



2101 South Veterans Parkway
P.O. Box 19255
Springfield, IL 62794-9255

217-782-8500 Fax: 217-524-9039
Email: gars@srs.illinois.gov

FRAUD REPORTING FORM

Fraud is not only a serious matter, it is a crime. The General Assembly Retirement System is committed to fighting benefit fraud to preserve proper benefits owed to our members and retirees. Each report of fraud is submitted to the System's Internal Auditor who works with staff to review, investigate or dismiss each tip. Fraud reporting forms can be sent to the retirement system through mail, email or fax.

General Assembly Retirement System of Illinois
C/o Internal Auditor
2101 S. Veterans Parkway
P.O. Box 19255
Springfield, IL 62794-9255
Phone: 217-785-6972
Fax: 217-547-9748
Email: reportfraud@srs.illinois.gov

Contact Information (optional)

Name _____

Telephone _____

Email Address _____

1. May we contact you if there is any additional information that we need regarding the allegation? What is the best method and time to contact you? NOTE: If you choose to remain anonymous and do not provide any contact information, it does not allow us to gather any additional details. It is for that reason that we ask you to provide as much detail that will help direct our review efforts. _____

2. Who perpetrated the fraud? Please provide a full name, member's position, legislative district, and address. Please state whether the alleged person is an active general assembly member, retiree, or disability recipient. _____

3. Please describe the alleged fraud while being as detailed as possible. You can attach additional sheets and support as needed. Please detail when the fraud began and when you became aware of it. _____

4. Does the fraud pertain to improper disability benefits administered by GARS? If yes, please provide any specific information specifically related to the alleged fraudulent disability including the names and addresses of any outside employers, the falsified or feigned disability, and any activity that is not consistent with the alleged disability. _____

5. What other evidence, information or documentation do you have to support your allegation? Please feel free to provide any further information or documents that will aid in our review efforts. _____

6. Are there any other individuals that may have additional information related to this fraud? If yes, please provide any relevant contact information and relationship to the alleged perpetrator (colleagues, subordinates, etc.). _____

