



# Welcome to



As a public school employee, you will be contributing to the School Employees Retirement System (SERS), one of five Ohio public pension funds. With some exceptions, SERS membership is required and most employees will be covered only by SERS and not by Social Security. You should be aware that SERS membership may have tax consequences on contributions to a personal IRA.

## ● **About SERS**

SERS was established by state law in 1937 and you are joining over 120,000 active contributors. The assets of the fund total \$10 billion and 60,000 retirees receive monthly pensions.

## ● **Service Retirement**

Under current law, a member qualifies for a lifetime monthly pension with the following combinations of age and service credit:

- 5 years of credit at age 60; or
- 25 years of credit at age 55; or
- 30 years of credit at any age.

The pension is based on age, number of years of service credit, and final average salary. With 30 years, the pension is 66% of final average salary.

## ● **Disability Retirement**

A member who becomes physically or mentally unable to perform the duties of the school job and who has at least five years of credit may apply for disability benefits. If approved, the benefit amount ranges from 45% to 60% of final average salary.

## ● **Survivor Benefits**

The beneficiaries of a member who dies while working may qualify for monthly survivor benefits. A member must have at least 1.500 years of credit at the time of death, and must have earned a quarter of a year of credit within the two and one-half years prior to death.

If the member had children under the age of 18, or 22 if still in school, the children and spouse qualify for monthly benefits plus access to health insurance. If there were no minor children, then the spouse qualifies for a monthly benefit at any age if the member had at least 10 years of service. If the member had less than 10 years, the spouse qualifies at age 62.

The beneficiary also has the option of a lump sum withdrawal of the member's contributions, unless there are minor children.

## ● Health Insurance

Currently, members retiring on service retirement with at least 10 years of qualified credit and all disability and survivor benefit recipients have access to health insurance through SERS. Retirees will pay part, or all, of the monthly premium based on the number of years of service at the time benefits begin. Current benefits include major medical, hospital, and prescription drug coverage. Dental coverage is also available.

*Members should be aware, however, that health insurance is not guaranteed. Unlike pensions, which are established by Ohio law, health insurance is provided at the discretion of the retirement system.*

SERS has provided retirees with access to health insurance since 1974 and it is the goal of the retirement system to continue this access. Plan benefits, premiums, and continued access depend upon available resources, and are subject to change.

## ● After Retirement

Retirees receive a 3% cost of living increase each year on the anniversary date of retirement. The increase is figured on the original base pension.

SERS partially reimburses retirees for the cost of Medicare Part B in the amount of \$45.50 each month.

Upon the death of a disability or service retiree, a \$1,000 lump sum death benefit is paid to the designated beneficiary.

## ● Refund of Contributions

You always have the option to withdraw your own contributions upon termination of school employment. You receive what you actually contributed, less withholding for federal income tax unless the money is rolled into a qualified account. If you are also a member of the Ohio Public Employees Retirement System or State Teachers Retirement System, you must withdraw from all accounts.

Since your contributions likely have not been taxed, they are subject to income tax when withdrawn. You may also be subject to an additional federal tax for early withdrawal.

## ● More Information

You will shortly receive a Member Handbook in the mail that contains more information about your retirement plan. Also, please visit our website at [www.ohsers.org](http://www.ohsers.org) for comprehensive benefit information. By using the Member Log-in feature on the web, you can access your personal account and updated contribution balance.

SERS is your retirement system and the staff is here to help you. Do not hesitate to contact us toll free at (866) 280-7377.

# MEMBERSHIP RECORD

## SCHOOL EMPLOYEES RETIREMENT SYSTEM

300 E. BROAD ST., STE 100, COLUMBUS, OHIO 43215-3746 (614) 222-5853

### PART A - TO BE COMPLETED BY MEMBER

SOCIAL SECURITY NUMBER

LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ MAIDEN \_\_\_\_\_  
PERMANENT MAILING ADDRESS \_\_\_\_\_ STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_ MONTH \_\_\_\_\_ DAY \_\_\_\_\_ YEAR \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_  
PHONE NUMBER (\_\_\_\_\_) \_\_\_\_\_ SINGLE  MARRIED  MALE  FEMALE   
DIVORCED  WIDOWED

### FAMILY DATA

SPOUSE LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE OR MAIDEN \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
CHILDREN \_\_\_\_\_ MONTH/DAY/YEAR  
FATHER \_\_\_\_\_  
MOTHER \_\_\_\_\_

### JOB CLASSIFICATION

Mark one box only:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Administrative        | <input type="checkbox"/> Educational Aide | <input type="checkbox"/> Supplemental (Coach, Advisor, Etc.) |
| <input type="checkbox"/> Clerical/Secretarial  | <input type="checkbox"/> Food Service     | <input type="checkbox"/> School Board Member                 |
| <input type="checkbox"/> Custodial/Maintenance | <input type="checkbox"/> Transportation   | <input type="checkbox"/> Other                               |

### MEMBERSHIP IN OTHER OHIO SYSTEM

For all of the following, check "yes" or "no" if you ever were a member of or received benefits from:

	MEMBER		BENEFIT	
	YES	NO	YES	NO
State Teachers Retirement System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Employees Retirement System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School Employees Retirement System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Police & Firemen's Disability & Pension Fund	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State Highway Patrol Retirement System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cincinnati Municipal Retirement System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### MEMBER CERTIFICATION

CURRENT DATE OF SERVICE THIS SCHOOL YEAR (July 1 - June 30) \_\_\_\_\_

I hereby certify the information given hereon to be true to the best of my knowledge.

SIGNATURE \_\_\_\_\_ DO NOT PRINT \_\_\_\_\_ DATE \_\_\_\_\_

### PART B - TO BE COMPLETED BY EMPLOYER

SCHOOL DISTRICT \_\_\_\_\_ COUNTY \_\_\_\_\_ COUNTY \_\_\_\_\_ DISTRICT NO. \_\_\_\_\_

I hereby certify that I have verified the employee's social security number, the job title, and the first date of service for the current employment.

TREASURER'S SIGNATURE \_\_\_\_\_

## Statement Concerning Your Employment in a Job Not Covered by Social Security

**Employee Name** \_\_\_\_\_

**Employee ID#** \_\_\_\_\_

(Social Security #)

**Employer Name** \_\_\_\_\_

**Employer ID#** \_\_\_\_\_

Your earnings from this job are not covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefit amount may be affected.

### **Windfall Elimination Provision**

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2005, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$313.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, "Windfall Elimination Provision."

### **Government Pension Offset Provision**

Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension.

For example, if you get a monthly pension of \$600 based on earnings that are not covered under Social Security, two-thirds of that amount, \$400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a \$500 widow(er) benefit, you will receive \$100 per month from Social Security (\$500 - \$400=\$100). Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to Social Security Publication, "Government Pension Offset."

### **For More Information**

Social Security publications and additional information, including information about exceptions to each provision, are available at [www.socialsecurity.gov](http://www.socialsecurity.gov). You may also call toll free 1-800-772-1213, or for the deaf or hard of hearing call the TTY number 1-800-325-0778, or contact your local Social Security office.

**I certify that I have received Form SSA-1945 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential future Social Security benefits.**

**Signature of Employee** \_\_\_\_\_

**Date** \_\_\_\_\_