



EMPLOYER CERTIFICATION OF PUBLIC OR PRIVATE TEACHING

Defined Benefit Plan Participants — University

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 college/university _____
 Address of college/university _____
 Street City State ZIP code
 Type of school Public Private
 It was *(check all that apply)*: An accredited college or university A for-profit school
 Other *(describe)*: _____

Record of Purchasable Service *(List each term of teaching separately.)*

Actual dates of service in each STRS Ohio fiscal year* (List each term, such as quarter or semester, on a separate line.)						Position or title	Colleges or Universities (List each term separately.)				Salaried Employment	
From			To				Number of credit hours taught this term	Minimum number of credit hours per term required for full-time status during listed dates of service	Did position have faculty rank or status? (yes or no)	Indicate if rendered on quarter, semester or trimester basis	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

At the time service was performed:

Did this college/university require its students to have a high school diploma before entering? Yes No
 Did this college/university offer credit for courses that may have been transferred to other fully accredited colleges or universities in Ohio? Yes No
 If yes, name the college(s)/university(ies) which would have accepted transferred credits: _____
 What degree, advanced certification or license did this college/university 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, check the appropriate box: State retirement system Private system (e.g., TIAA, AIG Retirement)

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 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 receiving 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*.



RETIREMENT SYSTEM CERTIFICATION OF PUBLIC OR PRIVATE TEACHING

Defined Benefit Plan Participants — University

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



STATE TEACHERS RETIREMENT SYSTEM OF OHIO

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