

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	business days of his or her first date on
Gender:	payroll.
☐ Male ☐ Female	Please log in to Employer Self Service (ESS) on the STRS Ohio Employer
Address	Web site at www.strsoh.org/employer
City	
State ZIP code	(preferred), or fax this completed form to STRS Ohio at (614) 227-7893.
ARP eligible:	Note: If the employee recently retired
□ Yes □ No	from your school, you do not need to
First date of service after retirement	submit the SSA-1945 form. Otherwise, you must send STRS Ohio a properly
Type of retirement benefit:	completed SSA-1945 form signed
☐ Age and service retirement ☐ Disability	by the employee. Please print a copy
Effective retirement date	of the form from the Online Forms section of our Web site and fax it to
Ohio public retirement system paying the benefit:	(614) 227-7893.
☐ 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	
	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