



# SCHOOL EMPLOYEES RETIREMENT SYSTEM OF OHIO

300 East Broad Street, Suite 100, Columbus, Ohio 43215-3746

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## REEMPLOYED RETIREE NOTIFICATION

This completed form must be sent to SERS within thirty (30) days of the first date of employment of a person receiving a benefit from an Ohio state retirement system or the Cincinnati Retirement System. Information must be provided by both the employee and employer.

### PART A - Employee Information

Social Security Number:    -   -

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Female  Male

- Ohio public system paying the benefit:
- School Employees Retirement System of Ohio
  - State Teachers Retirement System of Ohio
  - Ohio Public Employees Retirement System
  - Cincinnati Retirement System
  - Highway Patrol Retirement System
  - Ohio Police & Fire Pension Fund

I hereby certify that the above employee information is complete and true to the best of my knowledge.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### PART B - Employer Certification

\_\_\_\_\_  
 School District County Employer Number

Reemployed Retiree's first Date of Service following retirement: \_\_\_\_\_

- I certify that:
- The above employer information is true and accurate.
  - If this person is reemployed in a position that customarily is filled by a vote of the members of a board or commission that per Section 3309.345 of the Ohio Revised Code, that not less than sixty (60) days before the employment began, public notice was given that the person is or would be retired and seeking employment with the employer, and between fifteen (15) and thirty (30) days before the employment began a public meeting was held on the issue.

Authorized Officer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_