



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

PAYMENT REMITTANCE FORM

Section 1: Employer Information

Name: _____ Employer ID: _____

Section 2: Employee Contributions and Other Amounts

Payroll Period Month _____ Year _____

Employee Contributions (taxed, tax deferred, and employer paid pick-up)\$ _____

Employer Contributions (do not include board pick-up) _____

Surcharge _____

Early Retirement Incentive (ERI) _____

Alternative Retirement Plan (ARP) _____

Adjustment to Employee Accounts _____

Service Credit Purchase (not payroll deducted) _____

Penalties _____

Annual Statement Balance Due _____

(Note: Total here must agree with total in Section 3) **TOTAL \$** _____

Section 3: Payment Method and Amount

☐ ACH Credit/Wire Transfer

☐ Check(s)

Check Number
Or
EFT Effective Date

Amount

	\$
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(Note: Total here must agree with total in Section 2) **TOTAL \$** _____

This form is due to SERS prior to, or concurrent with, the payment detailed in Section 3.

I certify that to the best of my knowledge this report and payments are correct and complete.

Authorized Representative Signature: _____ Date: _____

Name of person to call for questions: _____ Phone Number: _____

Fax to:
Employer Services
614-340-1195

- OR -

Mail payments and this report together to:
SERS
L-1617
Columbus, OH 43260-1617