



EMPLOYER CERTIFICATION OF PUBLIC OUT-OF-STATE OR PRIVATE TEACHING

Defined Benefit Plan Participants — Kindergarten Through Grade 12

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 (_____) _____
Area code _____
Email address _____ Cell phone (_____) _____
Area code _____

Current or past member of: Ohio Public Employees Retirement System (OPERS) School Employees Retirement System of Ohio (SERS)

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

Employment must have been for a period of at least 12 consecutive weeks.

Complete name of school _____
School address _____
Street _____ City _____ State _____ ZIP code _____
Type of school Public Private
It was (check all that apply): An accredited elementary or high school A preparatory school A for-profit school
 Other (describe): _____

Record of Purchasable Service *(List each year of employment separately.)*

Actual dates of service in each STRS Ohio fiscal year*						Position or title	Was this employment full time for the entire year? (yes or no)	Salaried Employment		Hourly Employment		Did position require teaching certificate? (yes or no)
From			To					Number of days employed within the school year	Number of days in a normal year of employment	Number of hours employed within each school year	Number of hours in a normal year of employment	
Mo	Da	Yr	Mo	Da	Yr							

*STRS Ohio Fiscal Years — Prior to 1974-75: September through August; 1974-75: September through June; 1975-76 and thereafter: July through June

At the time service was performed:

Did this school offer credit for courses that may have been transferred to other fully accredited public schools in Ohio? Yes No
What degree, advanced certification or license did this school offer its students? _____
Was there any type of retirement program (except Social Security) which the employee participated in for the service listed above? Yes No
If yes, what was the plan in which the member participated: State or federal retirement system Other _____

I certify the statements and information completed above are correct according to the official records I have examined:

Print name _____ Date _____
Official employer or custodian of records
Title _____ Phone (_____) _____
Area code _____
Office _____
Office address _____
Street _____ City _____ State _____ ZIP code _____



CERTIFICATION FORM INSTRUCTIONS

Application to Purchase Public Out-of-State or Private Teaching Service

Defined Benefit Plan Participants — Kindergarten Through Grade 12

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** school in another state.
- A **private** school in the United States.
- A school operated by or for the U.S. government.

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).

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 receiving the forms.

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 STRS Ohio website.



RETIREMENT SYSTEM CERTIFICATION OF PUBLIC OUT-OF-STATE OR PRIVATE TEACHING

Defined Benefit Plan Participants — Kindergarten Through Grade 12

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 (_____) _____
Area code
Email address _____ Cell phone (_____) _____
Area code

Part 2 — Completed by Retirement System in Effect During Time of Service *(Please return form to member)*

1. Was the applicant ever a member of your retirement system?

Yes No If no, skip to number 5. If yes, please provide the information requested below.

Dates of plan membership						Type of plan					Contributions made by (check one or both)	
From			To			Defined benefit	Defined contribution	DB/DC hybrid	Non- contributory	Optional retirement plan	Applicant	Employer
Mo	Da	Yr	Mo	Da	Yr							
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Has the member withdrawn (refunded) his/her entire account with your system? Yes No

If yes, please provide the following: Date withdrawn _____

3. Has the member ever received monthly benefits from your system based on this service? Yes No

4. Is the member currently receiving or currently entitled to receive a retirement benefit from your system? Yes No

5. I certify the above statements are true to the best of my knowledge.

Retirement system _____

Street address _____

City _____ State _____ ZIP code _____

Print name _____ Date _____

Title _____ Phone (_____) _____
Area code



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