



SCHOOL EMPLOYEES RETIREMENT SYSTEM OF OHIO

300 E. BROAD ST., SUITE 100 • COLUMBUS, OHIO 43215-3746
614-222-5853 • Toll-Free 800-878-5853 • www.ohsers.org

SERVICE RETIREMENT APPLICATION

This application must be typed or completed in ink and the original returned to SERS. See the SERS Service Retirement Guide for instructions on completing the application. All sections of this form must be completed before SERS can begin paying your retirement benefits.

Personal Information

Social Security Number: - - Date of Birth: _____

Your Name: _____
FIRST MIDDLE (MAIDEN) LAST

Address: _____ County: _____
STREET OR ROUTE NUMBER OR P.O. BOX

_____ Email Address: _____
CITY STATE ZIP

Home Telephone Number: (____) _____ Cell Phone Number: (____) _____

Marital Status: Single Married Widowed Divorced

If Married, Spouse's Name: _____ Spouse's Sex: M F

Spouse's Social Security Number: - - Spouse's Birth Date: _____

Please check this box if you are **not** a U.S. citizen

Retirement Information

My last service was, or will be, completed: month _____ year _____

I wish to apply for service retirement effective: month _____ year _____

Check here if you are retiring as a public safety officer.

Are you a member of or receiving a benefit from (mark those that apply):

	MEMBER	RECEIVING A BENEFIT
State Teachers Retirement System of Ohio (STRS)	<input type="checkbox"/>	<input type="checkbox"/>
Ohio Public Employees Retirement System (OPERS)	<input type="checkbox"/>	<input type="checkbox"/>
Ohio Police & Fire Pension Fund (OP&F)	<input type="checkbox"/>	<input type="checkbox"/>
State Highway Patrol Retirement System (SHPRS)	<input type="checkbox"/>	<input type="checkbox"/>

Do you wish to combine your account with the above system(s)? No Yes

If you are currently working in more than one position covered by SERS, OPERS, or STRS, are you continuing to work in the lower-paying position? No Yes

Which system covers the lower-paying position? SERS OPERS STRS

Have you ever received Workers' Compensation in lieu of salary for a job-connected injury in Ohio schools?

No Yes

Check here if you are going to be reemployed in an Ohio public job within the first two months after retirement.

If so, date of employment _____ Employer: _____

Payment Plan Choice - Check Only One and List Your Beneficiary

Selection of any plan will provide a monthly benefit to you for your life. After your death, a monthly benefit for your beneficiary for his or her life is available only under Plans A, C, D, or F. Under the current standards, continuation of health care coverage to the spouse is available through these plans. Regardless of the payment plan choice, a \$1,000 death benefit will be paid to your designated beneficiary. If you have multiple beneficiaries, this will be distributed equally among them.

Your Beneficiary: (Must Be Completed for Plans A, B, C, or D)

BENEFICIARY NAME (FIRST, MIDDLE, LAST)	SEX	RELATIONSHIP	DATE OF BIRTH
--	-----	--------------	---------------

BENEFICIARY SOCIAL SECURITY NUMBER	STREET ADDRESS	CITY	STATE	ZIP
------------------------------------	----------------	------	-------	-----

Plan A - Joint Life - One-Half to Spouse

Half your gross monthly pension will be paid to your spouse upon your death. Once your spouse becomes the recipient, payment to your spouse is for his or her lifetime. A copy of your birth certificate, your spouse's birth certificate, and your marriage certificate is required.

Plan B - Single Life Allowance - No Monthly Payment to Beneficiary

This plan pays the highest amount to you, but ceases with your death. If all member contributions have not been recovered in the form of monthly benefits, the remainder is paid in a lump sum to the designated beneficiary. If you designate multiple beneficiaries, any amount will be distributed equally among them. A copy of your birth certificate is required.

Plan C - Joint Life - Designated Amount to Beneficiary

You can designate a set percentage or amount for your beneficiary for his or her life. This cannot exceed whatever you received; but, if an amount is designated, the minimum must be \$100 a month. Federal tax law may require a different minimum amount if you name someone other than your spouse as beneficiary. Contact SERS for more information on the minimum amount required. A copy of your and your beneficiary's birth certificate is required.

If this plan is selected, state the amount payable to your beneficiary after your death:

\$ _____ OR percentage _____%.

Plan D - Joint Life - Same Amount to Beneficiary

Plan D provides the same gross monthly amount to your beneficiary that you were drawing at the time of your death. Due to federal tax law, if there is too great a difference in the ages between you and your beneficiary other than a spouse, this plan may not be available.

Plan E - Guaranteed Allowance

You may guarantee beneficiary protection for a limited period of time under Plan E. Several options are available as to the period of time - 5 years, 10 years, 15 years and other periods are available upon request. The gross monthly amount to your beneficiary is the same as you were receiving at the time of your death. Beneficiary protection is guaranteed, however, only for the period of time chosen, and begins with your effective date of retirement. If you designate multiple beneficiaries, the amount payable is the remaining annuity discounted to its present value and will be paid in a one-time lump sum equally among them. Please refer to your Service Retirement Guide. If you select this plan you will be sent a separate form for designation of beneficiaries. This form must be received by SERS before benefits are paid. This plan cannot be changed under any circumstances. A copy of your birth certificate is required. Number of years of guaranteed beneficiary protection _____.

Plan F - Joint Life - Multiple Beneficiaries

You may name up to four persons to receive monthly benefits upon your death. Each additional beneficiary named will reduce your own pension. You must designate a percentage of your monthly pension OR a flat dollar amount for each beneficiary. The amount designated cannot be less than 10% unless required by a court order, and the amount for all beneficiaries cannot exceed 100%. If you are required by a court order to provide a benefit for an ex-spouse, include a copy of the court order. If you select this plan, you will be sent a separate form for designation of beneficiaries. This form must be received by SERS before pension benefits are paid. A copy your birth certificate and your spouse's birth certificate is required.

Document Requirement List

Please send the following information with your application to SERS; these documents are required to process your Retirement Application. Please make sure your current name is written on the document copies.

- Birth Certificates (copies only)

 - Yourself

 - Spouse (for Joint Survivor plans A, C, D, or F and/or health care coverage)

 - Non-Spouse beneficiary (for Joint Survivor plans C, D, or F)

 - Spouse and dependents covered by SERS' Health Care

- Copy of your marriage certificate, if you are married.

- A complete copy of your divorce decree including any separation agreement, if your current marital status is divorced.

- Direct Deposit Form

- Health Care Application

- Partial Lump Sum Application

- Spousal Consent Form

- Copy of Medicare Card

 - Yourself

 - Spouse

Member's Signature (Required)

I certify that:

1. I am applying for service retirement with SERS;
2. The information that I have supplied in this application is accurate and true; and
3. I authorize the deduction of health care coverage premiums, if applicable.

SIGNATURE (REQUIRED)

DATE



SCHOOL EMPLOYEES RETIREMENT SYSTEM OF OHIO

300 E. BROAD ST., SUITE 100 • COLUMBUS, OHIO 43215-3746

614-222-5853 • Toll-Free 800-878-5853 • www.ohsers.org

SPOUSAL CONSENT

Fill Out and Sign in Ink - See *Service Retirement Guide* for Instructions

Name: _____

To retiring member - This form must be completed if you are currently married and any of the following statements are true:

- You are choosing any plan other than Plan A
- You are electing to take a Partial Lump Sum Option Payment (PLOP)

If your spouse does not consent, SERS will be required to pay your retirement under Plan A which would provide one half of your monthly amount to your spouse upon your death.

*Please note – If you are choosing Plan F due to a court ordered plan requirement and designating your current and former spouse as beneficiaries, this spousal consent is NOT required.

If your spouse is medically incapable of providing consent or if your spouse's whereabouts are unknown, please contact SERS.

Payment Plan Selected: _____ PLOP Amount: _____

I, _____, certify that I have:
NAME OF SPOUSE

1. Read and I understand the payment plans described in this application and my spouse's selection;
2. Reviewed and I understand my spouse's selection of a beneficiary or beneficiaries in this application;
3. Reviewed and I understand my spouse's selection of a PLOP, if chosen, in this application; and
4. Consent to these selections.

SPOUSE'S SIGNATURE (DO NOT PRINT) DATE

Witnessed by: _____
SERS Counselor in Columbus office DATE

OR

State of _____)
County of _____) ss.

Sworn before me and subscribed this _____ day of _____, 20_____.

NOTARY PUBLIC

MY COMMISSION EXPIRES



SCHOOL EMPLOYEES RETIREMENT SYSTEM OF OHIO

300 E. BROAD ST., SUITE 100 • COLUMBUS, OHIO 43215-3746

614-222-5853 • Toll-Free 800-878-5853 • www.ohsers.org

PARTIAL LUMP SUM OPTION PAYMENT (PLOP)

Your Name: _____

In addition to your monthly pension, you may take part of your pension in a one-time partial lump sum option (PLOP) which will reduce your lifetime monthly pension permanently. The PLOP amount may be from a minimum of 6 months up to a maximum of 36 months of your unreduced allowance, but it cannot reduce your original allowance by more than 50%. Once you receive your PLOP amount, you cannot change your PLOP or payment plan.

I **do not** wish to take a PLOP.

If you want to select a PLOP **mark only one of the boxes below**. If you are married, your spouse must complete the Spousal Consent at the end of this application.

I select the minimum amount of 6 times my unreduced monthly pension amount.

OR

I select the maximum amount of 36 times my unreduced monthly pension amount.

OR

I select the following number of whole months (between 7 and 35) of my unreduced monthly pension amount: _____ months.

OR

I want to receive the following amount of: \$ _____. If this amount exceeds the maximum number of months allowable, your payment is adjusted to the maximum PLOP amount. If it is below the minimum number of months allowable, your payment is adjusted to the minimum PLOP amount.

If the total amount of the PLOP includes a taxable portion, SERS is required to withhold 20% of the taxable amount for federal income tax withholding. You may be able to continue to defer federal taxation by making an eligible rollover. Retirees under the age of 59-1/2 may also be subject to an additional 10% federal tax unless the PLOP is rolled over.

Do you want to roll over any portion of the PLOP? Yes No

If you marked "Yes," SERS will send you additional information on your options and a form.
If you marked "No," the amount will be sent to you.

Member's Signature (Required)

I certify that:

1. I am applying for service retirement with SERS;
2. The information that I have supplied in this application is accurate and true; and
3. I authorize the deduction of health care coverage premiums, if applicable.

SIGNATURE (REQUIRED)

DATE

If you are married, your spouse must complete a Spousal Consent.



SCHOOL EMPLOYEES RETIREMENT SYSTEM OF OHIO

300 E. BROAD ST., SUITE 100 • COLUMBUS, OHIO 43215-3746
614-222-5853 • Toll-Free 800-878-5853 • www.ohsers.org

HEALTH CARE APPLICATION / WAIVER

Your Name: _____ Social Security Number: _____

If You Do Not Complete Section A or B, You Will Be Automatically Enrolled in a Health Care Plan.

A. WAIVER OF HEALTH CARE

If you do not want to enroll in SERS' health care coverage, please read and sign this section.

I hereby waive any medical and prescription drug coverage provided by SERS. I also understand that I forfeit my Medicare Part B reimbursement. I understand that my waiver is effective during my lifetime for me, my spouse, and my eligible children, and can only be revoked:

- Within 90 days of becoming eligible for Medicare, or
- Within 31 days of the involuntary termination of health care coverage under another plan. Satisfactory proof of involuntary termination is required.

Your signature _____ Date _____

IF YOU SIGNED THE WAIVER, GO DIRECTLY TO SECTION D – DO NOT COMPLETE SECTIONS B or C.

B. ENROLLMENT IN HEALTH CARE

Premiums for you, your spouse, and/or children will be deducted from your monthly payment.

1. Date you want SERS health care coverage to begin: _____

2. Plan Selection - Choose only one of the following health care plans:

Non-Medicare Plans

- Aetna Choice POS II
- AultCare PPO
- Wraparound Plan

Medicare Plans

- Aetna MedicareSM Plan (PPO)

3. Dependent Coverage

If you are enrolling a spouse or child(ren) in SERS health care coverage, please list them below:

NAME OF DEPENDENT	SOCIAL SECURITY NUMBER	RELATIONSHIP	SEX	DATE OF BIRTH	INCAPACITATED?
_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Required Documents – You must provide copies of the Medicare cards or Entitlement Letters for anyone listed above who is or will be enrolled in Medicare. Also, please include copies of birth certificates for anyone listed above.

C. MEDICARE PART B REIMBURSEMENT

Primary benefit recipients enrolled in SERS' health care coverage and Medicare Part B can be reimbursed \$45.50 per month to help pay the Medicare Part B premium. The reimbursement continues as long as the benefit recipient is enrolled in SERS' coverage and Medicare Part B. Individuals receiving Medicare Part B at no cost are not entitled to this reimbursement.

Do you (or does your spouse on your behalf) receive Medicare Part B reimbursement from any source, including the Medicare Premium Assistance Program or Medicaid?..... Yes No

If "yes," name the source of reimbursement _____

Please Complete Sections D, E, and F.

D. ENROLLMENT IN DENTAL AND VISION

1. Dental Plan

You may enroll in the dental plan. Monthly premiums will be deducted from your pension payments. If enrolling dependents, please include copies of birth certificates.

- Enroll me only in the dental plan Do not enroll me in the dental plan
 Enroll me and the dependent(s) listed below:

NAME OF DEPENDENT	SOCIAL SECURITY NUMBER	RELATIONSHIP	SEX	DATE OF BIRTH	INCAPACITATED?
_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Vision Plan

You may enroll in the vision plan. Monthly premiums will be deducted from your pension payments. If enrolling dependents, please include copies of birth certificates.

- Enroll me only in the vision plan Do not enroll me in the vision plan
 Enroll me and the dependent(s) listed below:

NAME OF DEPENDENT	SOCIAL SECURITY NUMBER	RELATIONSHIP	SEX	DATE OF BIRTH	INCAPACITATED?
_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

E. PENSION AND BENEFIT INFORMATION

Are you or your spouse currently enrolled in health care or receiving a pension payment from any other Ohio Retirement Systems?..... Yes No

If "yes," check which system and what you are receiving:

	HEALTH CARE	PENSION
Ohio Public Employees Retirement System	<input type="checkbox"/> Self <input type="checkbox"/> Spouse	<input type="checkbox"/> Self <input type="checkbox"/> Spouse
State Teachers Retirement System of Ohio	<input type="checkbox"/> Self <input type="checkbox"/> Spouse	<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Ohio Highway Patrol Retirement System	<input type="checkbox"/> Self <input type="checkbox"/> Spouse	<input type="checkbox"/> Self <input type="checkbox"/> Spouse
Ohio Police & Fire Pension Fund	<input type="checkbox"/> Self <input type="checkbox"/> Spouse	<input type="checkbox"/> Self <input type="checkbox"/> Spouse

F. ELIGIBILITY WITH LAST SCHOOL EMPLOYER

Did your school employment end more than 12 months ago? Yes No

If you checked "Yes":

- 1) Were you eligible for your school employer's health coverage at the time you separated from service?..... Yes No
- 2) Were you eligible for your school employer's health coverage three of the last five years that you worked?..... Yes No

REEMPLOYMENT NOTICE: Your eligibility for SERS health care coverage may be affected if you or your spouse go back to work. You will need to notify SERS when you or your spouse are reemployed in a private or public sector position unless you are enrolled in Medicare Part B.



SCHOOL EMPLOYEES RETIREMENT SYSTEM OF OHIO

300 E. BROAD ST., SUITE 100 • COLUMBUS, OHIO 43215-3746
614-222-5853 • Toll-Free 800-878-5853 • www.ohsers.org

DIRECT DEPOSIT FORM

Recipient's Name: _____ Last 4 digits of Social Security Number: _____

Address _____

City _____ State _____ ZIP _____ Phone Number _____

Direct deposit is mandatory for all payments. Please select either a checking or savings account for your SERS payment to be deposited. Your name must be listed as an owner on the selected account.

I wish for my SERS payment to be deposited to the following account:

- CHECKING**
- SAVINGS**

Name of Financial Institution: _____

You must attach either a **voided check or letter from your bank for a checking account or a letter from your bank for a savings account***, which is pre-printed with:

- Your name, listed as an owner of the account
- Your address
- Routing and account numbers

***SERS cannot accept a voided check for a savings account.**

If you are receiving payments from more than one SERS account, please select all accounts to be updated. If none are selected, **all** accounts will be updated.

- | | | |
|---|---|---|
| <input type="checkbox"/> Service Retirement | <input type="checkbox"/> Disability Benefit | <input type="checkbox"/> Survivor Benefit |
| <input type="checkbox"/> Reemployed Annuity | <input type="checkbox"/> Alternate Payee | <input type="checkbox"/> One Time Payment |

I, the undersigned, authorize SERS to transmit my payments to the above-named financial institution; recover directly from the financial institution any payments electronically deposited to my financial institution to which I am not entitled; and authorize and direct my financial institution on my behalf or on behalf of my estate to refund such benefit overpayments to SERS, and charge it accordingly to my account. I also authorize my financial institution to provide SERS with account information to assist in recovery of such benefit overpayments, including information about any joint account holders and account transactions occurring after my death. I attest that I am an owner of the account.

RECIPIENT'S SIGNATURE* (DO NOT PRINT)

DATE

RECIPIENT'S PHONE NUMBER

*If this form is signed by a power of attorney (POA) or guardian, the POA or guardianship documents must be on file with SERS. A POA should sign as follows: *Your name, POA for Recipient's Name.*

FOR DEPOSIT TO A CHECKING ACCOUNT

Tape a voided check here.

SERS does not accept temporary checks or deposit slips.

Withholding Certificate for Periodic Pension or Annuity Payments

Department of the Treasury
Internal Revenue Service

Give Form W-4P to the payer of your pension or annuity payments.

2023

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See pages 2 and 3 for more information on each step and how to elect to have no federal income tax withheld (if permitted).

Step 2: Income From a Job and/or Multiple Pensions/Annuities (Including a Spouse's Job/Pension/Annuity)

Complete this step if you (1) have income from a job or more than one pension/annuity, or (2) are married filing jointly and your spouse receives income from a job or a pension/annuity. **See page 2 for examples on how to complete Step 2.**

Do **only one** of the following.

(a) Reserved for future use.

(b) Complete the items below.

(i) If you (and/or your spouse) have one or more jobs, then enter the total taxable annual pay from all jobs, plus any income entered on Form W-4, Step 4(a), for the jobs less the deductions entered on Form W-4, Step 4(b), for the jobs. Otherwise, enter “-0-” . . . \$ _____

(ii) If you (and/or your spouse) have any other pensions/annuities that pay less annually than this one, then enter the total annual taxable payments from all lower-paying pensions/annuities. Otherwise, enter “-0-” . . . \$ _____

(iii) Add the amounts from items (i) and (ii) and enter the **total** here . . . \$ _____

TIP: To be accurate, submit a new Form W-4P for all other pensions/annuities if you haven't updated your withholding since 2021 or this is a new pension/annuity that pays less than the other(s). Submit a new Form W-4 for your job(s) if you have not updated your withholding since 2019. If you have self-employment income, see page 2.

Complete Steps 3–4(b) on this form only if (b)(i) is blank **and** this pension/annuity pays the most annually. Otherwise, do not complete Steps 3–4(b) on this form.

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 . . . \$ _____ Multiply the number of other dependents by \$500 . . . \$ _____ Add other credits, such as foreign tax credit and education tax credits . . . \$ _____ Add the amounts for qualifying children, other dependents, and other credits and enter the total here . . .	3	\$ _____
--	--	----------	----------

Step 4 (optional): Other Adjustments	(a) Other income (not from jobs or pension/annuity payments). If you want tax withheld on other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, taxable social security, and dividends . . .	4(a)	\$ _____
	(b) Deductions. If you expect to claim deductions other than the basic standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . .	4(b)	\$ _____
	(c) Extra withholding. Enter any additional tax you want withheld from each payment . . .	4(c)	\$ _____

Step 5: Sign Here

Your signature (This form is not valid unless you sign it.)	Date
---	------

General Instructions

Section references are to the Internal Revenue Code.

Future developments. For the latest information about any future developments related to Form W-4P, such as legislation enacted after it was published, go to www.irs.gov/FormW4P.

Purpose of form. Complete Form W-4P to have payers withhold the correct amount of federal income tax from your periodic pension, annuity (including commercial annuities), profit-sharing and stock bonus plan, or IRA payments. Federal income tax withholding applies to the taxable part of these payments. Periodic payments are made in installments at regular intervals (for example, annually, quarterly, or monthly) over a period of more than 1 year. Don't use Form W-4P for a nonperiodic payment (note that distributions from an IRA that are payable on demand are treated as nonperiodic payments) or an eligible rollover distribution (including a lump-sum pension payment). Instead, use Form W-4R, Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions, for these payments/distributions. For more information on withholding, see Pub. 505, Tax Withholding and Estimated Tax.

Choosing not to have income tax withheld. You can choose not to have federal income tax withheld from your payments by writing "No Withholding" on Form W-4P in the space below Step 4(c). Then, complete Steps 1a, 1b, and 5. Generally, if you are a U.S. citizen or a resident alien, you are not permitted to elect not to have federal income tax withheld on payments to be delivered outside the United States and its territories.

Caution: If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. If your tax situation changes, or you chose not to have federal income tax withheld and you now want withholding, you should submit a new Form W-4P.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you (or you and your spouse) receive. If you do not have a job and want to pay these taxes through withholding from your payments, you should enter the self-employment income in Step 4(a). Then compute your self-employment tax, divide that tax by the number of payments remaining in the year, and include that resulting amount per payment in Step 4(c). You can also add half of the annual amount of self-employment tax to Step 4(b) as a deduction. To calculate self-employment tax, you generally multiply the self-employment income by 14.13% (this rate is a quick way to figure your self-employment tax and equals the sum of the 12.4% social security tax and the 2.9% Medicare tax multiplied by 0.9235). See Pub. 505 for more information, especially if your self-employment income multiplied by 0.9235 is over \$160,200.

Payments to nonresident aliens and foreign estates. Do not use Form W-4P. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for more information.

Tax relief for victims of terrorist attacks. If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, write "No Withholding" in the space below Step 4(c). See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you have at least one of the following: income from a job, income from more than one pension/annuity, and/or a spouse (if married filing jointly) that receives income from a job/pension/annuity. The following examples will assist you in completing Step 2.

Example 1. Bob, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Bob also has a job that pays \$25,000 a year. Bob has no other pensions or annuities. Bob will enter \$25,000 in Step 2(b)(i) and in Step 2(b)(iii).

If Bob also has \$1,000 of interest income, which he entered on Form W-4, Step 4(a), then he will instead enter \$26,000 in Step 2(b)(i) and in Step 2(b)(iii). He will make no entries in Step 4(a) on this Form W-4P.

Example 2. Carol, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Carol does not have a job, but she also receives another pension for \$25,000 a year (which pays less annually than the \$50,000 pension). Carol will enter \$25,000 in Step 2(b)(ii) and in Step 2(b)(iii).

If Carol also has \$1,000 of interest income, then she will enter \$1,000 in Step 4(a) of this Form W-4P.

Example 3. Don, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Don does not have a job, but he receives another pension for \$75,000 a year (which pays more annually than the \$50,000 pension). Don will not enter any amounts in Step 2.

If Don also has \$1,000 of interest income, he won't enter that amount on this Form W-4P because he entered the \$1,000 on the Form W-4P for the higher paying \$75,000 pension.

Example 4. Ann, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Ann also has a job that pays \$25,000 a year and another pension that pays \$20,000 a year. Ann will enter \$25,000 in Step 2(b)(i), \$20,000 in Step 2(b)(ii), and \$45,000 in Step 2(b)(iii).

If Ann also has \$1,000 of interest income, which she entered on Form W-4, Step 4(a), she will instead enter \$26,000 in Step 2(b)(i), leave Step 2(b)(ii) unchanged, and enter \$46,000 in Step 2(b)(iii). She will make no entries in Step 4(a) of this Form W-4P.

If you are married filing jointly, the entries described above do not change if your spouse is the one who has the job or the other pension/annuity instead of you.



Multiple sources of pensions/annuities or jobs. If you (or if married filing jointly, you and/or your spouse) have a job(s), do NOT complete Steps 3 through 4(b) on Form W-4P. Instead, complete Steps 3 through 4(b) on the Form W-4 for the job. If you (or if married filing jointly, you and your spouse) do not have a job, complete Steps 3 through 4(b) on Form W-4P for **only** the pension/annuity that pays the most annually. Leave those steps blank for the other pensions/annuities.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. Including these credits will increase your payments and reduce the amount of any refund you may receive when you file your tax return.

Specific Instructions (continued)

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include amounts from any job(s) or pension/annuity payments. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your pension, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 6, if you expect to claim deductions other than the basic standard deduction on your 2023 tax return and want to reduce your withholding to account for these deductions.

This includes itemized deductions, the additional standard deduction for those 65 and over, and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from **each payment**. Entering an amount here will reduce your payments and will either increase your refund or reduce any amount of tax that you owe.

Note: If you don't give Form W-4P to your payer, you don't provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer will withhold tax from your payments as if your filing status is single with no adjustments in Steps 2 through 4. For payments that began before 2023, your current withholding election (or your default rate) remains in effect unless you submit a new Form W-4P.

Step 4(b)—Deductions Worksheet (Keep for your records.)



1	Enter an estimate of your 2023 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income	1	\$ _____			
2	Enter: <table style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td style="padding: 0 10px;"> <ul style="list-style-type: none"> • \$27,700 if you're married filing jointly or a qualifying surviving spouse • \$20,800 if you're head of household • \$13,850 if you're single or married filing separately </td> <td style="font-size: 3em; vertical-align: middle;">}</td> </tr> </table>	{	<ul style="list-style-type: none"> • \$27,700 if you're married filing jointly or a qualifying surviving spouse • \$20,800 if you're head of household • \$13,850 if you're single or married filing separately 	}	2	\$ _____
{	<ul style="list-style-type: none"> • \$27,700 if you're married filing jointly or a qualifying surviving spouse • \$20,800 if you're head of household • \$13,850 if you're single or married filing separately 	}				
3	If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"	3	\$ _____			
4	If line 3 equals zero, and you (or your spouse) are 65 or older, enter: <ul style="list-style-type: none"> • \$1,850 if you're single or head of household. • \$1,500 if you're married filing separately. • \$1,500 if you're a qualifying surviving spouse or you're married filing jointly and one of you is under age 65. • \$3,000 if you're married filing jointly and both of you are age 65 or older. Otherwise, enter "-0-". See Pub. 505 for more information	4	\$ _____			
5	Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information	5	\$ _____			
6	Add lines 3 through 5. Enter the result here and in Step 4(b) on Form W-4P	6	\$ _____			

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request federal income tax withholding from pension or annuity payments based on your filing status and adjustments; (b) request additional federal income tax withholding from your pension or annuity payments; (c) choose not to have federal income tax withheld, when permitted; or (d) change a previous Form W-4P. To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s). Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws. We may

also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.



SCHOOL EMPLOYEES RETIREMENT SYSTEM OF OHIO

300 E. BROAD ST., SUITE 100 • COLUMBUS, OHIO 43215-3746

614-222-5853 • Toll-Free 800-878-5853 • www.ohsers.org

OHIO STATE TAX WITHHOLDING FORM

Name: _____

Address: _____ City, State ZIP: _____

Select **only ONE** of the two boxes below:

<input type="checkbox"/> Box 1 I elect not to have Ohio State income tax withheld from my pension.

—OR—

<input type="checkbox"/> Box 2 Withhold \$ _____ .00 (whole dollars) from each benefit check. (Must be at least \$5.00)

If you are receiving payments from more than one SERS account, please indicate all accounts you want updated with the above tax withholding information. If none are selected, all accounts will be updated.

- | | |
|---|---|
| <input type="checkbox"/> Service Retirement Account | <input type="checkbox"/> Disability Allowance Account |
| <input type="checkbox"/> Survivor Benefit Account | <input type="checkbox"/> Reemployed Annuity Account |
| <input type="checkbox"/> Alternate Payee | |

Your Ohio State Tax Withholding selection will remain in force until you change or cancel it by submitting a new Ohio State Tax Withholding Form.

Signature

Date

Social Security Number

Phone Number