



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

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

Tier 1 Retirement Checklist

Application Process

Please contact GARS 90 days prior to your retirement date to request your retirement paperwork or download through the website, srs.illinois.gov. We recommend you return your retirement application and required documents within 30-60 days prior to your retirement date. If you are retiring under the Reciprocal Act, you must apply with all applicable systems 60-90 days prior to your retirement date. Benefits are processed within six to eight weeks following your final payroll date, retroactive to your benefit effective date.

Required forms/documents:

- Tier 1 Retirement Application (Form 7006-1)
- Withholding Certificate for Periodic Pension or Annuity Payments (Form W-4P). If you have questions on this form, contact a tax consultant.
- Direct Deposit Agreement for Benefit Payments (Form 7017)
- Retiree Insurance (Form 7016) unless you are ineligible for retiree insurance benefits.
- A photocopy of your birth certificate. *(If this box is checked, we need a copy.)*
- Copy of Medicare card (enrolled in Parts A and B) for you and any Medicare-eligible dependents

Supplemental forms/documents (if applicable):

- If you are currently authorizing deductions from your paycheck for credit union, dues or private insurance policies, provide a photocopy of authorization/deduction cards to have optional deductions withheld from your monthly retirement annuity.
- If you are currently enrolled in the NCPERS Voluntary Life Program (\$16 per month) and want premiums deducted from your retirement check, you must re-enroll. Visit their website at ncpers.memberbenefits.com/SRS, call 800-525-8056, or email ncpers@memberbenefits.com.

Insurance

Review the GARS Group Insurance Benefits Fact Sheet included in your retirement packet. For information regarding your insurance benefits, contact GARS or MyBenefits Service Center by calling 844-251-1777 or visiting MyBenefits.Illinois.gov.

- Begin the Medicare enrollment process **three months prior to your 65th birthday, or three months prior to your retirement, whichever is later. Medicare eligible annuitants must enroll in Medicare A and B with an effective date no later than the first day of the month you retire.** For Medicare eligible annuitants, Medicare is primary the first day of retirement and State group health coverage is secondary.
- If you are eligible to enroll in Medicare Parts A and B, you are required to enroll in a TRAIL MAPD plan during a 60-day enrollment period unless you insure non-Medicare eligible dependents. **If you are deemed eligible, failure to elect a TRAIL MAPD plan by the end of the enrollment opportunity WILL result in loss of your State health insurance coverage, including coverage for prescription drugs and vision care.**
- Failure to enroll and maintain enrollment in Parts A and B (when Medicare is the primary insurance payer) results in a reduction of benefits and additional out-of-pocket expenses for medical services. **You must keep Medicare Parts A and B and continue to pay the applicable Medicare premiums, including applicable IRMAA (Income Related Monthly Adjustment Amount) surcharges.** Failure to keep all Medicare premiums current will result in a termination of benefits.
- For additional information about State group insurance benefits, please refer to the current **Benefit Choice booklet** and the **Retiree/Survivor Insurance Handbook** located on our website at srs.illinois.gov in the Insurance section. The Medicare Checklist, TRAIL FAQ and TRAIL Initial Enrollment Guide can also be viewed in the Insurance section of the srs.illinois.gov website.
- Life Insurance:** If you are retiring within one year of terminating service and you are under age 60, your life insurance will remain as it was as an active member. Once you turn age 60 (retired) your basic life insurance will reduce to \$5,000 and any optional life insurance you carry will reduce to increments of \$5,000. Spouse Life insurance will reduce to \$5,000. Child Life will remain at \$10,000. Members retiring at age 60 or above will experience a reduction in life insurance coverage at the time of their retirement and can contact the State of Illinois life insurance administrator to discuss conversion or portability options.

Resignation

- Submit a resignation letter to the Speaker of the House or President of the Senate, with a copy to GARS.

You can find useful information about your GARS benefits on our website at srs.illinois.gov. Our website provides an overview of retirement and death benefits, and gives you easy access to a variety of information.



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Retiree Insurance Form

This is a required form. If you fail to submit this form before your retirement annuity date, your coverage will be terminated, (with the exception of basic life insurance coverage). If you submit the form within 60 days of your payable benefit date, you may still elect coverage with an effective date of the first day of the month in which we receive the form. If you fail to return the form or elect not to participate, you will have additional enrollment opportunities during the annual Benefit Choice Period or within 60 days of experiencing a Qualifying Change in Status.

To qualify for the State of IL Group Insurance Program at retirement, you must meet minimum vesting GARS service credit requirements: Tier 1 (6 years), Tier 2 (8 years). If you do not meet these requirements, you do not need to return this form.

Member/payee information

Name (Last, first, middle)	Effective date of retirement (MM/DD/YY)
Residential address (Street, City, State, Zip) (No P.O. Box)	SSN (last 4) or Member ID
Mailing address (if different than residential address) (Street, City, State, Zip)	Date of birth
Email address	Phone number(s) (H) (C)

Opt-out election

I elect to opt out of the State's group health, vision & prescription drug insurance coverage and understand I will be enrolled with basic life insurance coverage only. I may elect to enroll in dental coverage below.

Opt-Out Financial Incentive: To determine if you qualify for the opt-out financial incentive, refer to page 17 of the State of Illinois Retiree, Annuitant & Survivor Handbook: <https://www2.illinois.gov/cms/benefits/StateEmployee/Pages/BenefitsBooks.aspx>

I elect to opt out of the State Group Insurance Program and take the financial incentive. Please send an incentive packet to me.

Date sent (by email or U.S. mail) _____ GIR initials _____

Members currently enrolled as a dependent

I have been enrolled as a dependent on my spouse's State-coverage health, dental and vision coverage for at least one year; therefore, I qualify to remain as a dependent on that policy. I understand that by waiving my coverage as a retiree to remain a dependent on my spouse's policy, I only qualify for basic life insurance coverage as a retiree(member).

If you have elected one of the above options, please sign/date the form and return to GARS.

Health election

I am currently enrolled as an active State employee in the State of IL Group Insurance Program and wish to keep my current health election unless I specify a different plan election below. I have reviewed the current fiscal year's Benefit Choice Booklet found here (<https://www2.illinois.gov/cms/benefits/StateEmployee/Pages/BenefitsBooks.aspx>).

I am not enrolled in the State of IL Group Insurance Program but wish to enroll as a retiree. I understand coverage will be effective the first day of the month in which the form and all required documents are received or the benefit effective date, whichever is later.

I have reviewed the available options in my county and select the following health plan I wish to be covered under:

Plan name: _____

If you selected an HMO available in your county of residence, provide your Primary Care Physician's name, address and/or NPI.

*Please visit **MyBenefits.Illinois.gov** or contact them at 844-251-1777 for plan options, coverage and enrollment information.

Dental election

- I elect to be enrolled in dental coverage and understand that premiums will be deducted from my monthly benefit.
- I do not wish to enroll in dental coverage. I understand that I can only enroll during future annual Benefit Choice periods.

Life insurance election

- Basic only:** I am not enrolled in any optional life insurance coverage and understand I will only have the State-paid basic life insurance coverage, which is one times my salary if I'm under age 60, or \$5,000 if I'm 60 or older at retirement.
- Basic and Optional:** I elect to keep my current optional life insurance and/or spouse/child life insurance and understand that premiums will be deducted from my monthly benefit.
- Decline Optional Life:** I do not wish to keep my optional life insurance and/or spouse/child life insurance. I understand coverage will terminate on my retirement date.

Medicare status

If the Social Security Administration determines you and/or your dependent(s) are Medicare eligible (age 65 and older or under age 65 due to disability or end stage renal disease (ESR)) and you and/or your dependents have not enrolled in Medicare Parts A and B, **you are required to enroll with an effective date the first of the month in which you retire.**

Check one of the following:

- Not enrolled:** I am under age 65 and not Medicare eligible due to disability or end stage renal disease (ESR).
- Enrolled: Part A Hospital/Part B Medical:** I will provide GARS a copy of my Medicare card and/or my Medicare eligible dependent(s).

Note: Failure to enroll and maintain enrollment in Parts A and B (when Medicare is the primary insurance payer) results in a reduction of benefits and additional out-of-pocket expenses for medical services.

IMPORTANT: Medicare eligible retirees and annuitants who cover a dependent also enrolled in Medicare Parts A and B are required to enroll in a TRAIL – Total Retiree Advantage Illinois Program Medicare Advantage Prescription Drug Plan (MAPD) within 60 days of the date you receive your enrollment notification. Failure to enroll in an MAPD plan during the 60-day enrollment opportunity will result in loss of State insurance coverage (health, prescription, and vision) and you will only have Medicare Parts A and B. If your coverage is terminated or waived, you can re-enroll in a State-sponsored TRAIL plan throughout the plan year with coverage effective the first of the month following your enrollment request or during the annual TRAIL MAPD Enrollment Period. Your dental coverage, if enrolled, and life insurance coverage will remain in place.

Are you electing coverage for eligible dependents?

(See pages 8-9 of the State Retiree, Annuitant and Survivor Benefits Handbook; go to <https://www2.illinois.gov/sites/SRS/GARS/Resources/Pages/Insurance.aspx> for eligibility requirements.)

- Yes No

If yes, complete the dependent(s) information below. If your spouse and/or children are not currently covered, please include a copy of your marriage certificate (if adding a spouse) and a copy of the birth certificate for each dependent you want to enroll.

Dependent name	Social Security number	Date of birth
_____	_____	_____
_____	_____	_____
_____	_____	_____

If you and/or your dependents are enrolled in any other group insurance program other than Medicare, please contact your insurance carrier with the information.

By signing below I certify this information is correct and that I am aware that knowingly making a false statement or falsifying a record in an attempt to defraud GARS is a class 3 felony. I understand that if the GARS Board of Trustees has a reasonable suspicion that an attempt has been made to defraud GARS, it is required to report the matter to the appropriate State's Attorney for investigation.

Member signature _____ **Date** _____



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Retirement Application - Tier 1

Please print or type

Member information

Name (Last, first, middle)

Effective date of your retirement
(MM/DD/YY)

Address (Street, City, State, Zip)

Phone number

SSN (last 4) or Member ID

Date of Birth

(H)

(C)

Email address

Birth Certificate required

Yes No

GARS last service date

Reason for termination

Expiration of term Resignation Permanent disability

Dependents

Current marital status (select one)

Single Divorced Widowed Married – Date of marriage or civil union: Month ____ Day ____ Year ____

If currently married, name of spouse: _____ Spouse's date of birth _____

List all minor children, even if not living with you (including step children) under age 18, under age 22 if a full-time student and/or over age 18 who are physically or mentally disabled.

Name	Relationship	Date of Birth	Disabled
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you made contributions to the survivor's benefit as an active participant and are single with no dependents or have been married less than one year, would you like a refund of survivor contributions?

This is your final opportunity to apply for the refund.

Yes No

If you receive a refund of your survivor contributions, survivor benefits are not payable at the time of your death.

Legal history

Were you ever convicted of a felony related to, arising from or in connection with your service as a member of GARS?

Yes No

Permanent disability retirement

Complete this section only if your application is for permanent disability retirement.

I became permanently disabled from service as a member on _____ and, as a consequence, am unable to perform the duties of my office.

Nature of the disability: _____

Attending physicians:

Name	Address
_____	_____
_____	_____

Reciprocal service

Do you have service credit in any of the following systems? Yes No

If yes, please check only the system(s) you wish to include when having your reciprocal benefit calculated. *You must apply with all systems when you apply for a reciprocal retirement.*

- | | |
|--|--|
| <input type="checkbox"/> Chicago Teachers' Pension Fund | <input type="checkbox"/> Metropolitan Water Reclamation District Retirement Fund |
| <input type="checkbox"/> County Employees' Annuity & Benefit Fund of Cook County | <input type="checkbox"/> Municipal Employees' Annuity & Benefit Fund of Chicago |
| <input type="checkbox"/> Forest Preserve District Employees' Annuity & Benefit | <input type="checkbox"/> Park Employees' Annuity & Benefit Fund of Chicago |
| <input type="checkbox"/> Illinois Municipal Retirement Fund | <input type="checkbox"/> State Employees' Retirement System |
| <input type="checkbox"/> Judges' Retirement System | <input type="checkbox"/> State Universities Retirement System |
| <input type="checkbox"/> Laborers' Annuity & Benefit Fund of Chicago | <input type="checkbox"/> Teachers' Retirement System |

By signing below, I certify this information is correct and that I am aware that knowingly making a false statement or falsifying a record in an attempt to defraud GARS is a class 3 felony. I understand that if the GARS Board of Trustees has a reasonable suspicion that an attempt has been made to defraud GARS, it is required to report the matter to the appropriate State's Attorney for investigation.

Member signature _____ Date _____

Return completed application to:

General Assembly Retirement System
2101 S. Veterans Parkway
P.O. Box 19255
Springfield, IL 62794-9255

Or fax to 217-524-9039

Email not accepted.

Withholding Certificate for Periodic Pension or Annuity Payments

2024

Give Form W-4P to the payer of your pension or annuity payments.

Step 1:
Enter Personal Information

(a) First name and middle initial	Last name	(b) Social security number
Address		
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See pages 2 and 3 for more information on each step, when to use the estimator at www.irs.gov/W4App, and how to elect to have no federal income tax withheld (if permitted).

Step 2:
Income From a Job and/or Multiple Pensions/Annuities (Including a Spouse's Job/Pension/Annuity)

Complete this step if you (1) have income from a job or more than one pension/annuity, or (2) are married filing jointly and your spouse receives income from a job or a pension/annuity. **See page 2 for examples on how to complete Step 2.**

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

(b) Complete the items below.

(i) If you (and/or your spouse) have one or more jobs, then enter the total taxable annual pay from all jobs, plus any income entered on Form W-4, Step 4(a), for the jobs less the deductions entered on Form W-4, Step 4(b), for the jobs. Otherwise, enter “-0-” . . . \$ _____

(ii) If you (and/or your spouse) have any other pensions/annuities that pay less annually than this one, then enter the total annual taxable payments from all lower-paying pensions/annuities. Otherwise, enter “-0-” . . . \$ _____

(iii) Add the amounts from items (i) and (ii) and enter the **total** here . . . \$ _____

TIP: To be accurate, submit a new Form W-4P for all other pensions/annuities if you haven't updated your withholding since 2021 or this is a new pension/annuity that pays less than the other(s). Submit a new Form W-4 for your job(s) if you have not updated your withholding since 2019.

Complete Steps 3–4(b) on this form only if (b)(i) is blank **and** this pension/annuity pays the most annually. Otherwise, do not complete Steps 3–4(b) on this form.

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 . . . \$ _____ Multiply the number of other dependents by \$500 . . . \$ _____ Add other credits, such as foreign tax credit and education tax credits . . . \$ _____ Add the amounts for qualifying children, other dependents, and other credits and enter the total here . . . \$ _____	3	\$
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Step 4 (optional): Other Adjustments	(a) Other income (not from jobs or pension/annuity payments). If you want tax withheld on other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, taxable social security, and dividends . . .	4(a)	\$
	(b) Deductions. If you expect to claim deductions other than the basic standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . .	4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld from each payment . . .	4(c)	\$

Step 5:
Sign Here

Your signature (This form is not valid unless you sign it.)

Date

General Instructions

Section references are to the Internal Revenue Code.

Future developments. For the latest information about any future developments related to Form W-4P, such as legislation enacted after it was published, go to www.irs.gov/FormW4P.

Purpose of form. Complete Form W-4P to have payers withhold the correct amount of federal income tax from your periodic pension, annuity (including commercial annuities), profit-sharing and stock bonus plan, or IRA payments. Federal income tax withholding applies to the taxable part of these payments. Periodic payments are made in installments at regular intervals (for example, annually, quarterly, or monthly) over a period of more than 1 year. Don't use Form W-4P for a nonperiodic payment (note that distributions from an IRA that are payable on demand are treated as nonperiodic payments) or an eligible rollover distribution (including a lump-sum pension payment). Instead, use Form W-4R, Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions, for these payments/distributions. For more information on withholding, see Pub. 505, Tax Withholding and Estimated Tax.

Choosing not to have income tax withheld. You can choose not to have federal income tax withheld from your payments by writing "No Withholding" on Form W-4P in the space below Step 4(c). Then, complete Steps 1a, 1b, and 5. Generally, if you are a U.S. citizen or a resident alien, you are not permitted to elect not to have federal income tax withheld on payments to be delivered outside the United States and its territories.

Caution: If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. If your tax situation changes, or you chose not to have federal income tax withheld and you now want withholding, you should submit a new Form W-4P.

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Have social security, dividend, capital gain, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
2. Receive these payments or pension and annuity payments for only part of the year.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you (or you and your spouse) receive. If you do not have a job and want to pay these taxes through withholding from your payments, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

Payments to nonresident aliens and foreign estates. Do not use Form W-4P. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for more information.

Tax relief for victims of terrorist attacks. If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, write "No Withholding" in the space below Step 4(c). See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you have at least one of the following: income from a job, income from more than one pension/annuity, and/or a spouse (if married filing jointly) that receives income from a job/pension/annuity. The following examples will assist you in completing Step 2(b).

Example 1. Bob, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Bob also has a job that pays \$25,000 a year. Bob has no other pensions or annuities. Bob will enter \$25,000 in Step 2(b)(i) and in Step 2(b)(iii).

If Bob also has \$1,000 of interest income, which he entered on Form W-4, Step 4(a), then he will instead enter \$26,000 in Step 2(b)(i) and in Step 2(b)(iii). He will make no entries in Step 4(a) on this Form W-4P.

Example 2. Carol, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Carol does not have a job, but she also receives another pension for \$25,000 a year (which pays less annually than the \$50,000 pension). Carol will enter \$25,000 in Step 2(b)(ii) and in Step 2(b)(iii).

If Carol also has \$1,000 of interest income, then she will enter \$1,000 in Step 4(a) of this Form W-4P.

Example 3. Don, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Don does not have a job, but he receives another pension for \$75,000 a year (which pays more annually than the \$50,000 pension). Don will not enter any amounts in Step 2.

If Don also has \$1,000 of interest income, he won't enter that amount on this Form W-4P because he entered the \$1,000 on the Form W-4P for the higher paying \$75,000 pension.

Example 4. Ann, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Ann also has a job that pays \$25,000 a year and another pension that pays \$20,000 a year. Ann will enter \$25,000 in Step 2(b)(i), \$20,000 in Step 2(b)(ii), and \$45,000 in Step 2(b)(iii).

If Ann also has \$1,000 of interest income, which she entered on Form W-4, Step 4(a), she will instead enter \$26,000 in Step 2(b)(i), leave Step 2(b)(ii) unchanged, and enter \$46,000 in Step 2(b)(iii). She will make no entries in Step 4(a) of this Form W-4P.

If you are married filing jointly, the entries described above do not change if your spouse is the one who has the job or the other pension/annuity instead of you.



Multiple sources of pensions/annuities or jobs. If you (or if married filing jointly, you and/or your spouse) have a job(s), do NOT complete Steps 3 through 4(b) on Form W-4P. Instead, complete Steps 3 through 4(b) on the Form W-4 for the job. If you (or if married filing jointly, you and your spouse) do not have a job, complete Steps 3 through 4(b) on Form W-4P for **only** the pension/annuity that pays the most annually. Leave those steps blank for the other pensions/annuities.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. Including these credits will increase your payments and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include amounts from any job(s) or pension/annuity payments. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than

Specific Instructions (continued)

having tax on other income withheld from your pension, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 6, if you expect to claim deductions other than the basic standard deduction on your 2024 tax return and want to reduce your withholding to account for these deductions.

This includes itemized deductions, the additional standard deduction for those 65 and over, and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from **each payment**. Entering an amount here will reduce your payments and will either increase your refund or reduce any amount of tax that you owe.

Note: If you don't give Form W-4P to your payer, you don't provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer will withhold tax from your payments as if your filing status is single with no adjustments in Steps 2 through 4. For payments that began before 2024, your current withholding election (or your default rate) remains in effect unless you submit a new Form W-4P.

Step 4(b) – Deductions Worksheet (Keep for your records.)



1	Enter an estimate of your 2024 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income	1	\$ _____			
2	Enter: <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td style="padding: 0 10px;"> <ul style="list-style-type: none"> • \$29,200 if you're married filing jointly or a qualifying surviving spouse • \$21,900 if you're head of household • \$14,600 if you're single or married filing separately </td> <td style="font-size: 3em; vertical-align: middle;">}</td> </tr> </table>	{	<ul style="list-style-type: none"> • \$29,200 if you're married filing jointly or a qualifying surviving spouse • \$21,900 if you're head of household • \$14,600 if you're single or married filing separately 	}	2	\$ _____
{	<ul style="list-style-type: none"> • \$29,200 if you're married filing jointly or a qualifying surviving spouse • \$21,900 if you're head of household • \$14,600 if you're single or married filing separately 	}				
3	If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"	3	\$ _____			
4	If line 3 equals zero, and you (or your spouse) are 65 or older, enter: <ul style="list-style-type: none"> • \$1,950 if you're single or head of household. • \$1,550 if you're married filing separately. • \$1,550 if you're a qualifying surviving spouse or you're married filing jointly and one of you is under age 65. • \$3,100 if you're married filing jointly and both of you are age 65 or older. Otherwise, enter "-0-". See Pub. 505 for more information	4	\$ _____			
5	Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information	5	\$ _____			
6	Add lines 3 through 5. Enter the result here and in Step 4(b) on Form W-4P	6	\$ _____			

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request federal income tax withholding from pension or annuity payments based on your filing status and adjustments; (b) request additional federal income tax withholding from your pension or annuity payments; (c) choose not to have federal income tax withheld, when permitted; or (d) change a previous Form W-4P. To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s). Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws. We may

also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.



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

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

Initial Direct Deposit Agreement for Benefit Payments

Member/payee information

Name (Last, first, middle)

SSN (last 4) or Member ID

Address (Street, City, State, Zip)

Phone number(s)

(H)

Email address

(C)

Signature

I, the above designated payee, am receiving a monthly benefit from GARS. I hereby authorize GARS to forward such payments by electronic fund transfer to the financial institution indicated below, and the financial institution to credit the amounts thereof to the account listed below. This authority is to remain in full effect until my death, the end of my eligibility period, GARS has received notification from me of its termination (within a reasonable amount of time to act upon the termination request) or until GARS has sent me a 10-day advance written notice the agreement will be terminated.

I hereby acknowledge my monthly benefits terminate at the end of the month of my death or my eligibility period. I agree if any benefit payments to which I am not entitled have been received and collected by my financial institution, I, or we (if my account is a joint account), authorize and direct my financial institution to refund the same amount to GARS and charge such refund payments to the account listed below or any other account of mine. In the event the money has been withdrawn from the account listed below by any other of the undersigned, I authorize the financial institution to charge such refund payments to any other account we, individually or jointly, may have in said financial institution.

By signing below I certify this information is correct and that I am aware that knowingly making a false statement or falsifying a record in an attempt to defraud GARS is a class 3 felony. I understand that if the GARS Board of Trustees has a reasonable suspicion that an attempt has been made to defraud GARS, it is required to report the matter to the appropriate State's Attorney for investigation.

Member signature _____

Date _____

(Also includes Power of Attorney – must attach document, or legal guardian – must attach court order)

Joint account holder signature (if any) _____

Date _____

Financial institution information (to be completed by the financial institution)

The undersigned, on behalf of the financial institution below, hereby accepts the depository agreement as set forth above and verifies the signatures of all persons having an interest in the account.

Financial institution name

Account holders name(s)

Address (Street)

Branch designation (if applicable)

(City, State, Zip)

Phone number

Checking account Savings account

ACH Routing number

Account number

Signature and title of authorized official

Date

Direct Deposit Instructions

The terms of this depository agreement may not amended by any party.

GARS, through the Office of the Comptroller, has the ability to electronically deposit a payee's monthly benefit to an authorized participating Automated Clearing House (ACH) Network financial institution. The financial institution may be any bank, savings bank, savings and loan association (or similar institution) or federal or state chartered credit union in which the payee has a checking or savings account participating in the ACH Network. ***In order for GARS to deposit the payee's monthly benefit into a financial institution, the payee, any joint account holder and the financial institution must complete this form.***

Member/payee information

The payee's name, social security number/Member ID, address, home and/or cell phone number should be typed or printed in the appropriate boxes.

Signature (Account holder agreement)

After reading the conditions of the depository agreement, the payee, Power of Attorney or legal guardian must sign and date the form. If a Power of Attorney signs the form on behalf of the payee, the Power of Attorney document must be attached to the form. If a legal guardian signs the form on behalf of the payee, letters of office or other similar court document(s) must be attached if the guardian is not the natural parent of the payee. If there are one or more joint account holders, all joint account holders must sign and date the form. If you've already submitted Power of Attorney and/or Guardian legal documents, you do not have to submit them again.

Financial institution agreement

The selected financial institution should complete all the information requested in this section. The monthly benefit may only be deposited in an account in which the payee has an interest. The routing number should reflect the number for electronic transfers which may be different from the routing number for the branch bank at which the account is held. By an authorized individual signing this form, the financial institution agrees to accept the electronic transfer from GARS on behalf of the payee and verifies all signatures of all persons having an interest in the payee's account.

Upon completion of the form by account holders and financial institution, return to GARS by mail or fax for processing.

- You can securely view your monthly earnings statement through the SRS Member Services website. To view your account information, you may register through our website at srs.illinois.gov and navigate to the link "view PDF version on how to secure an ID." You will find instructions for the one-time registration process that must be completed to access your account information online.

Termination of depository agreement

This depository agreement shall remain in effect until terminated by:

- the death of the payee or the end of payee's eligibility period;
- cancellation by the payee, Power of Attorney or legal guardian by written notice to GARS (*within a reasonable amount of time to act upon the termination request*);
- a 10-day advance written notice from GARS to the payee indicating GARS' termination of the agreement; or
- the closing of the account by the payee or financial institution.

The amount of any payments received after termination should be returned to GARS by the financial institution or an account holder, along with a statement including the name of the payee, payee's Social Security number and the date of the erroneous deposit.



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Springfield, IL 62794-9255

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

Direct Deposit Information Fact Sheet

Please note you will receive your first check approximately 6 to 8 weeks from your retirement effective date.

Information regarding checks and direct deposit

- The direct deposit form must be signed by you, any joint account holder and a representative of your financial institution.
- You must complete the direct deposit form even if you are using the same account that you used while working.
- The first check is always mailed and will occur on a date other than the 19th of the month.
- All future payments will be issued on the 19th of the month, unless the 19th falls on a weekend or holiday. In these cases it will be issued on the last working day prior to the 19th.
- If you signed up for direct deposit, the first check will be mailed and all subsequent checks will be deposited electronically.
- A benefit approval letter will be mailed a few days prior to the issuance of the first check.
- If a payment covers multiple months, all months will be combined on one check.
- You are encouraged to sign up to view your monthly check stubs in EPass. Instructions are on our website at SRS.Illinois.gov.
- If you previously used a work email address to receive your EPass paycheck stubs, you should change your email address to a personal email address before you retire.
- EPass notifications will generate when a check is written at the Comptroller, whether direct deposit or a paper check.
- If your benefit is adjusted after your first pension check, the payment will be issued as a paper check even if you enrolled in direct deposit.
- Processing time for members who are retiring reciprocally with another retirement system may take longer since GARS must receive information from the other system to process your claim.



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Group Insurance Benefits Fact Sheet

MyBenefits will assist you with insurance questions, choices, and changes through their website Mybenefits.illinois.gov and/or a call center at 844-251-1777.

To properly maintain your insurance record, it is important to keep your residential address, email address and phone number current with GARS.

For up-to-date information, rates, publications, contact information and the latest news about the Group Insurance Program, visit these locations:

MyBenefits
Mybenefits.illinois.gov

MyBenefits Call Center
844-251-1777
844-251-1778 (TTD/TTY)

GARS Insurance Webpage
srs.illinois.gov

INSURANCE INFORMATION AT RETIREMENT

To qualify for the State of Illinois Group Insurance at retirement, you must have at least 6 years of GARS service credit if you are a Tier 1 member, or 8 years of GARS service credit if you are a Tier 2 member. If you are retiring and meet those service credit requirements, you must complete the insurance form (7016) included in your retirement packet, even if you don't want to enroll in the plan. GARS will confirm your insurance eligibility and process your initial enrollment. Going forward, you will utilize the MyBenefits Service Center and customized website which can assist you with insurance questions, choices and changes by calling (844) 251-1777 or visiting mybenefits.illinois.gov.

Insurance coverage becomes effective on the date of commencement of the monthly annuity, or the first of the month in which the application for retirement was received, whichever is later. Your retiree health insurance premium is paid by the State but premiums for dependent health coverage, as well as member and dependent dental coverage, are deducted from the monthly pension benefit. Current rates are available in the most current Benefits Choice booklet available at srs.illinois.gov or the MyBenefits website at mybenefits.illinois.gov.

GROUP LIFE INSURANCE AT THE TIME OF RETIREMENT

If you are age 60 or older, the basic life insurance amount reduces to \$5,000 at retirement. When this occurs, the optional life insurance coverage will also reduce to increments of \$5,000 up to a maximum of four times the basic life insurance amount.

GROUP LIFE INSURANCE BENEFICIARY

MetLife is the current life insurance administrator for the State of Illinois. MetLife maintains their own life insurance beneficiary designations. If you need to designate a beneficiary or wish to change a beneficiary designation, contact them at (800) 880-6394 or visit their website at metlife.com/stateofillinois. Please note, your Group Life Insurance beneficiary nominations are separate from your GARS Death Benefit beneficiary nominations.

OPT-OUT ELECTION:

Retirees, annuitants and survivors may elect to Opt-Out of the State Employees Health Insurance Program if proof of other major medical insurance can be provided by an entity other than the Department of Central Management Services. Opting-out will terminate all health, dental, vision and prescription coverage for the member and any dependents, unless Dental-Only coverage is elected. Life insurance coverage, for the employee and any dependents, will remain in force (Basic Life and any elected Optional Life). Non-Medicare retirees, annuitants and survivors who elect to opt-out, will be opting-out of health, vision, behavioral health and prescription coverage. Dental and optional life insurance coverage will remain in effect unless the annuitant specifically terminates the coverage during the Benefit Choice Period.

OPT-OUT WITH FINANCIAL INCENTIVE

Employees who are retiring and enrolled in the State Group Insurance Program but have other comprehensive medical coverage may elect to opt out of the Program and receive a financial incentive. Annuitants with less than 20 years of State service receive a financial incentive of \$150 a month. For those with 20 years of State service, the financial incentive is \$500 per month, less applicable withholding.

To qualify for the incentive, the annuitant must be:

- Receiving a retirement annuity from GARS
- Ineligible for Medicare
- Vested to enroll in the State insurance as an annuitant
- Provide proof of major medical insurance coverage by an entity other than the State of Illinois annually to continue receiving the incentive.

To apply, check the Opt-Out with Financial Incentive box on the Retiree Insurance form (7016) and return with proof of coverage to GARS. Once reviewed for eligibility, GARS will mail or email the financial incentive packet.

Note: The incentive is administered by CMS and not included with your monthly pension check. Submit documents to GARS for review and approval and then GARS will forward to CMS for processing.



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Accessing the Member Services Website Fact Sheet

When you access the SRS website, you can view the following information:

- Membership Data
- Phone Numbers
- Email Addresses
- Earnings Statements

If you don't have a computer, you can contact us at 217-782-8500 for assistance with receiving your earnings statement.

MEMBER SERVICES Q & A'S

What browsers can I use to access the SRS Member Services website?

We support the following browsers:

- Internet Explorer 9 and higher
- Chrome 33.x and higher
- Firefox 23.x and higher
- Safari 5.x and higher
- Opera 20.x and higher

If you do not have the current version of one of these browsers, download and install a current version.

How do I find the SRS Member Services website?

On the web, navigate to memberservices.srs.illinois.gov.

What do I need to access the SRS Member Services website?

You will need an Illinois Public Account.

What is an Illinois Public Account?

It's an online account maintained by the State of Illinois that allows you secure access to the SRS Member Services website.

Is an Illinois Public Account free?

Yes, it is free to sign up. There is a one-time registration process during your first sign up.

Over the last several years, the misuse and theft of Social Security numbers and other personal information has become a major problem in private industry and government agencies across the United States. To help protect our member's personal information, SRS has created a secure Member Website.

In the past, each time the amount of your net pension amount changed, you received an Earnings Statement from the Comptroller.

Legislation passed by the General Assembly instructs each State agency to implement a secure website for employees to access an electronic version of their earnings statement issued after July 1, 2014. The Comptroller will no longer mail earnings statements.

To meet this mandate, we have created the SRS Member Services website which provides members with secure interactive access to their membership data. To view your GARS information, you will have to access our SRS Member Services Website.

To sign up for an Illinois Public Account (if you do not have one):

1. From your Internet browser enter <https://memberservices.srs.illinois.gov> or access the SRS Member Services website link from www.srs.illinois.gov
2. Click the "Create a New Account" link.
3. Enter your "First Name" and "Last Name"
4. Enter your "Email Address" and again in "Confirm Email Address"
5. Enter your "Cell Phone" (Optional)
6. Enter your chosen "Username"
7. Enter your chosen "Password" (be sure to review the link for State of Illinois password requirements).
8. "Confirm Password" by reentering your password.
9. Click "Register"

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Is an Illinois Public Account free?

Yes, it is free to sign up. There is a one-time registration process during your first sign up.

Email Confirmation

1. You will receive a confirmation email to complete the Sign up process. You only need to create this Illinois Public Account once. The email will come from IdentityManagement@illinois.gov. If the email does not appear in your inbox, please check your junk or spam folder. Within the email will be a link that you will need to click on within 24 hours.
2. Once you have clicked on the link, you will then receive a second email that confirms your Username. Now you are ready to sign in!

Once you confirm your Illinois Public Account:

1. From the Internet enter <https://memberservices.srs.illinois.gov/>
2. Under Sign In section, enter your Username and Password and then click.

To complete one-time eRegistration on first visit:

1. If it's your first time visiting the website, you will complete a one time "State of Illinois eRegistration"
2. Enter your "Email Address" and again in "Confirm Email"
3. Enter your name: first, middle, last and suffix if needed.
4. Enter your "Phone Number" and type (mobile, home or work).
5. Enter your "Birth Date" as mm/dd/yyyy (example: 01/01/1960).
6. Enter your "Social Security Number" or "Employee ID." The "Employee ID" is the "Member ID" on your most recent annual statement or ID card.
7. Click on the button.
8. Review the registration for accuracy. To finalize the registration, click the button.

After registration, you will be redirected to the SRS Member Services website.

On future visits, you will be directed to the SRS Member Services website upon sign in.



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Retirement Application FAQs

Q: *How do I begin the retirement application process?*

A: Please contact GARS 90 days prior to your retirement date to request your retirement paperwork or you may download through the website, srs.illinois.gov. We recommend that you return your retirement application and required documents within 60-90 days prior to your retirement date. If you are retiring under the Reciprocal Act, you must apply with all applicable systems 60-90 days prior to your retirement date.

Q: *What documents will I need to provide in order to retire?*

A. GARS cannot process your retirement without a birth certificate on file. Other required documents include your Retirement Application, Withholding Certificate for Pension or Annuity Payments (Form W-4P), and the Direct Deposit Agreement for Benefit Payments Form, if you would like to have your benefit payment directly deposited into your bank account each month. If you are eligible for the State insurance program, you need to return the Retiree Insurance form to continue your insurance in retirement. If you are Medicare-eligible, your Part B of Medicare must be in effect the first of the month in which you retire. You must provide GARS with a copy of your Medicare card. Please be sure to contact the Social Security Administration at least 90 days prior to your retirement date to enroll in Medicare. The Group Insurance Fact Sheet contains additional information regarding Medicare and the TRAIL Medicare Advantage Prescription Drug Plans.

Q: *When is my first pension check paid?*

A. Benefits are generally paid within six to eight weeks following your last day of employment or the date in which all the required information and forms have been submitted by you and the Office of the Illinois Comptroller, whichever is later. If you are retiring reciprocally, your benefit may take longer to process but will always be paid retroactive to the date you were first eligible. Your first check is a paper check mailed by the Comptroller.

Q: *When are future pension checks paid?*

A: Continuing benefits are paid on the 19th of each month, unless the 19th is on a weekend or holiday. In this case, payments are mailed on the last business day before the 19th. If you have signed up for direct deposit, your benefit will be electronically deposited on the 19th of each month, unless the 19th is on a weekend or holiday. In this case, the payment will be deposited on the last business day before the 19th.

Q: *Will I receive a paystub each month when I sign up for Direct Deposit?*

A: No. Once your benefit is processed through Direct Deposit, you can securely view your monthly earnings statement via ePASS through the SRS Member Services website. To view your account information, you may register through our website at www.memberservices.srs.illinois.gov and navigate to the link, "View PDF version on how to secure an ID". You will find the instructions for the one-time registration process that must be completed to access your account information online.

Q: *What is the Retirement Systems' Reciprocal Act?*

A: The Retirement Systems' Reciprocal Act provides that if a member has at least one year of pension credit established in more than one retirement system covered under the Reciprocal Act, then the service credit from all systems will be considered for vesting in all the systems. The purpose of the Act is to ensure full and continuous pension credit for service in public employment in the State of Illinois, and the transfer of employment from one governmental unit to another.

Q: *If I retire using the Reciprocal Act, will I receive one pension check each month?*

A: No. If you retire under the Reciprocal Act, you will receive a separate check each month from each system. GARS will coordinate with each reciprocal system to calculate your benefits and each system will pay you a proportional share of your total monthly benefit in separate checks each month.

Q: *What is the survivor contribution refund?*

A: A portion of your retirement contributions are kept in a separate fund in order to pay a survivor benefit upon your death. If you have contributed to the survivor benefit, are not married and do not have any other dependents at the time of retirement, you are entitled to a refund of these contributions. You may however, elect to keep the funds at GARS in case of future marriage. This is the final opportunity to apply for a survivor contribution refund. The refund cannot be taken after retirement.

Q: *What types of taxes are deducted from my GARS benefit?*

A: Benefits paid by GARS are considered ordinary income and are subject to federal withholding income tax. Benefits paid by GARS are exempt from Illinois income tax, as well as from all types of FICA withholdings.

Q: *Can my pension benefits be divided because of a divorce?*

A: Yes, if a Qualified Domestic Relations Order (QILDRO) has been issued by an Illinois Court. A QILDRO does not establish a new benefit, nor does it create a new member or beneficiary. Generally, the QILDRO orders the payment of a benefit to the spouse as the alternate payee. It may also be payable to a child or other dependent as the alternate payee.

Q: *Do I need to complete new payroll deduction cards for my optional outside insurance and credit union deductions, and if so, can I get them from GARS?*

A: If you are currently authorizing deductions from your paycheck for credit union, dues or private insurance policies, new cards (or copies of your existing cards) must be submitted to GARS and must also include the monthly total amount of the deduction. GARS does not have cards for payroll deductions. If you are currently enrolled in the NCPERS Voluntary Life Program (\$16 per month) and want premiums deducted from your retirement check, you must re-enroll. Visit their website at ncpers.memberbenefits.com/SRS, call 800-525-8056, or email ncpers@memberbenefits.com.