounts (Submit letter with details of adjustments)	<input type="text"/>	\$ <input type="text"/>
<input type="checkbox"/> Payment for invoice (Submit copy of invoice)	<input type="text"/>	\$ <input type="text"/>
<input type="checkbox"/> Other payment: _____	<input type="text"/>	\$ <input type="text"/>
<input type="checkbox"/> Other payment: _____	<input type="text"/>	\$ <input type="text"/>

Amounts entered in Sections 3 and 4 must equal \$100000.00 \$

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Sample online form



Employer Cash Receipt Remittance Form

Please send check(s) and this form to:
STRS Ohio, P. O. Box 631135, Cincinnati, OH 45263-1135

If you are submitting contributions for more than one employer, please complete a separate form for each employer.
If you have questions, please call your employer advisor toll-free at 1-888-535-4050 or visit www.strsoh.org/employer.

Section 1: Employer Information

Employer name: SAMPLE UNIVERSITY
Employer number: 9 3 0 0

Section 2: Payment Method and Amount

Check(s) Wire transfer* ACH (Automated Clearing House)*
Total amount: \$ 183,500 Date: _____ Date: _____
Total amount: \$ _____ Total amount: \$ _____
*Complete a separate form for each wire transfer or ACH.

Section 3: Contribution Amounts Included in Payment

	Check number	Amount
	Leave blank if wire transfer or ACH	Complete for check(s), wire transfer or ACH
<input checked="" type="checkbox"/> 10% employee contributions Pay date(s): <u>10/10/05</u>	<u>6136</u>	\$ <u>70,000</u>
	_____	\$ _____
	_____	\$ _____
<input checked="" type="checkbox"/> 14% employer contributions Pay date(s): <u>10/10/05</u>	<u>6137</u>	\$ <u>98,000</u>

Section 4: Other Amounts Included in Payment

	Check number	Amount
	Leave blank if wire transfer or ACH	Complete for check(s), wire transfer or ACH
<input checked="" type="checkbox"/> 3.5% ARP contributions (submit monthly) (College or university ONLY) Fiscal month: <u>03</u>	<u>8100</u>	\$ <u>15,500</u>
<input type="checkbox"/> Payroll deduction for purchase of service credit (submit monthly) (Submit copy of payroll deduction remittance form) Fiscal month: _____	_____	\$ _____
<input type="checkbox"/> Adjustments to member accounts (Submit letter with details of adjustments)	_____	\$ _____
<input type="checkbox"/> Payment for invoice (Submit copy of invoice)	_____	\$ _____
<input type="checkbox"/> Other _____	_____	\$ _____
<input type="checkbox"/> Other _____	_____	\$ _____

Total of amounts in Sections 3 and 4 should equal the total payment amount listed in Section 2.

Date submitted: 10/15/05 Signature: Jane Doe, Treasurer

50-269, 8/03/250

ARP reporting field definitions

For each ARP participant reported, the following information must be included. The record layout for these fields is also described on Page 8.

Employer Number

This field contains the unique four-digit identifier assigned to each employer by STRS Ohio. All four digits are filled. Valid values are “9300–9899” for colleges and universities.

Fiscal Year

This field contains the four-digit year representing the STRS Ohio fiscal reporting year. The fiscal year is the first year covered by the reporting period. All four digits are filled. For example, the valid value for the reporting year July 1, 2005–June 30, 2006, is “2005.”

Fiscal Month Number

This field contains the two-digit month representing the STRS Ohio fiscal reporting month. The months in the fiscal year are numbered in ascending order beginning with July and ending with June. Both digits are filled. For example, the valid value for July is “01” and the valid value for June is “12.”

Social Security Number

This field contains the nine-digit Social Security number (SSN) that uniquely identifies the employee. All nine digits are filled with no separators. For example, the valid value for SSN 001-23-4567 is “001234567.”

Membership Type Code

This field contains the single alpha character identifying the employee as an ARP member. The valid value is “A.”

Last Name

This field contains the employee’s last name up to 25 alpha characters. The field contains trailing spaces. For example, the valid value for the last name Smith is “SMITH”.

First Name

This field contains the employee’s first name up to 15 alpha characters. The field contains trailing spaces. For example, the valid value for the first name Elizabeth is “ELIZABETH”.

Middle Name

This field contains the employee’s middle name up to 15 alpha characters. The field contains trailing spaces with no punctuation. For example, the valid value for the middle initial K is “K”.

Suffix

This field contains the employee’s name suffix up to three alpha characters with no punctuation. The field contains trailing spaces with no punctuation. For example, the valid value for the suffix Jr. is “JR”.

Employer Contribution Amount

This eight-character numeric field contains the employer’s 3.5% monthly contribution based on the employee’s earnings (see below). The field contains leading zeros and no commas or decimals. For example, the valid value for monthly contributions of \$64.25 is “00006425.”

Earnings

This nine-character numeric field contains the employee’s earnings paid during the fiscal reporting month for which STRS Ohio contributions would have been made had the employee elected to remain an STRS Ohio member. The field contains leading zeros and no commas or decimals. For example, the valid value for monthly earnings of \$1,835.83 is “000183583.”

Record layout for your monthly ARP report

You must use the following record layout to submit your monthly ARP report to STRS Ohio via electronic transfer or cartridge tape.

Field #	Columns	Picture	Description
(1)	1–4	X(4)	Four-digit employer number
(2)	5–8	9(4)	Year — Enter first year of fiscal year (report 2005–2006 as 2005)
(3)	9–10	9(2)	Fiscal Month Number — Report July as 01, August as 02, etc.
(4)	11–19	9(9)	Social Security Number
(5)	20	X(1)	Member Type — “A” for ARP participants
(6)	21–45	X(25)	Last Name
(7)	46–60	X(15)	First Name
(8)	61–75	X(15)	Middle Name
(9)	76–78	X(3)	Suffix
(10)	79–86	S9(6)V99	Employer Contribution Amount
(11)	87–95	S9(7)V99	Earnings

(1) Emp No	(2) Year	(3) Month	(4) Soc Sec No	(5) T y p e	(6) Last Name
1	5	9	1 1	2 2 0 1	

(6) Last Name (cont)	(7) First Name	(8) Middle Name	(9) Suffix	(10) \$ \$
4 6		6 1	7 6	7 9

(10) Emp Contr Amt (cont)	\$ \$ \$ \$ ¢ ¢	(11) Member Earnings	\$ \$ \$ \$ \$ \$ \$ \$ ¢ ¢
8 7			

Transmitting your monthly ARP report via electronic transfer

STRS Ohio can accept transmission of your monthly ARP report via electronic transfer. The actual layout of the data must follow the record layout on Page 8.

If there are technical problems or questions regarding the procedures, please contact the STRS Ohio ARP Reporting Coordinator at 1-888-535-4050. If you receive voice mail, please leave a message and an STRS Ohio representative will get back to you no later than the next workday. Working hours are Monday through Friday, 8 a.m.–5 p.m.

File Format and Name

The file must be in ASCII format. Your file should include a header record which includes the total number of ARP records transmitted. The filename will be SITENAME.mn. SITENAME refers to the employer's STRS Ohio employer number. The "n" equals the fiscal month reported. For the February reporting month, "n" is 08.

Examples:

9300.M08

9305.M12

Header Record Format

Employers submitting monthly ARP reports electronically should include a header record with the file using the standard header record format below:

Field #	Columns	Picture	Description
(1)	1–4	X(4)	Four-digit employer number
(2)	5–8	9(4)	Year — Enter first year of fiscal year (report 2005–2006 as 2005)
(3)	9–10	9(2)	Fiscal Month Number — Report July as 01, August as 02, etc.
(4)	11–19	9(9)	Total number of ARP records transmitted (leading zeros)
(5)	20	X(1)	“T” to identify total control
(6)	21–45	X(25)	“CONTROL TOTAL RECORD”
(7)	46–60	X(15)	SPACES
(8)	61–75	X(15)	SPACES
(9)	76–78	X(3)	SPACES
(10)	79–86	S9(6)V99	ZEROS
(11)	87–95	S9(7)V99	ZEROS

If you need to retransmit a file, please notify the STRS Ohio ARP Reporting Coordinator at 1-888-535-4050 to prevent STRS Ohio from using the wrong file. Once you have notified STRS Ohio and the previous file has been removed, retransmit the file using the same filename.

Transfer Procedures

1. Your file must be sent in file transfer protocol (ftp) ASCII method. Execute ftp on your system to send your file to STRS Ohio at the following address: **zeus.strsoh.org**.

Example: ftpzeus.strsoh.org

2. Once connected, enter your login ID and your password as prompted. Your login ID will be **anonymous** and your password is your school's STRS Ohio employer number followed by **@strs**. Please note that lowercase letters are preferred, but not mandatory, and there are no blank spaces between words.

Password example: 9305@strs

3. Change the directory to pub, by keying: CD/pub.
4. Transfer file using standard ftp procedures.
5. Once completed, close ftp session.

Submitting your monthly ARP report via cartridge tape

Cartridge tape transmittals use the record layout described on Page 8. The transmittal format for cartridge tape is:

- EBCDIC
- 36 TRACK
- 95 CHARACTER RECORD
- BLOCKED 10
- DENSITY 38400
- LABELED (IBM Standard Label)
- 3490
- COMPRESSED OR UNCOMPRESSED

Please enclose a short dump and attach an external label to the tape showing the above information concerning format and an external label showing a return address. Your cartridge will be returned approximately 45 days after receipt.

New hire and reemployed retiree notifications

You must notify STRS Ohio of all newly hired employees, including reemployed retirees, who qualify for STRS Ohio membership and indicate whether they are eligible to participate in an ARP. You must also notify STRS Ohio of members who move from a part-time or noneligible ARP position to a full-time eligible ARP position. Information about the new hire or reemployed retiree to be sent to STRS Ohio includes:

- Name
- Gender
- Social Security number
- Birth date
- Address
- First date on payroll
- ARP eligibility
- Type of retirement benefit (reemployed retirees only)
- Effective date of retirement (reemployed retirees only)
- Ohio retirement system paying the benefit (reemployed retirees only)

For your convenience, you can send us new hire and reemployed retiree notifications via the STRS Ohio Employer Web Site at www.strsoh.org/employer. We encourage you to use our Web site — it is a secure and convenient way to notify us of new hires and reemployed retirees. Please contact your school's password administrator for details.

Although we prefer you to notify us via our Web site, you can also send the required information listed above to STRS Ohio using one of the following methods:

- Electronically via properly formatted file with new hire record layout (also a preferred method) — contact STRS Ohio for details
- Fax: (614) 227-7893
- Mail: STRS Ohio Finance Dept., 275 E. Broad St., Columbus, OH 43215-3771

Note: You must also send STRS Ohio a properly completed Form SSA-1945 signed by the new employee or reemployed retiree.

Election form processing

Election forms for new employees must be certified by the employer and returned to STRS Ohio within 10 days of each participant's election. The employer can mail election forms to: STRS Ohio Finance Dept., 275 E. Broad St., Columbus, OH 43215-3771, or fax them to (614) 227-7893.

Certified ARP election forms should include the amount of employee and employer contributions already remitted to STRS Ohio via payroll reporting since the ARP effective date and the last date the employee was included in an STRS Ohio payroll report.

STRS Ohio will forward contributions to the employee's selected vendor within 30 days of receiving the completed election form. Any underpayment or overpayment to the vendor as a result of an employer's certification error will be the responsibility of the employer.

You will receive a monthly confirmation report of the elections made (*120-Day ARP Election Employer Report*). This will include the prior month's employees who elected an ARP, those who elected to remain with STRS Ohio, and those who did not make an election and by law default to STRS Ohio membership. A sample of this report is included on Page 12.

Sample audit reports

ARARRN RON		STATE TEACHERS RETIREMENT SYSTEM OF OHIO 120-DAY ARP ELECTION EMPLOYER REPORT	
		ARP ELECTION SUMMARY 120-DAY ELECTION PERIOD FROM: 2005-11-01 TO: 2005-11-30 UNIVERSITY OF STRS OHIO PLAN	
SSN	NAME		
111 11 1111	CHARLES VIVIAN	TEACHERS INSURANCE AND ANNUITY ASSN	
222 22 2222	JACK SUSAN	TEACHERS INSURANCE AND ANNUITY ASSN	
555 55 5555	ZHANG CHONG	TEACHERS INSURANCE AND ANNUITY ASSN	
666 66 6666	MALAT JOHN	TEACHERS INSURANCE AND ANNUITY ASSN	
777 77 7777	ESTES SCOTT	TEACHERS INSURANCE AND ANNUITY ASSN	
888 88 8888	YOUNG DENNIS	TEACHERS INSURANCE AND ANNUITY ASSN	
COUNT: 6			
123 45 6789	OSMOND KATHLEEN ANN KURTZ	STRS OHIO	
COUNT: 1			

Following submission and processing of each month's ARP report, STRS Ohio will send a list of employees reported in the employer's monthly ARP report for whom STRS Ohio did not receive an election form (see *ARP M/R Contribution With No Election* below).

AMNERG R4G		STATE TEACHERS RETIREMENT SYSTEM OF OHIO ARP M/R CONTRIBUTION WITH NO ELECTION	
		FISCAL YEAR 2005 / FISCAL MONTH 01	
EMPLOYER - 9999 SAMPLE UNIVERSITY			
ACCOUNT NUMBER	ARP PARTICIPANT NAME	ARP PARTICIPANT ELECTION CLOSE DATE	
111-22-3333	JOSEPH JONES	06/05/2005	
222-33-4444	MARTHA SMITH	06/05/2005	
333-44-4444	DONALD WILLIAMS	06/05/2005	

Each employer will also receive a report that lists active ARP participants not included in the monthly ARP report (see *ARP M/R Exception Report* below). Please follow up promptly on each participant listed on these reports and contact the STRS Ohio ARP reporting coordinator with any questions or issues.

AMADRC R4C		STATE TEACHERS RETIREMENT SYSTEM OF OHIO ARP M/R EXCEPTION REPORT ARP ELECTION WITH NO CONTRIBUTIONS	
EMPLOYER - 9999 SAMPLE UNIVERSITY		FISCAL YEAR 2005 / FISCAL MONTH 08	
ACCOUNT NUMBER	ARP PARTICIPANT NAME	ARP PARTICIPANT HIRE DATE	ARP PARTICIPANT ELECTION CLOSE DATE
121-44-1111	ANDRE L SMITH	07/01/2005	10/28/2005
122-44-2222	KENNETH JONES	07/01/2005	10/28/2005
111-33-2323	ABBEY KAUFMAN	07/01/2005	10/28/2005
333-22-3232	DANIEL THOMAS	07/01/2005	10/28/2005
TOTAL NUMBER OF EXCEPTIONS:		4	

ARP elections in other public retirement systems

If an employee has an active ARP election with another Ohio public retirement system and is now employed in an STRS Ohio-covered position, the employee must remain a participant in the ARP plan and is not eligible to make a new election with STRS Ohio. A new hire notification or reemployed retiree notification is not required for this employee; however, STRS Ohio requires you to provide us with the following information about the employee for our records:

- Name
- Social Security number
- Date of birth
- Gender
- Effective date of employment in an STRS Ohio-covered position
- Certification that ARP contributions are the result of an active ARP election made with another Ohio public retirement system

Please provide us with the required information promptly via:

- Fax: (614) 227-7893
- E-mail: ARP@strsoh.org
- Mail: STRS Ohio Finance Dept., 275 E. Broad St., Columbus, OH 43215-3771

While a copy of the election form is not required, it can be used to provide us with the necessary information listed above. If you choose to send an election form, include the employee's effective date of employment in an STRS Ohio-covered position.

Making adjustments to a prior month's ARP report

Your monthly ARP report has been submitted and you notice that an error was made for a participant — what do you do? STRS Ohio has the capability to make adjustments to reports already submitted.

If an error affects most or all of the participants of the current month's report, contact STRS Ohio and we can arrange for you to resubmit your entire report. If an error only affects a small number of participants, send an e-mail or fax a letter that includes the participant's name, Social Security number, the fiscal month and year, and the correct amount of earnings and employer contributions.

Please send corrections for prior months separately from your current month's report. **Do not include multiple records for an employee, or negative earnings or contributions in the ARP file.** Send corrections via e-mail to jefferst@strsoh.org, or fax a letter to Tasha Jefferson at (614) 227-7893. If additional contributions are due, mail your check with a copy of the e-mail or letter to STRS Ohio. If a refund is due to you, we will process your check within 30 days of receipt.

Need help? See the back of this booklet for available resources.

Getting help

STRS Ohio Employer Web Site — www.strsoh.org/employer

STRS Ohio Employer Advisors — 1-888-535-4050 (toll-free)

Christopher Castle
Employer Advisor
(614) 227-2972
E-mail: castlec@strsoh.org

Stephanie Plant
Employer Advisor
(614) 227-2930
E-mail: plants@strsoh.org

Kelé Willis
Supervisor, Employer Advising
(614) 227-2914
E-mail: willisk@strsoh.org

Other Employer Reporting Contacts — 1-888-535-4050 (toll-free)

Tasha Jefferson
ARP Reporting Coordinator
(614) 227-4652
E-mail: jefferst@strsoh.org

Jim Slates
Manager, Member Contributions and Withdrawals
(614) 227-2893
E-mail: slatesj@strsoh.org

Kevin DeVries
Assistant Director, Employer Reporting
(614) 227-5239
E-mail: devriesk@strsoh.org

STRS Ohio Member Services

Todd Gournon
Coordinator of Higher Education Retirement Plans
(614) 227-5235
E-mail: gournot@strsoh.org



**STATE TEACHERS RETIREMENT SYSTEM
OF OHIO**

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