

REEMPLOYED RETIREE NOTIFICATION FOR COLLEGE AND UNIVERSITY EMPLOYERS

SECTION 1 — Employee Information	Instructions
Name	
Social Security no	employment of a retiree of an Ohio public retirement system within 10
Birthdate	
Gender:	Please log in to the secure Employer
☐ Male ☐ Female	Account Information area of
Address	www.strsoh.org/employer to submit the information online (preferred),
City	or fax this completed form to STRS
State ZIP code	
ARP eligible:	Note: <i>If the employee recently retired from your school, you do not need to</i>
☐ Yes ☐ No	submit Form SSA-1945. Otherwise,
First date of service after retirement	you must send STRS Ohio a properly
Type of retirement benefit:	by the employee. Please print a copy
☐ Age and service retirement ☐ Disability	of the form from the Online Forms
Effective retirement date	section of our Web site and fax it to (614) 227-7893.
Ohio public retirement system paying the benefit:	(011) 227 7073.
☐ State Teachers Retirement System of Ohio	
☐ Ohio Public Employees Retirement System	
☐ School Employees Retirement System of Ohio	
☐ City of Cincinnati Retirement System	
☐ Highway Patrol Retirement System	
☐ Ohio Police & Fire Pension Fund	
SECTION 2 — Employer Information	
School	Employer number
Name	Title
☐ Please check this box if this retiree was reemployed under Section 3307.353, Revised Code, that requires public notices be given and public meetings be held for certain rehires.	
I certify that the requirements for reemployment under Section 3307.353, Revised Code, were met.	
Signature	Date