



REPORT BY EMPLOYER (for a Disability Benefit Applicant)

Applicant: Please provide this form and the envelope marked "Report by Employer" to your most recent Ohio public employer.

Employer: Please return this completed form and official job description to STRS Ohio in the envelope provided.

Applicant _____ STRS Ohio account no.
or Social Security no. (last four digits) _____
Employer _____ County _____

The information requested in this report will assist the State Teachers Retirement Board in its consideration of the disability application for the above member. We appreciate your prompt response.

A member who was under contract when granted disability benefits and who has not resigned is on leave of absence from the position during the **first five years** on disability benefits. Disability benefit recipients are subject to periodic examinations. If such examination reveals that the recipient is capable of resuming the service from which he or she was found disabled, disability benefits are terminated. If benefits are terminated by the Retirement Board within the five-year period, the employer must restore the member to the same or to a similar position and salary.

Section 1 — Certification by Employer

To be completed by treasurer, payroll director or fiscal officer.

This is to certify that _____
Member's name
was/is an employee of _____
Employer

Current payroll status:

- Full time
- Part time (list schedule) _____
- Paid FMLA/sick leave since _____
- Unpaid FMLA/sick leave since _____
- Paid administrative leave since _____
- Receiving workers' compensation benefits (list starting date) _____
- Voluntary separation effective _____
- Involuntary separation effective _____
- Other _____

Please provide the following last dates of service and compensation:

- Last day this member was actually in the classroom/school (list date or still working): _____
- Number of sick or other leave days this member has remaining: _____
- If known, list the last date for which the member will be compensated (date worked or date for which sick leave was/will be used): _____
- The exact final date of compensation is not known; however, this member currently has _____ days of personal and/or sick leave available.

Signature _____ Date _____

Title _____ Phone (_____) _____
Area code

(continued)



Section 2 — Report of Employment by Employee's Supervisor

STRS Ohio provides disability benefits to an applicant who is no longer capable of performing his or her most recent job duties. In order to make this determination, STRS Ohio requires a copy of the applicant's most recent official job description. If this applicant's position has requirements not listed in the official job description, please list extra contracted duties below. Please **enclose a copy of the most recent official job description** to avoid a delay in the completion of this application.

Official job title the applicant last performed: _____

Position level (e.g., elementary, middle, high school, college): _____

Position grade level and subject (e.g., first grade, ninth-grade English, economics professor): _____

Description of job duties the applicant last performed: _____

In what ways does the applicant's performance of duties show probable disability for further service?

Does the job require any special working condition or physical demands such as lifting/kneeling? If so, please specify (pounds lifted, frequency of kneeling, use of stairs, etc.).

Please describe any accommodations made under the Americans with Disabilities Act.

Applicant's absence (current school year) _____ days.

Applicant's absence (previous school year) _____ days.

Signature _____ Date _____

Title _____ Phone (____) _____

Area code

Preboard Approval Letter

Sent to member after recommendation of approval by the Chair of the Medical Review Board. Copy sent to superintendent/president.



STATE TEACHERS
RETIREMENT SYSTEM
OF OHIO

275 East Broad Street
Columbus, OH 43215-3771
614-227-4090
www.strsoh.org

January 5, 2023

Timothy Teacher
123 Main St.
Columbus, OH 43215

We received the reports required for presenting your application for disability benefits to the Retirement Board. Your application, with the recommendation that it be approved, will be presented to the Board at its meeting scheduled for the week of February 14, 2023. You will be advised of the official action of the Retirement Board following this meeting.

This meeting was selected since you indicated your teaching and/or sick leave coverage terminates in March 2023. If you plan to use more than 40 days of sick leave following the Board meeting listed above, please notify us at once with the last day of sick leave you plan to use.

If you are still working, you must stop performing your STRS Ohio job duties after February 28, 2023.

In the event the Board approves your disability application, you will be eligible for the optional STRS Ohio Health Care Program. If elected, the health care coverage effective date will be confirmed after final payroll information is received from your employer.

Please complete the enclosed form and return it to our office as soon as possible. Your first benefit payment cannot be issued until we receive the form.

Further questions about your account, benefits amount or health care may be directed to the STRS Ohio Member Service Center by calling toll-free, 888-227-7877. You may also request an appointment with an STRS Ohio Benefits Counselor.

Manager, Disability Department

Enc: Disability Information for Payment form
Death Benefit brochure

cc: Superintendent

Afterboard Approval Letter - Member

Sent to member within 3 days of the
STRS Ohio's Retirement Board approval.
Copy sent to superintendent/president.



STATE TEACHERS
RETIREMENT SYSTEM
OF OHIO

275 East Broad Street
Columbus, OH 43215-3771
614-227-4090
www.strsoh.org

February 18, 2023

Tim Teacher
123 Main St.
Columbus, OH 43215

Your application for disability benefits was approved at the Board meeting on February 16, 2023.

Final payroll information was requested from your employer(s). Upon receipt, your benefit will be calculated and your first payment issued. Normal processing time, once the information is received, is two months.

A disability benefit terminates if the disability benefit recipient performs any teaching service. Performing teaching service includes any and all teaching service, as well as any service that you participate in that is similar to the position held as a contributing member of STRS Ohio, whether full-time or part-time, in a public or private setting or on a volunteer basis, in or outside the state of Ohio. This includes tutors, substitutes, electronic classroom instructors, private lesson providers, and supplemental work such as coaching. Additionally, if you are found to be teaching, both the disability benefits received and the health care and prescription drug claims paid on behalf of the individual from the beginning of the teaching service shall be repaid to the retirement system.

Employment on any basis while receiving disability benefits may raise the issue to whether you remain incapacitated from STRS Ohio contributing service and could result in reexamination. If you are considering employment you must forward a job description to STRS Ohio for review before accepting any position.

Depending on the nature of your disability, we recommend that you keep your license valid at least until you are old enough to receive service retirement benefits through STRS Ohio. Members may currently apply for service retirement at age 60 with at least five years of qualifying service credit. Depending on your age and years of service, an earlier eligibility date may be available.

If you have any questions about this letter or your account, contact the STRS Ohio Member Services Center toll-free at 888-227-7877.

Deputy Executive Director
Member Benefits – Chief Benefits Officer

cc: Superintendent

Afterboard ER letter
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Afterboard Approval Letter - Employer

Sent to superintendent/president once all information required for payment is received and benefit is activated. Copy sent to treasurer.



STATE TEACHERS
RETIREMENT SYSTEM
OF OHIO

275 East Broad Street
Columbus, OH 43215-3771
614-227-4090
www.strsoh.org

March 5, 2023

Superintendent

Ohio Local Schools
123 Market St
Anytown, OH 43210

Re: Timothy Teacher

The above-named member was granted a disability benefit effective March 1, 2023 based on service credit with this system. This action makes this person ineligible for any further teaching service normally covered by this system, unless the disability benefit is officially terminated.

STRS Ohio health care coverage became effective March 1, 2023.

A disability benefit recipient will retain membership in STRS Ohio and will be considered on leave of absence during the first five years following the effective date of a disability benefit.

Deputy Executive Director
Member Benefits – Chief Benefits Officer

cc: Treasurer

Afterboard Termination if Within 5 Years



STATE TEACHERS
RETIREMENT SYSTEM
OF OHIO

275 East Broad Street
Columbus, OH 43215-3771
614-227-4090
www.strsoh.org

February 18, 2023

Re: Tammy Teacher
Member's STRS Ohio account number: AB123CD

TO THE SUPERINTENDENT: Ohio Local Schools
COMPLETE AND RETURN AT ONCE

The Retirement Board took official action under Sections 3307.48 of the Ohio Revised Code at its meeting on February 17, 2023, to terminate Ms. Teacher's disability benefits. Information for appeal purposes was provided to the member.

According to the Ohio Revised Code 3307.48, a disability benefit recipient is considered on a leave of absence for the first five years following the effective date of a disability benefit. If the recipient is no longer disabled, the employer must return the member to a position the same or similar to the previous position. Please complete this form indicating when the member is returning to work. If the member is returning to work, we will terminate disability benefits on the day before her reemployment.

The following is an official certification of employment.

Date member is reporting to work _____

Member is not returning to employment. _____

(Signature) (Title) (Date)

(Employer/School District)

Phone: (____) _____
Area Code

Enclosure: Return envelope

cc: Member

Afterboard Termination Letter if Past 5 years



STATE TEACHERS
RETIREMENT SYSTEM
OF OHIO

275 East Broad Street
Columbus, OH 43215-3771
614-227-4090
www.strsoh.org

February 18, 2023

Re: Tammy Teacher
Member's STRS Ohio account number: AB123CD

**TO THE SUPERINTENDENT: Ohio Local Schools
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According to the Ohio Revised Code 3307.48, a disability benefit recipient is considered on a leave of absence for the first five years following the effective date of a disability benefit. If the recipient is no longer disabled, the employer must return the member to a position the same or similar to the previous position. Even though your obligation to Ms. Teacher has expired, please complete and return this form. If the member is returning to work, we will terminate disability benefits on the day before her reemployment.

The following is an official certification of employment.

Date member is reporting to work _____

Member is not returning to employment. _____

(Signature) (Title) (Date)

(Employer/School District)

Phone: (____) _____
Area Code

Enclosure: Return envelope

cc: Member



MAKING A REQUEST TO RETURN TO WORK

As a disability benefit recipient, you retain membership in STRS Ohio and are considered on leave of absence during the first five years following the effective date of your disability benefit. The leave of absence is valid assuming you were under contract when granted disability benefits and did not resign your position. After receiving five years of STRS Ohio disability benefits, you are no longer guaranteed a position or other teaching service in or outside the state of Ohio, with your previous employer.

If you decide you would like to return to your STRS Ohio-covered position or other teaching service in or outside the state of Ohio, there are three options for terminating disability benefits.

Returning to your STRS Ohio-covered position:

1. If your STRS Ohio employer is prepared to return you to your prior employment, the superintendent or president must send a letter on school letterhead stating the date you will return to employment. A recommendation will be made to terminate your disability benefits on the day prior to employment.
2. If your STRS Ohio employer requires a medical release from STRS Ohio to return you to prior employment, you should send a letter to STRS Ohio stating this request. STRS Ohio will request an update from your attending physician and then request you be examined by an independent medical examiner. Following the exam, the STRS Ohio Medical Review Board will recommend continuation or termination of disability benefits. This process usually takes three to five months to complete.

Returning to other teaching service:

3. If you intend to return to other teaching service as defined by the State Teachers Retirement Board, with a public or private employer in or outside the state of Ohio, you must send a letter documenting your return-to-work date and a copy of the official job description. Other teaching services include teaching, tutoring, instructing students of any age, day care teaching, providing private lessons, test grading, training, coaching, service similar to your STRS Ohio or last public service position, or other duties defined by the Retirement Board. A recommendation will be made to terminate your disability benefits on the day prior to employment.

Following completion of option 1, 2 or 3 above, the recommendation will be presented to the Retirement Board. You and the STRS Ohio employer, if applicable, will be notified of the board's decision.

Reminders

- If you were under contract at the time you were found disabled and you are returning to work within the first five years following the effective date of your disability benefit, your employer by the first day of the next succeeding year shall restore you to your previous position and salary or to a position and salary similar to your prior position.
- Your STRS Ohio disability benefit payment is prorated for the month in which you return to employment. Any overpayment made to you will be collected by STRS Ohio. To avoid or minimize overpayment, contact STRS Ohio as soon as your intent to return to work is known.
- STRS Ohio offers survivor benefits to disability recipients and contributing members who meet the eligibility requirements listed on the reverse side of this page. Once you terminate disability benefits, you will not be eligible for survivor benefits until eligibility requirements are met. Please see the reverse side or the enclosed *Survivor Benefits* brochure for more information.

(continued)

Eligibility Requirements for Survivor Benefits

Existing member as of June 30, 2013

- Has 1.50 years of qualifying service credit before death; and
- Earned a quarter of a year of service credit within the 30-month period preceding death; or was receiving a disability benefit at the time of death; or received a disability benefit within the last 12 months and was contributing to STRS Ohio, OPERS or SERS at the time of death.
- Provided the account has not been withdrawn, eligibility for dependent-based monthly benefits for qualified survivors continues for up to 27 months following the member's last contributing service.

New member on or after July 1, 2013

- Has 5.00 years of qualifying service credit before death; and
- Date of death is no more than one year from the last date of service; or was receiving a disability benefit at the time of death; or received a disability benefit within the last 12 months and was contributing to STRS Ohio, OPERS or SERS at the time of death.
- Provided the account has not been withdrawn, eligibility for dependent-based monthly benefits for qualified survivors continues for up to 12 months following the member's last contributing service.