

N: **SCHOOL EMPLOYEES REFIREMENT SYSTEM OF OHIO** PM 300 E. BROAD ST., SUPE 1:00 • COLUMBUS, OHIO 43215-3746 614-222-5853 • Toll-Free 800-878-5853 • www.ohsers.org

EARLY RETIREMENT INCENTIVE

EMPLOYEE'S INTENT TO PARTICIPATE IN PLAN AND EMPLOYER'S ACCEPTANCE OF LIABILITY

EMPLOYEE	EMPLOYEE NAME	SOCIAL SI	ECURITY NUMBER
PORTION	hereby request service credit be purchased for me under the Early Retirement Incentive plan adopted in accordance with Section 3309.33 of the Ohio Revised Code. I have attained age 57 and understand that I must retire within 90 days after receipt of notice from the School Employees Retirement System of Ohio (SERS) that service credit has been purchased in my behalf or I will forfeit the right to such credit. I authorize release of necessary information by SERS to my employer in connection with the retirement incentive plan.		
	Signature	Dat	ie
EMPLOYER PORTION	retirement incentive plants DATE Please certify the total for the above named en	The above named employee is considering retirement under our retirement incentive plan. The effective date of retirement will be DATE Please certify the total cost of purchasing year(s) of service for the above named employee. NUMBER OF YEARS We accept the liability for purchase of the above listed service credit.	
Signature	AUTHORIZED OFFICER	District Name	
Date		District Number	
Address			
Phone ()_			

This form should be submitted no earlier than 90 days before the employee's retirement date, and no later than the earlier of the retirement date or expiration date of the plan.

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