

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

## EARLY RETIREMENT INCENTIVE

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

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EMPLOYEE	EMPLOYEE NAME	SOCIAL	SECURITY NUMBER
PORTION	<ul> <li>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.</li> <li>I authorize release of necessary information by SERS to my employer in connection with the retirement incentive plan.</li> </ul>		
	Signature	D	Date
EMPLOYER PORTION	The above named employee is considering retirement under our retirement incentive plan. The effective date of retirement will be		
	Please certify the total cost of purchasing year(s) of service for the above named employee.		
	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.