

25.54 Rev. 11/09

## SCHOOL EMPLOYEES RETIREMENT SYSTEM OF OHIO

300 East Broad Street, Suite 100, Columbus, Ohio 43215-3746 614-222-5853 • Toll-Free 1-800-878-5853 • www.ohsers.org

## 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 State Teachers Retirement System of Ohi Ohio Public Employees Retirement Syste	o Highway Patrol Retirement System
I hereby certify that the above employee information knowledge.	
Employee's Signature:	Date:
PART B - Employer Certification	
Summit County Educational Service Center School District	Summitte 7 7 0 0 1  County Employer Number
Reemployed Retiree's first Date of Service following	retirement:
I certify that:  1. The above employer information is true and accurate a light of this person is reemployed in a position that cust board or commission that per Section 3309.345 of (60) days before the employment began, public in retired and seeking employment with the employed before the employment began a public meeting with the employment began and the employment b	tomarily is filled by a vote of the members of a of the Ohio Revised Code, that not less than sixty notice was given that the person is or would be er, and between fifteen (15) and thirty (30) days
Authorized Officer's Signature:	Date:

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

Employee Name	Employee ID#	•
Employer Name Summit County E.S.C.	Employer ID# 77-001	
Your earnings from this job are not covered under Syou may receive a pension based on earnings from from Social Security based on either your own work wife, your pension may affect the amount of the Sohowever, will not be affected. Under the Social Secamount may be affected.	this job. If you do, and you are also entitled to a cor the work of your husband or wife, or former hocial Security benefit you receive. Your Medicare	benefit usband or penefits,
Windfall Elimination Provision		
Under the Windfall Elimination Provision, your Soci modified formula when you are also entitled to a per As a result, you will receive a lower Social Security job. For example, if you are age 62 in 2013, the maga result of this provision is \$395.50. This amount is totally eliminate, your Social Security benefit. For a Publication, "Windfall Elimination Provision."	benefit than if you were not entitled to a pension benefit than if you were not entitled to a pension eximum monthly reduction in your Social Security updated annually. This provision reduces, but do	from this benefit as
Government Pension Offset Provision Under the Government Pension Offset Provision, a become entitled will be offset if you also receive a where you did not pay Social Security tax. The offs widow(er) benefit by two-thirds of the amount of you	Federal, State or local government pension base let reduces the amount of your Social Security sp	d on work
For example, if you get a monthly pension of \$600 Security, two-thirds of that amount, \$400, is used you are eligible for a \$500 widow(er) benefit, you w \$400=\$100). Even if your pension is high enough the benefit, you are still eligible for Medicare at age 650 Publication, "Government Pension Offset."	to offset your Social Security spouse of widow(er vill receive \$100 per month from Social Security ( to totally offset your spouse or widow(er) Social S	\$500 - security
For More Information Social Security publications and additional information provision, are available at <a href="https://www.socialsecurity.gov.or">www.socialsecurity.gov.or</a> hard of hearing call the TTY number 1-800-325.	You may also call toll free 1-800-772-1213, or to	r the dear
I certify that I have received Form SSA-1945 the Windfall Elimination Provision and the Govern Social Security Benefits.	at contains information about the possible eff ment Pension Offset Provision on my potentia	ects of the
Signature of Employee	Date	