



STATE TEACHERS
RETIREMENT SYSTEM
OF OHIO

275 East Broad Street
Columbus, OH 43215-3771
1-888-535-4050
www.strsoh.org/employer

NEW HIRE NOTIFICATION

For use by all employers except colleges and universities.

*Do not complete this form if the employee is a retiree of an Ohio public retirement system.
You must submit a reemployed retiree notification.*

You must notify STRS Ohio of all new hires within **10 business days** of their first date on payroll. Please login to the secure Employer Account Information area of www.strsoh.org/employer to submit the information online (preferred), or fax this completed form to STRS Ohio at (614) 227-7893

Note: You must also send STRS Ohio a properly completed Form SSA-1945 signed by the employee. Please print a copy of this form from the Online Forms section of our Web site and fax it to (614) 227-7893.

Section 1 — Employee Information

Name _____ Male Female

Social Security number ____ - ____ - ____ Date of birth ____ / ____ / ____

Address _____

City, state, ZIP code _____

First date on payroll ____ / ____ / ____

Section 2 — Employer Information

Name _____

Title _____

School NEW ALBANY - PLAIN LOCAL SCHOOLS

Employer number 2 5 1 5 Signature _____

Date _____

**Statement Concerning Your Employment in a Job
Not Covered by Social Security**

Employee Name

Employee ID#

Employee Name NEW ALBANY-PLAIN LOCAL

Employee ID# 31-6400868

Your earnings from this job are not covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefit amount may be affected.

Windfall Elimination Provision

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2005, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$313.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, "Windfall Elimination Provision."

Government Pension Offset Provision

Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension.

For example, if you get a monthly pension of \$600 based on earnings that are not covered under Social Security, two-thirds of that amount, \$400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a \$500 widow(er) benefit, you will receive \$100 per month from Social Security ($\$500 - \$400 = \$100$). Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to Social Security Publication, "Government Pension Offset."

For More Information

Social Security publications and additional information, including information about exceptions to each provision, are available at www.socialsecurity.gov. You may also call toll free 1-800-772-1213, or for the deaf or hard of hearing call the TTY number 1-800-325-0778, or contact your local Social Security office.

I certify that I have received Form SSA-1945 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential future Social Security benefits.

Signature of Employee

Date

New Albany Plain Local Schools
 55 North High Street
 New Albany, OH 43054
 855-2040

CITY TAX FORM

NAME _____

ADDRESS _____

TELEPHONE _____ SOCIAL SECURITY # _____

DATE OF BIRTH _____ MARITAL STATUS Married / Single

CITY TAX (City in which you reside) _____

SCHOOL DISTRICT TAX # (City in which you reside) _____
 (If applicable)

DELAWARE COUNTY

Big Walnut LSD 2101
 Buckeye Valley LSD 2102
 Centerburg LSD 4201
 Delaware CSD 2103
 Dublin CSD 2513
 Elgin LSD 5101
 Highland LSD 5902
 Johnstown-Monroe LSD 4503
 Northridge LSD 4509
 North Union LSD 8003
 Oentangy LSD 2104
 Westerville CSD 2514

FAIRFIELD COUNTY

Amanda-Clearcreek LSD 2301
 Berne Union LSD 2302
 Bloom-Carroll LSD 2303
 Canal Winchester LSD 2502
 Fairfield Union LSD 2304
 Lancaster CSD 2305
 Liberty Union-Thurston LSD 2306
 Northern LSD 6403
 Pickerington LSD 2307
 Reynoldsburg CSD 2509
 Southwest Licking LSD 4510
 Teays Valley LSD 6503
 Walnut Township LSD 2308

FRANKLIN COUNTY

Bexley CSD 2501
 Canal Winchester LSD 2502
 Columbus CSD 2503
 Dublin CSD 2513
 Gahanna-Jefferson CSD 2506
 Grandview Heights CSD 2504
 Groveport Madison LSD 2507
 Hamilton LSD 2505

FRANKLIN COUNTY cont.

Hamilton LSD 2505
 Hilliard CSD 2510
 Jonathan Alder LSD 4902
 Licking Heights LSD 4505
 Madison-Plains LSD 4904
 New Albany-Plain LSD 2508
 Oentangy LSD 2104
 Pickerington LSD 2307
 Reynoldsburg CSD 2509
 South-Western CSD 2511
 Teays Valley LSD 6503
 Upper Arlington CSD 2512
 Westerville CSD 2514
 Whitehall CSD 2515
 Worthington CSD 2516

LICKING COUNTY

Centerburg LSD 4201
 East Knox LSD 4203
 Granville EVSD 4501
 Heath CSD 4502
 Johnstown-Monroe LSD 4503
 Lakewood LSD 4504
 Licking Heights LSD 4505
 Licking Valley LSD 4506
 New Albany-Plain LSD 2508
 Newark CSD 4507
 North Fork LSD 4508
 Northern LSD 6403
 Northridge LSD 4509
 Reynoldsburg CSD 2509
 River View LSD 1603
 Southwest Licking LSD 4510
 West Muskingum LSD 6005

PLAIN LOCAL SCHOOL DISTRICT
DIRECT DEPOSIT AUTHORIZATION FORM

Primary Account

Employee Name: _____
Bank Name: _____
Bank Address: _____
Transit Number: _____
Account Number: _____
Account Type: _____ Checking _____ Savings

Amount to be Deposited (Check one)

_____ Entire Paycheck
_____ Entire Paycheck minus the dollar amount indicated below.

Secondary Account

Bank Name: _____
Bank Address: _____
Transit Number: _____
Account Number: _____
Account Type: _____ Checking _____ Savings
Amount to be Deposited: _____

Third Account

Bank Name: _____
Bank Address: _____
Transit Number: _____
Account Number: _____
Account Type: _____ Checking _____ Savings
Amount to be Deposited: _____

**ATTACH A COPY OF AVOIDED PERSONAL CHECK OR A SAVINGS
DEPOSIT SLIP FOR EACH ACCOUNT.**

Date Signature



REASONABLE ASSURANCE OF EMPLOYMENT:

"Please be advised that it is the District's present intention to continue to avail itself of your services as a substitute next school year on the same as needed basis by which you provided such services during this school year, provided that you continue to abide by all rules and regulations of the Board. If despite this reasonable assurance, however, you for some reason do not wish to continue to be so employed next school year, we ask that you notify the Treasurer's office at your earliest opportunity so that we may plan accordingly."

I understand that my substitute status will continue to be renewed each school year contingent upon my abiding by the rules and regulations adopted by the Board.

Signature

Date