



CERTIFICATION OF OTHER PUBLIC SERVICE IN OHIO

Defined Benefit Plan Participants

PART 1 — Completed by Member *(Please see Certification Form Instructions)*

Member's name _____ STRS Ohio account no. _____
 or
 Address _____ Social Security no. (last four digits) _____
 Street

 City State ZIP code
 Home phone (_____) _____ Cell phone (_____) _____
 Area code Area code
 Email address _____

PART 2 — Completed by Official Employer or Custodian of Records *(Please return form to member)*

Certification must be made from actual payroll records or a legitimate source of documentation. An incomplete or improperly certified form will be returned to the member.

Record of Purchasable Service

Employer _____
 Date of service: From _____ To _____
 Month Day Year Month Day Year

	Calendar Year:			Calendar Year:			Calendar Year:		
	OPERS waiver or exemption signed?*			OPERS waiver or exemption signed?*			OPERS waiver or exemption signed?*		
	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Job Title:			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		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
February		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
March		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
April		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
May		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
June		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
July		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
August		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
September		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
October		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
November		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
December		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

*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.



IMPORTANT — THESE QUESTIONS MUST BE ANSWERED BY EMPLOYER:

- 1. Yes No Did the member contribute to Social Security 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. Yes No For the service on the previous page, did the member contribute to any of the Ohio retirement systems listed below?

If "Yes," identify the system:

- Ohio Police & Fire Pension Fund
- Highway Patrol Retirement System
- Ohio Public Employees Retirement System
- School Employees Retirement System
- Municipal system
- Other, specify: _____

Name _____ Date _____
Official employer or custodian of records

Title _____ Department _____

Address _____
Street

_____ City State ZIP code

Phone (_____) _____
Area code

OFFICE USE ONLY

Birth date _____ Date of first STRS Ohio service _____ Total STRS Ohio credit _____

TO BE COMPLETED BY OHIO PUBLIC EMPLOYEES RETIREMENT SYSTEM

The service on this form (*please check one*):

- OPERS will give this person credit without charge under Sec. 145.483. Total credit granted is _____ .
- Cannot be obtained in OPERS due to *nonmembership* status. Please list the amount of credit that OPERS would have granted had this service been eligible in OPERS:
_____ year(s) Regular purchase or Waived/exempted purchase
- Cannot be obtained in OPERS for reasons *other than* nonmembership status. Reason: _____

Certified 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

- Go to www.strsoh.org and click on “Forms” under During Your Career.
- Open the document on your desktop computer. (For best results, open the document using Adobe Acrobat Reader 8.0 or later.)
- 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.

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.

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)*.

STATE TEACHERS RETIREMENT SYSTEM OF OHIO

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