**This form must be completed and sent to Payroll within 10 days of the first date of employment by an employee receiving a benefit from one of the Ohio state retirement systems listed below.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  | **Employee ID #:** |  |
| **First Name** | |  | **Middle Name** |  |
| **Last Name** | |  | **Suffix** |  |
| **Mailing Address** | | | **County** | |
| **City, State** | |  | **Zip Code** |  |
| **Social Security Number** | |  | **First Date on Payroll** |  |
| **Birth Date** (mm/dd/yyyy) | |  | **Gender** M F |  |
| **Effective Date of Retirement** (mm/dd/yyyy) | | | | |
| **Type of Benefit** [ ]Service Retirement [ ]Disability [ ] ARP | | | | |
| **Ohio retirement system paying the benefit**  [ ] School Employees Retirement System of Ohio  [ ] State Teachers Retirement System of Ohio  [ ] Ohio Public Employees Retirement System  [ ] Alternative Retirement Plan (ARP) | [ ] Ohio Police & Fire Pension Fund  [ ] Highway Patrol Retirement System  [ ] City of Cincinnati Retirement System | | | |

**Forward to the Payroll Office, zip+6210**

For Payroll Office Use Only:

ARP Eligible: Y N

Retirement System: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Reported On Web: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_