



EMPLOYER CERTIFICATION OF PUBLIC SERVICE

Defined Benefit Plan Participants — Government and Nonteaching

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

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

Complete address _____
Street City State ZIP code

Type of service rendered _____

Was this public service rendered for: Federal government Local government State government
 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 | Public service (nonteaching) Complete appropriate column below | | If teaching | | |
|--------------------------------------------------------|----|----|----|----|----|-------------------|-------------------------------------------------------------------|-------------------------------|----------------------------------------------------------------------------|------------------------------------------------------|-----------------------------------------|
| From | | | To | | | | Clock hours if paid hourly | Number of days if salaried | Was this employment full time for the entire year? (yes or no) | Number of days employed within the school year | Days in 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

Is there any type of retirement program (except Social Security) in effect now or in the future **for the service listed above**? Yes No

If yes, give the name of the retirement system:

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 Government and Nonteaching Service

For Defined Benefit Plan Participants

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 school operated by the U.S. government.
- Other public service:
 - With the U.S. government
 - A government agency or subdivision of another state.
 - Service for which contributions were made to a municipal retirement system in Ohio.

STRS Ohio does not allow the purchase of credit for (1) any service for which you are eligible for a benefit under another retirement or annuity plan (except Social Security) that was paid, is currently being paid or is payable in the future, or (2) services compensated by funds not appropriated for use by that governmental entity or fee-based services.

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 the certifying official indicated there was a retirement program (except Social Security) in effect for your service.

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 *Purchasing Service Credit Fact Sheet for Government and Nonteaching Service*.



RETIREMENT SYSTEM CERTIFICATION OF PUBLIC SERVICE

Defined Benefit Plan Participants — Government and Nonteaching

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



FOR CERTIFICATION OF FEDERAL CIVILIAN SERVICE:

1. Obtain a copy of the federal transcript of your service from the **National Personnel Records Center, Annex, 1411 Boulder Blvd., Valmeyer, IL 62295**. Please be sure to state that the transcript is for verification of service for the State Teachers Retirement System of Ohio. DO NOT send this instruction and application form to the National Personnel Records Center.
2. Attach the original transcript to this application form, complete Part 1 of the *Employer Certification* and return the entire set of forms to STRS Ohio.
3. If you have federal civilian service, you must attach to this application form a verification from the U.S. government stating that you have withdrawn your federal retirement. To obtain this verification, write the **U.S. Office of Personnel Management, Retirement Operations Center, P.O. Box 45, Boyers, PA 16017**.

STATE TEACHERS RETIREMENT SYSTEM OF OHIO

275 East Broad Street
Columbus, OH 43215-3771

888-227-7877
www.strsoh.org