

MEMBER INFORMATION

EMPLOYERS: PLEASE DO NOT SEND THIS FORM TO STRS OHIO. Use this optional form to gather required information from new employees in order to complete new hire or reemployed retiree notifications. This information must be sent in a properly formatted electronic file via secure file upload or electronically in ESS. See the STRS Ohio Employer Website for record layouts.

Members: Please complete the information below and return to your employer within 10 days of your first workday.

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Section 1 — Employee Information		
Social Security no.		
Name		
Birth date Male	Female	
Address		
City, state, ZIP code		
Primary email address		
☐ Cell phone or ☐ Home phone		
First day worked with this employer with this employer after retirement date.)	(Retired employees should indicate first day worked	
Are you currently receiving a monthly retirement benefit from an Ohio public retirement system or an alternative retirement plan (ARP)?		
Section 2 — Retired Employee		
Only complete if you are receiving a monthly retirement benefit from an Ohio public retirement system or an ARP.		
Retirement date		
Type of retirement benefit:		
☐ Service retirement ☐ Disability ☐ ARP (Allowance)		
Which retirement system pays your monthly retirement benefit	t?	
 □ STRS — State Teachers Retirement System of Ohio □ OPERS — Ohio Public Employees 	OP&F — Ohio Police & Fire Pension FundSHP — Highway Patrol Retirement System	
Retirement System SERS — School Employees Retirement System of Ohio	 □ CRS — City of Cincinnati Retirement System □ ARP — Alternative Retirement Plan (option only for college and university retirees) 	
School Use Only		
College and university employers: Is this employee eligible	for an ARP? Yes No	

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

Employee Name	Employee ID#
Employer Name	Employer ID#
you may receive a pension based on earnings from this	the work of your husband or wife, or former husband or Security benefit you receive. Your Medicare benefits,
Windfall Elimination Provision	
modified formula when you are also entitled to a pension As a result, you will receive a lower Social Security ber	um monthly reduction in your Social Security benefit as dated annually. This provision reduces, but does not
Government Pension Offset Provision Under the Government Pension Offset Provision, any S become entitled will be offset if you also receive a Fede where you did not pay Social Security tax. The offset re widow(er) benefit by two-thirds of the amount of your p	educes the amount of your Social Security spouse or
For example, if you get a monthly pension of \$600 base Security, two-thirds of that amount, \$400, is used to of you are eligible for a \$500 widow(er) benefit, you will re \$400=\$100). Even if your pension is high enough to tot benefit, you are still eligible for Medicare at age 65. For Publication, "Government Pension Offset."	fset your Social Security spouse or widow(er) benefit. If eceive \$100 per month from Social Security (\$500 - cally offset your spouse or widow(er) Social Security
For More Information Social Security publications and additional information, provision, are available at www.socialsecurity.gov . You or hard of hearing call the TTY number 1-800-325-0778	may also call toll free 1-800-772-1213, or for the deaf
I certify that I have received Form SSA-1945 that co Windfall Elimination Provision and the Government Social Security Benefits.	ontains information about the possible effects of the t Pension Offset Provision on my potential future
Signature of Employee	Date

Information about Social Security Form SSA-1945 Statement Concerning Your Employment in a Job Not Covered by Social Security

New legislation [Section 419(c) of Public Law 108-203, the Social Security Protection Act of 2004] requires State and local government employers to provide a statement to employees hired January 1, 2005 or later in a job not covered under Social Security. The statement explains how a pension from that job could affect future Social Security benefits to which they may become entitled.

Form SSA-1945, **Statement Concerning Your Employment in a Job Not Covered by Social Security,** is the document that employers should use to meet the requirements of the law. The SSA-1945 explains the potential effects of two provisions in the Social Security law for workers who also receive a pension based on their work in a job not covered by Social Security. The Windfall Elimination Provision can affect the amount of a worker's Social Security retirement or disability benefit. The Government Pension Offset Provision can affect a Social Security benefit received as a spouse, surviving spouse, or an ex-spouse.

Employers must:

- Give the statement to the employee prior to the start of employment;
- . Get the employee's signature on the form; and
- . Submit a copy of the signed form to the pension paying agency.

Social Security will not be setting any additional guidelines for the use of this form.

Copies of the SSA-1945 are available online at the Social Security website, www.socialsecurity.gov/online/ssa-1945.pdf. Paper copies can be requested by email at ofsm.oswm.rqct.orders@ssa.gov or by fax at 410-965-2037. The request must include the name, complete address and telephone number of the employer. Forms will not be sent to a post office box. Also, if appropriate, include the name of the person to whom the forms are to be delivered. The forms are available in packages of 25. Please refer to Inventory Control Number (ICN) 276950 when ordering.