



## APPLICATION TO COMPLETE DEPOSITS ON MILITARY SERVICE THAT INTERRUPTED TEACHING for Defined Contribution Plan and Combined Plan Members

Member's name \_\_\_\_\_ STRS Ohio account no. or Social Security no. (last four digits) \_\_\_\_\_

Street address \_\_\_\_\_

City, state, ZIP code \_\_\_\_\_

Home phone (\_\_\_\_\_) \_\_\_\_\_ Cell phone (\_\_\_\_\_) \_\_\_\_\_ Date \_\_\_\_\_  
Area code Area code

Email address \_\_\_\_\_

### Qualifiers for Purchasing Service

If the answer to **all** the following four questions is “yes,” complete the remainder of this application. If your answer to **any** of the following questions is “no,” do not complete the application; the service does not qualify for purchase.

1. Did you leave regular employment with an STRS Ohio employer to enter military service? (Substitute teaching is **not** “regular employment.”)
2. Did you enter military service within five months of leaving STRS Ohio-covered employment and return to the same employer within three months of ending military service?
3. Did the military service interrupt your normal teaching contract? (For example, a nine-month contract is not interrupted if military service occurred in the summer.)
4. Do you have less than one full year of service in any STRS Ohio fiscal year interrupted by your military service?

If you answered “yes” to **all four** questions, attach appropriate documentation to certify the service **showing dates of military service**. If you are eligible, we will contact your employer to verify that military service interrupted your Ohio public teaching and to verify earnings.

### “Eligible military service” is defined as:

- Regular service; inactive, active or initial duty training; or reserve service with the Army, Navy, Air Force, Marine Corps, Coast Guard (DD-214 military separation form or NA Form 13038 needed if service was regular);
- Service with the National Guard;
- Service with the Commissioned Corps of the United States Public Health Service;
- Service with the Red Cross as a nurse with the Army, Navy, Air Force or hospital service of the United States, Army Nurse Corps or Navy Nurse Corps;
- Service with the American Red Cross (full time only) in a combat zone;
- Any other category of service designated by the president in time of war or emergency; or
- Absence due to an examination to determine fitness for uniformed service.

(continued)



**The maximum service available is five years.** This service cannot be used under any other retirement program except:

- Social Security or
- Retired pay for nonregular service under Chapter 1223, Section 1662, Title XVI of the “National Defense Authorization Act for Fiscal Year 1995,” 108 Stat. 2998 (1994), 10 U.S.C.A. 12731 to 12739.

### **Certification of Military Service**

Attached is a copy of my military service papers, either a DD-214, NA Form 13038 or other documentation reflecting the exact dates of my military service. The papers confirm my dates of service are from:

\_\_\_\_\_ through \_\_\_\_\_ .  
Month                      Day                      Year                      Month                      Day                      Year

Signature \_\_\_\_\_