



Understanding Your Benefits



Revised 03/26/2026

General Contact Resources

Web Address:

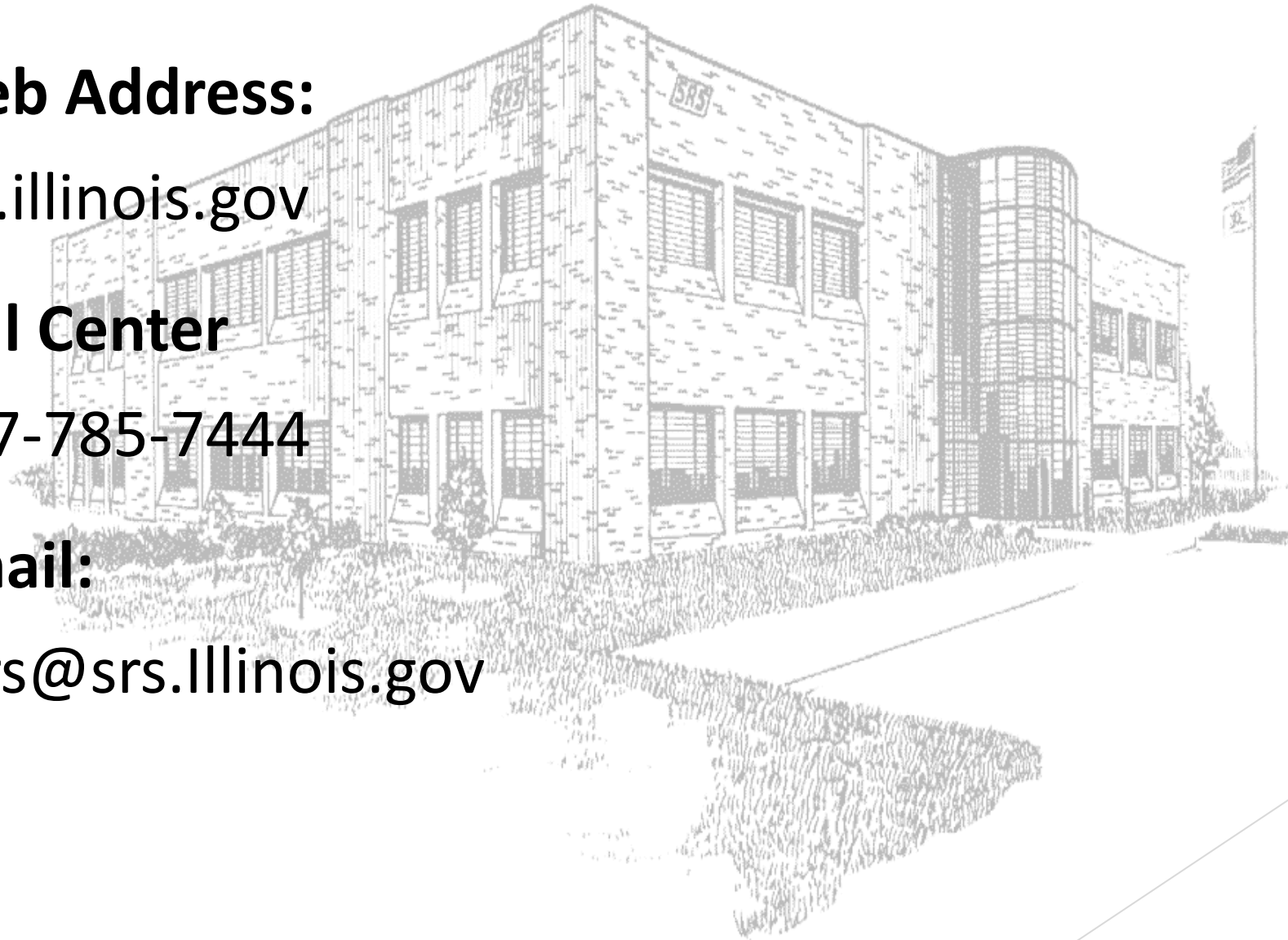
srs.illinois.gov

Call Center

217-785-7444

Email:

sers@srs.illinois.gov



**SRS Website/
SERS Website**



Select Language

Search

State Employees' Retirement System Judges' Retirement System General Assembly Retirement System

State Retirement Systems of Illinois

Member Services Login Instructions



Contacts



Support



Reciprocal Login

Helpful Links



Retirement Coordinators



Open IFBs/RFPs



Closed and Awarded IFBs/RFPs



Sign in using ILogin



Employer Services Login



Member Services Registration Instructional Video

State Employees' Retirement System



State Employees' Retirement System


Member Services
Login
Instructions


Workshops &
Webinars


Paystubs &
ePass


QILDRO
Information


Calculators

Retiree Corner

Helpful Links



Retiree Corner



Employer Resources



Employer Services Login



Sign in using ILogin



Pension Estimate Calculator
Instructional Video



Member Services Registration
Instructional Video





Retiree Corner

[Workshop/Webinar](#)[Tax Information](#)[Understanding Your Statement](#)[Important Forms](#)[Paystubs](#)[Insurance](#)[Who to Contact](#)

Retiree Corner

This section of the website is designed to assist Retirees and Survivors in understanding the benefits offered by SERS. These benefits include information to assist with taxes, insurance, life insurance, beneficiary information, contact information, and assistance with Forms. SERS also offers the Understanding Your Benefits workshop to explain these benefits in further detail.

[Workshop/Webinar](#)[Tax Information](#)[Understanding Your Statement](#)[Important Forms](#)[Paystubs](#)[Insurance](#)[Who to Contact](#)

SERS CONTACT INFORMATION

2101 S. Veterans Parkway
Springfield, IL 62704
Phone: 217-785-7444
Fax: 217-785-7019
[Email SERS](#)

HELPFUL LINKS

Illinois State Board of Investments
[Report SERS Fraud](#)
[Report JRS Fraud](#)
[Report GARS Fraud](#)

JRS/GARS CONTACT INFO

2101 S. Veterans Parkway
Springfield, IL 62704
Phone: 217-782-8500
Fax: 217-524-9039
[Email JRS](#)
[Email GARS](#)

FOR JRS/GARS MEMBERS ONLY
JRS/GARS representatives do not have the ability or authorization to access SERS member data, or to assist SERS members.

[Back to top ^](#)

Member Services

The background features a series of overlapping, semi-transparent geometric shapes in various shades of orange and brown, creating a modern, layered effect on the right side of the page.



State Retirement Systems of Illinois



Member Services Login Instructions



Contacts



Support



Reciprocal Login

Helpful Links



Retirement Coordinators



Open IFBs/RFPs



Closed and Awarded IFBs/RFPs



Sign in using ILogin



Employer Services Login



Member Services Registration Instructional Video

Member Services Login

ILogin

Sign In

Email or Username

Next

[Unlock account?](#)

[Help](#)

Don't have an account? [Sign up](#)

If you already have an account, sign in as usual

First time users should click "Sign up"



Sign up

Email

First name

Last name

Honorific suffix

Optional

Middle name

Optional

Password



Sign Up

[Already have an account?](#)

Doe, Jane - XXX-XX-9999 - [Member Id: 12-3456789]

Account as of
2/16/2023

SERS MEMBERSHIP RECORD

CALCULATORS

NOMINATED BENEFICIARIES

DEMOGRAPHICS

FORMS & APPLICATIONS

ANNUAL STATEMENTS

LETTERS

TERMS AND CONDITIONS

BASIC

Retirement System	State Employees' Retirement System
Status	Retired
Birth Date	2/4/1948
Age	75 years 0 months
Membership Date	01/01/1969
Tier	Tier 1

Doe, Jane - XXX-XX-9999 - [Member Id: 12-3456789]

Account as of
2/16/2023

SERS MEMBERSHIP RECORD

FEDERAL TAX WITHHOLDING CALCULATOR

CALCULATORS

[Federal Tax Withholding Calculator](#)

NOMINATED BENEFICIARIES

DEMOGRAPHICS

FORMS & APPLICATIONS

ANNUAL STATEMENTS

LETTERS

TERMS AND CONDITIONS

Federal Tax Withholding Calculator

CALCULATE FEDERAL TAX WITHHOLDING

Filing Status

Monthly Benefit Amount

Multiple Income

Dependent and Other Credits

Other Income

Deductions

Extra Withholding

Your Calculated Withholding Amount is: \$455.04

Calculate Cancel

January 2023 SRS benefit
by benefit based on your
shows your January 2023
se visit our Frequently

**Amount that Should
have been Withheld**

\$368.62

**Filing status
on W-4P Form
Step 1 (c) only**



Federal Tax Withholding Calculator

CALCULATE FEDERAL TAX WITHHOLDING

Filing Status

Monthly Benefit Amount

Multiple Income

Dependent and Other Credits

Other Income

Deductions


Extra Withholding

Your Calculated Withholding Amount is: \$955.04

Calculate

Cancel

Filing status (Step 1 (c)) and entering an extra withholding amount (Step 4 (c)) on W-4P Form Step 1 (c)



W-4P Federal Withholding Certificate

W-4P Using Current Tax Tables

Form W-4P Department of the Treasury Internal Revenue Service	Withholding Certificate for Periodic Pension or Annuity Payments		OMB No. 1545-0074
	Give Form W-4P to the payer of your pension or annuity payments.		2026
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.)		
	Caution: To claim certain credits or deductions on your tax return, you (and/or your spouse if married filing jointly) are required to have a social security number valid for employment. See page 2 for more information.		

A screenshot of a web-based calculator window titled "Federal Tax Withholding Calculator". The window has a blue header with a close button. Below the header is a grey button labeled "CALCULATE FEDERAL TAX WITHHOLDING". Underneath is a section for "Filing Status" with a dropdown menu currently set to "Single or Married filing separately".

Federal Tax Withholding Calculator	
CALCULATE FEDERAL TAX WITHHOLDING	
Filing Status	Single or Married filing separately

W-4P Using Current Tax Tables

Contact a qualified tax advisor for assistance with Step 2.

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 the 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, minus 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 pension/annuity, 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.

W-4P Using Current Tax Tables

Contact a qualified tax advisor for assistance with Step 3.

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):				
	(a) Multiply the number of qualifying children under age 17 by \$2,200	3(a)	\$		
	(b) Multiply the number of other dependents by \$500	3(b)	\$		
	(c) Add other credits, such as foreign tax credit and education tax credits. Enter the total here	3(c)	\$		
	Add the amounts from Steps 3(a), 3(b), and 3(c). Enter the total here			3	\$

W-4P Using Current Tax Tables

Contact a qualified tax advisor for assistance with Step 4 (a) & 4 (b).

Step 4: 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. Use the Deductions Worksheet on page 4 to determine the amount of deductions you may claim, which will reduce your withholding. (If you skip this line, your withholding will be based on the standard deduction.) Enter the result here . .	4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld from each payment .	4(c)	\$

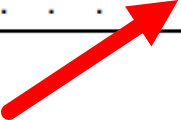


Extra Withholding ⓘ \$ 500.00

Your Calculated Withholding Amount is: \$955.04

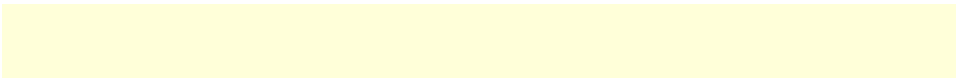
W-4P

No withholding	I request that no withholding be withheld from my payments. See <i>Choosing not to have income tax withheld on page 2</i> <input type="checkbox"/>
Step 5: Sign Here	<hr/> Your signature (This form is not valid unless you sign it.) Date <hr/>
For Privacy Act and Paperwork Reduction Act Notice, see page 3. Cat. No. 10225T Form W-4P (2026) Created 12/4/25	



If no withholdings are to be withheld from payments, the member must check the box labeled “No withholding” directly above Step 5.

W-4P



No withholding	I request that no withholding be withheld from my payments. See <i>Choosing not to have income tax withheld on page 2</i> <input type="checkbox"/>
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**Step 5:
Sign
Here**

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

Date

For Privacy Act and Paperwork Reduction Act Notice, see page 3.

Cat. No. 10225T

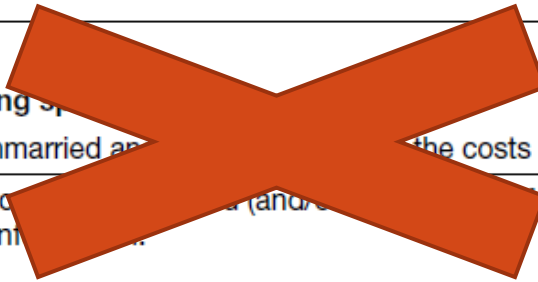
Form **W-4P** (2026) Created 12/4/25

No electronic signatures accepted.

W-4P Using a Flat Amount

(c) Single or Married filing separately
 Married filing jointly or Qualifying surviving spouse
 Head of household (Check only if you're unmarried and you pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

Caution: To claim certain credits or deductions on your tax return (and/or on a joint return if you're married filing jointly) are required to have a social security number valid for employment. See page 2 for more information.



Flat amount \$500

No withholding	I request that no withholding be withheld from my payments. See <i>Choosing not to have income tax withheld</i> on page 2 <input type="checkbox"/>				
Step 5: Sign Here	<table border="0"><tr><td style="border-bottom: 1px solid black; width: 70%;"></td><td style="border-bottom: 1px solid black; width: 30%;"></td></tr><tr><td>Your signature (This form is not valid unless you sign it.)</td><td>Date</td></tr></table>			Your signature (This form is not valid unless you sign it.)	Date
Your signature (This form is not valid unless you sign it.)	Date				

For Privacy Act and Paperwork Reduction Act Notice, see page 3. Cat. No. 10225T Form **W-4P** (2026) Created 12/4/25

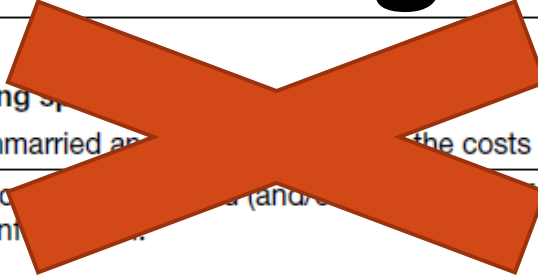
If you want a flat dollar amount withheld, do not fill out Step 1(c) or Step 4 (c). Leave Steps 2,3, and 4 blank. Instead, “Flat amount” and the desired dollar amount on the line above Step 5.

SERS will continue withholding the flat amount regardless of an increase in your pension amount until a new W-4P form is submitted to SERS.

W-4P Using a Percentage

- (c) Single or Married filing separately
- Married filing jointly or Qualifying surviving spouse
- Head of household (Check only if you're unmarried and you pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

Caution: To claim certain credits or deductions on your tax return (and to be eligible for certain benefits if you are married filing jointly) are required to have a social security number valid for employment. See page 2 for more information.



15% Withholding

No withholding I request that no withholding be withheld from my payments. See *Choosing not to have income tax withheld on page 2*

**Step 5:
Sign
Here**

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

Date

For Privacy Act and Paperwork Reduction Act Notice, see page 3.

Cat. No. 10225T

Form **W-4P** (2026) Created 12/4/25

If you want a percentage withheld, do not fill out Step 1(c) or Step 4 (c). Leave Steps 2,3, and 4 blank. Instead, enter the percentage desired for the withholding amount on the line above Step 5.

SERS will continue withholding the percentage amount until a new W-4P form is submitted to SERS.



Illinois State Income Tax Withholding Form 3965



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

217-785-7444
Fax: 217-524-9039
Email: voucheringsection@srs.illinois.gov

Illinois State Income Tax Withholding

Name *(Last, first, middle)*

SSN *(last 4)* or Member ID

Address *(Street)*

Phone number

(City, State, Zip)

Personal email address

Amount to be withheld from each benefit payment

\$ _____



Enter a Flat Amount

I request and authorize voluntary Illinois income tax withholding from my benefit payments.

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 SERS is a class 3 felony. I understand that if the SERS Board of Trustees has a reasonable suspicion that an attempt has been made to defraud SERS, it is required to report the matter to the appropriate State's Attorney for investigation.

Member signature _____

Date _____

A digital signature will not be accepted

Doe, Jane - XXX-XX-9999 - [Member Id: 12-3456789]

Account as of
2/16/2023

SERS MEMBERSHIP RECORD

CALCULATORS

NOMINATED BENEFICIARIES

DEMOGRAPHICS

FORMS & APPLICATIONS

ANNUAL STATEMENTS

LETTERS

TERMS AND CONDITIONS

SERS NOMINATED BENEFICIARIES

Order Number	Beneficiary Name	Date Added
1	ABRAHAM LINCOLN	10/27/2021
2	MARY TODD LINCOLN	10/27/2021

The beneficiaries listed above are your nominated beneficiaries to whom a lump sum death benefit will be payable at your death. Lump sum death benefits will be paid equally to surviving primary beneficiaries (those listed as #1). Secondary beneficiaries are only paid if no primary beneficiaries survive you. The same process applies to remaining beneficiaries with number 3 or greater.

You may have other nominated beneficiary forms to update for benefits through state-sponsored programs such as MetLife or the State's Deferred Compensation Plan.

UPDATE NOMINATED BENEFICIARIES

If you would like to change or update your beneficiaries, you may find the Beneficiary Nomination on the [Forms & Applications](#) tab.

Doe, Jane - XXX-XX-9999 - [Member Id: 12-3456789]

Account as of 2/16/2023

SERS MEMBERSHIP RECORD

CALCULATORS

NOMINATED BENEFICIARIES

DEMOGRAPHICS

FORMS & APPLICATIONS

ANNUAL STATEMENTS

LETTERS

TERMS AND CONDITIONS

PROFILE

Full Name	Jane Doe
SSN	XXX-XX-9999
Gender	Female
Birth Date	2/4/1948

ADDRESSES

Mailing Address	2101 South Veterans Parkway, Springfield, Illinois, 62704
Home	2101 South Veterans Parkway, Springfield, Illinois, 62704

To update an address, you must complete and submit the [Change of Information form](#) found on the [Member Services](#) page.

PHONE NUMBERS

Home ★	217-785-7444
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EMAIL ADDRESSES

Home ★	sers@srs.illinois.gov
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Doe, Jane - XXX-XX-9999 - [Member Id: 12-3456789]

Account as of
2/16/2023

SERS MEMBERSHIP RECORD

CALCULATORS

NOMINATED BENEFICIARIES

DEMOGRAPHICS

FORMS & APPLICATIONS

ANNUAL STATEMENTS

LETTERS

TERMS AND CONDITIONS

SERS MEMBER FORMS

ACCOUNT NUMBER CHANGE - SAME BANK 📄	Form 3867
BENEFICIARY NOMINATION 📄	Form 101
CHANGE OF INFORMATION 📄	Form 501
DIRECT DEPOSIT - NEW BANK 📄	Form 3967
FEDERAL WITHHOLDING 📄	Form W4P
ILLINOIS TAX WITHHOLDING REQUEST 📄	Form 3965
INITIAL DIRECT DEPOSIT 📄	Form 3967-Initial

SERS MEMBER PACKETS

No records found.

Doe, Jane - XXX-XX-9999 - [Member Id: 12-3456789]

Account as of
2/16/2023

SERS MEMBERSHIP RECORD

CALCULATORS

NOMINATED BENEFICIARIES

DEMOGRAPHICS

FORMS & APPLICATIONS

ANNUAL STATEMENTS

LETTERS

TERMS AND CONDITIONS

SERS ANNUAL STATEMENTS

SERS Retiree Statement	12/31/2024 SERS Retiree Statement 
SERS Retiree Statement	12/31/2023 SERS Retiree Statement 
SERS Retiree Statement	1/31/2023 SERS Retiree Statement 
SERS Retiree Statement	12/31/2021 SERS Retiree Statement 
SERS Retiree Statement	12/31/2020 SERS Retiree Statement 
SERS Retiree Statement	12/31/2019 SERS Retiree Statement 
SERS Retiree Statement	12/31/2018 SERS Retiree Statement 
SERS Retiree Statement	12/31/2017 SERS Retiree Statement 
SERS Retiree Statement	12/31/2016 SERS Retiree Statement 
SERS Retiree Statement	12/31/2015 SERS Retiree Statement 
SERS Retiree Statement	12/31/2014 SERS Retiree Statement 
SERS Retiree Statement	2/28/2014 SERS Retiree Statement 



Retiree Statements



www.srs.illinois.gov

STATE EMPLOYEES' RETIREMENT SYSTEM

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

Phone: 217-785-7444
TTD/TTY: 866-321-7625
Email: sers@srs.illinois.gov

Statement of Account as of 12/31/2024 Retiree

Member ID: 12-3456789

January 2025 Amounts

JOHN J DOE
2101 S. VETERANS PARKWAY
SPRINGFIELD, IL 62704

Retirement Annuity	\$4,626.68
Total Increases	+ \$897.81
Total Gross	= \$5,524.49
Total Deductions	- \$500.72
Net Benefit Amount	= \$5,023.77
Direct Deposit	YES

Calendar 2024 Totals	Total gross of \$64,362.96 minus total deductions of \$5,862.00 equals total net of \$58,500.96.		
Authorized Deductions	Deduction	January 2025	Calendar Year 2024
	Federal Tax Withheld	\$447.56	\$5,248.08
	State Health Insurance	\$2.46	\$29.52
	State Life Insurance	\$25.70	\$308.40
	State Dental Insurance	\$25.00	\$276.00
	Total Deductions	\$500.72	\$5,862.00
Group Insurance	Please visit mybenefits.illinois.gov for information concerning your State insurance benefits and costs. If you prefer to speak to a representative, please call 1-844-251-1777 or TTD/TTY 1-844-251-1778.		
Your life insurance beneficiary form is maintained by MetLife. You can contact them at 1-800-880-6394.			

Contributions	Your monthly annuity is payable for your lifetime. When you retired, you had contributions and interest in SERS amounting to \$159,408.37. Since your retirement, you have received benefits totaling \$156,386.33.
Level Income	Our records indicate that you did not elect level income or your benefit has already been reduced by the level income option you selected. No additional reduction in benefits will occur.
Death or Survivor Benefits	Our records indicate that at the time of retirement, you had an eligible survivor. Upon your death, your eligible survivor would receive a \$1,000 lump sum payment and a monthly annuity of approximately \$1,846.39, less ½ of any benefits your survivor is eligible to receive from Social Security. This annuity may change if the survivor has dependent or disabled children. The Social Security offset will not reduce the survivor benefits more than 50%. Your survivor will be required to pay the same portion of the State paid health insurance premiums that you are required to pay.
	However, if there is not an eligible survivor upon your death, your nominated beneficiaries will receive a lump sum benefit consisting of any remaining balance (Contributions and Interest) in your retirement account or \$500.00, whichever is greater.
Beneficiary Information	Lump sum death benefits will be paid equally to surviving primary beneficiaries (those listed as #1). Secondary beneficiaries are only paid if no primary beneficiaries survive you. The same process applies to remaining beneficiaries with number 3 or greater. 1 - JANE J DOE 1 - JOESEPH D DOE If you would like to change or update your beneficiaries, you may find the form at https://www2.illinois.gov/sites/SRS/SERS/Resources/Pages/Forms.aspx .

Retiree Statements



www.srs.illinois.gov

STATE EMPLOYEES' RETIREMENT SYSTEM

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

Phone: 217-785-7444
TTD/TYY: 866-321-7625
Email: sers@srs.illinois.gov

Statement of Account as of 12/31/2024

Retiree

JOHN J DOE
2101 S. VETERANS PARKWAY
SPRINGFIELD, IL 62704

Member ID: 12-3456789

January 2025 Amounts

Retirement Annuity	\$4,626.68
Total Increases	+ \$897.81
Total Gross	= \$5,524.49
Total Deductions	- \$500.72
Net Benefit Amount	= \$5,023.77
Direct Deposit	YES

Retiree Statements

<p>Calendar 2024 Totals</p>	<p>Total gross of \$64,362.96 minus total deductions of \$5,862.00 equals total net of \$58,500.96.</p>		
<p>Authorized Deductions</p>	<p>Deduction</p> <p>Federal Tax Withheld State Health Insurance State Life Insurance State Dental Insurance</p>	<p>January 2025</p> <p>\$447.56 \$2.46 \$25.70 \$25.00</p>	<p>Calendar Year 2024</p> <p>\$5,248.08 \$29.52 \$308.40 \$276.00</p>
	<p>Total Deductions</p>	<p>\$500.72</p>	<p>\$5,862.00</p>

Retiree Statements

Group Insurance

Your life insurance beneficiary form is maintained by MetLife. You can contact them at 1-800-880-6394.

Please visit mybenefits.illinois.gov for information concerning your State insurance benefits and costs. If you prefer to speak to a representative, please call 1-844-251-1777 or TTD/TTY 1-844-251-1778.

All aspects of the administration of the State Employees' Retirement System (SERS), including but not limited to benefit calculation and payment, must comply with state and federal law (40 ILCS 5/14). No employee of SERS has the authority to bind the System to take action contrary to the law, even in the event of a misstatement of law. Furthermore, while this statement describes SERS' current understanding of the law, this could change as a result of court opinions, statutory changes or other matters (e.g. Attorney General's opinions). Accordingly, SERS is required under law to correct any mistake in benefit amount, even after payments have begun. Use of any information from this statement, form or any other document provided by SERS is for general information only.

Reminder

- Annual Statements for Retirees and Survivors are available the second week of February every year.
- Annual Statements are no longer mailed; they are available in their Member Services Account under “Annual Statements”.

Contributions

If retiree contributed more than they received in benefits.

Contributions

Your monthly annuity is payable for your lifetime. When you retired, you had contributions and interest in SERS amounting to \$159,558.79. Since your retirement, you have received benefits totaling \$156,386.33.

If retiree contributed less than they received in benefits.

Contributions

Your monthly annuity is payable for your lifetime. When you retired, you had contributions and interest in SERS amounting to \$133,572.74. Since your retirement, you have received benefits totaling \$905,059.92.

Level Income

If retiree elected Level Income Option at retirement.

Level Income

Our records indicate that you retired under the level income option. Your benefit will be reduced by \$1,535.00 per month in 2025.

If retiree did not elect Level Income Option at retirement.

Level Income

Our records indicate that you did not elect level income or your benefit has already been reduced by the level income option you selected. No additional reduction in benefits will occur.

Survivor Benefits

Eligible Survivors

- Spouse/Civil Union Partner (married for at least one year)
- Minor Children (under age 18)
- Children under age 22 (unmarried/fulltime student)
- Dependent Disabled Children over age 18
- Dependent Parent (who is at least 50% financially dependent upon you)

Survivor vs. Beneficiary Benefits

- Survivor Benefit:
 - \$1,000 Lump Sum
 - Monthly Annuity if married for 1 year at time of member's death and survivor contributions are applicable
 - Insurance (possibly)

OR

- No Survivor:
 - Refund of contributions or \$500, whichever is greater to beneficiary

Survivor Contribution Refund

- The refund can only be taken at the time of retirement. If you take this refund and marry in the future, you may pay the refund back, with interest, after you have been married for one full year and reestablish benefits for your spouse. Contact SERS for more details.
- If you take the refund and do not pay it back prior to your death, no survivor benefits will be paid.

Death or Survivor Benefits

If elected Social Security Offset at retirement.

Death or Survivor Benefits

Our records indicate that at the time of retirement, you had an eligible survivor. You are reducing your pension by 3.825% to remove any Social Security Offset reduction. Upon your death, your eligible survivor would receive a \$1,000 lump sum payment and a monthly annuity of approximately \$1,454.34. This annuity may change if the survivor has dependent children or disabled children. Your survivor will be required to pay the same portion of the health insurance premiums that you are required to pay.

However, if there is not an eligible survivor upon your death, your nominated beneficiaries will receive a lump sum benefit consisting of any remaining balance (Contributions and Interest) in your retirement account or \$500.00, whichever is greater.

Death or Survivor Benefits

Did not elect Social Security Offset at retirement.

Death or Survivor Benefits

Our records indicate that at the time of retirement, you had an eligible survivor. Upon your death, your eligible survivor would receive a \$1,000 lump sum payment and a monthly annuity of approximately \$1,846.39, less ½ of any benefits your survivor is eligible to receive from Social Security. This annuity may change if the survivor has dependent or disabled children. The Social Security offset will not reduce the survivor benefits more than 50%. Your survivor will be required to pay the same portion of the State paid health insurance premiums that you are required to pay.

However, if there is not an eligible survivor upon your death, your nominated beneficiaries will receive a lump sum benefit consisting of any remaining balance (Contributions and Interest) in your retirement account or \$500.00, whichever is greater.

Examples of Social Security Offset

From age 50

SERS Pension at time of death	\$3,000.00
SERS Survivor Annuity	\$1,500.00
SSA Disabled Widow's Benefit	\$700.00

The disabled widow's benefit (\$700.00) is divided in half and subtracted from the SERS benefit.

SERS Survivor Annuity	\$1,500.00
1/2 SSA Disabled Widow's Benefit	- \$350.00
Survivor Annuity with Offset Applied	<u>\$1,150.00</u>

Examples of Social Security Offset

From age 60

SERS Pension at time of death	\$3,000.00
SERS Survivor Annuity	\$1,500.00
SSA Widow's Benefit	\$2,000.00

The widow's benefit (\$2,000.00) is divided in half and subtracted from the SERS survivor benefit.

SERS Survivor Annuity	\$1,500.00
1/2 SSA Widow's Benefit	- \$1,000.00
Survivor Annuity with Offset Applied	<u>\$500.00</u>

This would reduce the benefit to below 25% of the member's pension at time of death, so the survivor benefit would be \$750.00

Examples of Social Security Offset

From age 62

SERS Pension at time of death	\$3,000.00
SERS Survivor Annuity	\$1,500.00
SSA Widow's Benefit	\$2,000.00
SSA Benefit of Survivor	\$1,800.00

The amount of the survivor's own SSA benefit (\$1,800.00) is subtracted from the widow's Social Security benefit (\$2,000.00). This total (\$200.00) is divided in half and subtracted from the SERS survivor benefit.

SERS Survivor Annuity	\$1,500.00
1/2 Difference in SSA Benefits	- \$100.00
Survivor Annuity with Offset Applied	<u>\$1,400.00</u>

Examples of Social Security Offset

From age 62

SERS Pension at time of death	\$3,000.00
SERS Survivor Annuity	\$1,500.00
SSA Widow's Benefit	\$2,000.00
SSA Benefit of Survivor	\$2,100.00

Since the spouse's own SSA benefit is higher than the SSA widow's benefit, there is no offset to the SERS survivor benefit.

SERS Survivor Annuity	\$1,500.00
1/2 Difference in SSA Benefits	- \$0.00
Survivor Annuity with Offset Applied	<u>\$1,500.00</u>

Social Security Offset will not take place if:

- Member never paid into Social Security as a state worker: **NO OFFSET**
- Spouse received a higher SS benefit than member: **NO OFFSET AT 62**

SERS does not have access to view member Social Security benefits. Contact the Social Security Administration for that information.

Death or Survivor Benefits

If elected Widow/Survivor Refund at retirement.

Death or Survivor Benefits

Our records indicate that at the time of retirement, you did not have an eligible survivor. Upon your death, your named beneficiaries will receive a lump sum benefit consisting of any remaining balance in your retirement account or \$500.00, whichever is greater.

Our records indicate that you did not have an eligible survivor at the time you retired and, you received a survivor contribution refund. **If you believe you currently have an eligible survivor(s) (spouse, child(ren), civil union partner) and would like to provide a survivor benefit, you may repay your refund plus interest. Please contact SERS for details on eligibility and repayment options.**

Beneficiaries

If retiree has beneficiaries on file with SERS.

Beneficiaries

Lump sum death benefits will be paid equally to surviving primary beneficiaries (those listed as #1). Secondary beneficiaries are only paid if no primary beneficiaries survive you. The same process applies to remaining beneficiaries with number 3 or greater.

- 1 – JANE J DOE
- 1 – JOSEPH D DOE

If you would like to change or update your beneficiaries, you may find the form at <https://www2.illinois.gov/sites/SRS/SERS/Resources/Pages/Forms.aspx>.

Beneficiaries

If retiree has no beneficiaries on file with SERS.
Form 101 Death Benefit Beneficiary Designation
is required to add or update beneficiaries.

Beneficiaries

You have no beneficiaries nominated; your estate will receive any remaining contributions upon your death. Contact SERS to obtain a Beneficiary form.

If you would like to change or update your beneficiaries, you may find the form at <https://www2.illinois.gov/sites/SRS/SERS/Resources/Pages/Forms.aspx>.

Survivor Statements



www.srs.illinois.gov

STATE EMPLOYEES' RETIREMENT SYSTEM

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

Phone: 217-785-7444
TTD/TTY: 866-321-7625
Email: sers@srs.illinois.gov

Statement of Account as of 12/31/2024 Survivor

JOHN J DOE
2101 S. VETERANS PARKWAY
SPRINGFIELD, IL 62704

Member ID: 65-7947277
January 2025 Amounts
Survivor Annuity \$1,740.20
Total Increases + \$105.98
Total Gross = \$1,846.18
Total Deductions - \$15.00
Net Benefit Amount = \$1,831.18
Direct Deposit YES

Calendar 2024 Totals	Total gross of \$21,508.92 minus total deductions of \$168.00 equals total net of \$21,340.92.		
Authorized Deductions	Deduction	January 2025	Calendar Year 2024
	Federal Tax Withheld	\$0.00	\$0.00
	State Dental Insurance	\$15.00	\$168.00
	Total Deductions	\$15.00	\$168.00
Group Insurance	Please visit mybenefits.illinois.gov for information concerning your State insurance benefits and costs. If you prefer to speak to a representative, please call 1-844-251-1777 or TTD/TTY 1-844-251-1778.		
Your life insurance beneficiary form is maintained by MetLife. You can contact them at 1-800-880-6394.			

Death Benefits

Upon the death of the last eligible survivor, any member contributions and interest in excess of all annuity payments to the member and survivor(s) shall be paid to the named beneficiaries of the last eligible survivor (or to the estate if no beneficiaries exist).

Survivor Statements



www.srs.illinois.gov

STATE EMPLOYEES' RETIREMENT SYSTEM

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

Phone: 217-785-7444
TTD/TYY: 866-321-7625
Email: sers@srs.illinois.gov

Statement of Account as of 12/31/2024

Survivor

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Survivor Statements

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	Federal Tax Withheld	\$0.00	\$0.00
	State Dental Insurance	\$15.00	\$168.00
	Total Deductions	\$15.00	\$168.00

Survivor Statements

Group Insurance

Your life insurance beneficiary form is maintained by MetLife. You can contact them at 1-800-880-6394.

Please visit mybenefits.illinois.gov for information concerning your State insurance benefits and costs. If you prefer to speak to a representative, please call 1-844-251-1777 or TTD/TTY 1-844-251-1778.

All aspects of the administration of the State Employees' Retirement System (SERS), including but not limited to benefit calculation and payment, must comply with state and federal law (40 ILCS 5/14). No employee of SERS has the authority to bind the System to take action contrary to the law, even in the event of a misstatement of law. Furthermore, while this statement describes SERS' current understanding of the law, this could change as a result of court opinions, statutory changes or other matters (e.g. Attorney General's opinions). Accordingly, SERS is required under law to correct any mistake in benefit amount, even after payments have begun. Use of any information from this statement, form or any other document provided by SERS is for general information only.

Survivor Statements

Death Benefits

Upon the death of the last eligible survivor, any member contributions and interest in excess of all annuity payments to the member and survivor(s) shall be paid to the named beneficiaries of the last eligible survivor (or to the estate if no beneficiaries exist).

Doe, Jane - XXX-XX-9999 - [Member Id: 12-3456789]

Account as of 2/16/2023

SERS MEMBERSHIP RECORD

CALCULATORS

NOMINATED BENEFICIARIES

DEMOGRAPHICS

FORMS & APPLICATIONS

ANNUAL STATEMENTS

LETTERS

TERMS AND CONDITIONS

SERS RETURNED TO WORK LETTERS

[SERS Returned To Work 70 Days Letter](#) 📄

6/1/2018

[SERS Returned To Work 60 Days Letter](#) 📄

5/16/2018

[SERS Returned To Work Initial Letter](#) 📄

5/2/2018

SERS RETIREMENT BENEFIT LETTERS

[SERS Income Verification](#) 📄

[SERS Income Verification for a Selected Date Range](#) 📄

[SERS Income Verification with Itemized Deductions](#) 📄

← This option is only available for retirees who have returned to work on a 75-Day Contract



Income Verification Letter without Deductions



2/16/2023

JANE DOE
2101 SOUTH VETERANS PARKWAY
SPRINGFIELD, IL 62704

Member ID: 12-3456789

Dear MS. Doe,

This letter is in reference to your recent request for verification of your monthly Retirement Annuity from the State Employees' Retirement System.

As of February 01, 2023, you are receiving a monthly Retirement Annuity in the gross amount of \$4,623.19. This is a lifetime annuity.

Should you have questions, contact SERS at (217) 785-7444 and you will be directed to the Vouchering Section.

Income Verification Letter with Deductions (Page 1)



02/16/2023

JANE DOE
2101 SOUTH VETERANS PARKWAY
SPRINGFIELD, IL 62704

Member ID: 12-3456789

Dear Ms. Doe,

This letter is in reference to your recent request for verification of your monthly Retirement Annuity from the State Employees' Retirement System.

As of August 01, 2023, you are receiving a monthly Retirement Annuity in the gross amount of \$4,623.19. We are currently deducting \$368.62 for federal taxes, \$2.46 for health insurance, \$23.00 for dental insurance and \$2.95 for life insurance. The net benefit amount after taxes and deductions is \$4,226.16. A detailed listing is shown on the next page. This is a lifetime annuity.

Should you have questions, contact SERS at (217) 785-7444 and you will be directed to the Vouchering Section.

Income Verification Letter with Deductions (Page 2)



Jane Doe
Member ID: 12-3456789

August 19, 2023 Amounts

Total Gross	= \$4,623.19
Total Authorized Deductions (See Below)	- \$397.03
Net Benefit Amount	= \$4,226.16

Group Insurance Premium – Monthly Deductions as of August 31, 2023

Plan	Total
Health Plan	\$2.46
Quality Care Dental Plan	\$23.00
State Life Insurance	\$2.95
Vision Benefit Plan	N/A
Total Cost	\$28.41

Income Verification

Letter with Deductions (Page 2)

Authorized Deductions

August 19, 2023

Total Group Insurance Premium

\$28.41

Federal Tax Withheld

\$368.62

State Tax Withheld

\$0.00

SERS Income Verification for a Selected Date Range



3/19/2025

This letter provides you with the cumulative amount of your authorized deductions by category from January 1, 2024 through December 31, 2024.

Between January 1, 2024 and December 31, 2024 your cumulative gross pension amount totaled \$57,142.68. The cumulative amounts of your authorized deductions for this period include \$4,419.12 for federal taxes, \$29.52 for health insurance premiums, \$276.00 for dental insurance premiums, and \$35.40 for life insurance premiums. Your cumulative net payment amount for this period totaled \$52,382.64.

Should you have questions, contact SERS at (217) 785-7444 and you will be directed to the Vouchering Section.

Doe, Jane - XXX-XX-9999 - [Member Id: 12-3456789]

Account as of
2/16/2023

[SERS MEMBERSHIP RECORD](#)[CALCULATORS](#)[NOMINATED BENEFICIARIES](#)[DEMOGRAPHICS](#)[FORMS & APPLICATIONS](#)[ANNUAL STATEMENTS](#)[LETTERS](#)[TERMS AND CONDITIONS](#)

TERMS AND CONDITIONS

By using the State Retirement Systems Member Services website, you agree to the following terms and conditions:

- Only certain areas of the State Retirement Systems ("SRS") Member Services website will be available to you. These include educational and informational sections as well as your own personal data and a means of electronically communicating with SRS staff.
- You agree to use the SRS website only to access your own information, communicate with SRS staff and learn from the educational areas of the site.
- You agree to not access or make any attempt to access information of any member other than yourself.
- You agree to take all reasonable and appropriate measures to protect the information accessed from the SRS Member Services website and to prevent unauthorized access to the website by third parties.
- SRS does not assume any responsibility for security issues arising from a member's misuse of the Member Services website.
- The information displayed on the SRS Member Services website reflects the current records of SRS, and these records and information can change because of an audit or because of new data received from a member, an employer or another retirement system.
- The right to access the SRS Member Services website can be terminated with or without notice at any time by SRS. SRS reserves the right to limit access to the website for maintenance, upgrading or any other reasons determined appropriate by SRS in its sole discretion.
- The SRS Member Services website uses transactional cookies essential to enhancing your browsing experience by allowing access to various features of this site. In accordance with the Illinois State Agency Website Act (5 ILCS 177/10), SRS does not use any invasive tracking programs to monitor or track website viewing habits.
- In accordance with the Personal Information Protection Act (815 ILCS 530/5), SRS has made reasonable efforts to protect personal information under the Systems' control from unauthorized access, use, disclosure, deletion, destruction, damage, or removal. In the unlikely event of a data breach, SRS shall notify the members impacted and the appropriate law enforcement authorities.
- If you have questions about anything on the SRS website please submit them electronically at Support@srs.illinois.gov or call the SRS Help Desk at (217) 782-4202.

1099-R Form

1099-R Form

VOID CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		1 Gross distribution		OMB No. 1545-0119	
		\$		2025 Form 1099-R	
		2a Taxable amount			
		\$			
		2b Taxable amount not determined <input type="checkbox"/>		Total distribution <input type="checkbox"/>	
PAYER'S TIN	RECIPIENT'S TIN	3 Capital gain (included in box 2a)		4 Federal income tax withheld	
		\$		\$	
RECIPIENT'S name		5 Employee contributions/ Designated Roth contributions or insurance premiums		6 Net unrealized appreciation in employer's securities	
		\$		\$	
Street address (including apt. no.)		7 Distribution code(s)		8 Other	
				IRA/SEP/SIMPLE <input type="checkbox"/>	
City or town, state or province, country, and ZIP or foreign postal code		9a Your percentage of total distribution		9b Total employee contributions	
		%		\$	
10 Amount allocable to IRR within 5 years	11 1st year of desig. Roth contrib.	12 FATCA filing requirement	14 State tax withheld	15 State/Payer's state no.	16 State distribution
\$		<input type="checkbox"/>	\$		\$
Account number (see instructions)		13 Date of payment		17 Local tax withheld	
				\$	
				18 Name of locality	
				\$	
				19 Local distribution	
				\$	

Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

Copy 1
For State, City, or Local Tax Department

1099-R/Tax Information


VOID CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.	1 Gross distribution	OMB No. 1545-0119 2025 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
	2a Taxable amount		

- Gross distribution in **Box 1** is the total benefit amount you received during the last calendar year.
- Taxable amount in **Box 2A** is the benefit amount subject to federal income tax.

1099-R/Tax Information


PAYER'S TIN	RECIPIENT'S TIN	3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$
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- Federal income tax withheld in **Box 4** is the amount of federal withholding deducted based on your W4-P on file with SERS or is based on mandatory withholding for lump sum distributions.

1099-R/Tax Information

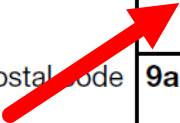
RECIPIENT'S name	5 Employee contributions/ Designated Roth contributions or insurance premiums \$		6 Net unrealized appreciation in employer's securities \$
Street address (including apt. no.)	7 Distribution code(s)	IRA/ SEP/ SIMPLE <input type="checkbox"/>	8 Other \$ %
City or town, state or province, country, and ZIP or foreign postal code	9a Your percentage of total distribution %	9b Total employee contributions \$	



- Employee contributions in **Box 5** is the amount of your benefit that was nontaxable during the calendar year.
- SERS uses **Box 5** for contributions only.
- Insurance premiums paid are not reported on box 5. Insurance premiums paid are reported on your annual statement.

1099-R/Tax Information

RECIPIENT'S name	5 Employee contributions/ Designated Roth contributions or insurance premiums \$		6 Net unrealized appreciation in employer's securities \$	
Street address (including apt. no.)	7 Distribution code(s)	IRA/ SEP/ SIMPLE <input type="checkbox"/>	8 Other	%
City or town, state or province, country, and ZIP or foreign postal code	9a Your percentage of total distribution %		9b Total employee contributions \$	



- Distributions codes in **Box 7** is the IRS code relating to the type of benefit being paid; pension, disability, etc.
- SERS does not send 1099Rs with incorrect coding. Those under 59 ½ will have a distribution code of 2, meaning you should not be charged the 10% excise tax because of an exemption. Once you reach age 60 the distribution code will read 7.

1099-R/Tax Information

10 Amount allocable to IRR within 5 years \$	11 1st year of desig. Roth contrib.	12 FATCA filing requirement <input type="checkbox"/>	14 State tax withheld \$ \$	15 State/Payer's state no.	16 State distribution \$ \$
Account number (see instructions)		13 Date of payment	17 Local tax withheld \$ \$	18 Name of locality	19 Local distribution \$ \$

- State tax withheld in **Box 14** is the total amount of Illinois state income tax withheld by request only.
- Additional funds can be withheld by submitting the Illinois State Income Tax Withholding (Form 3965).

1099-R/Tax Information

- If you are receiving multiple benefits from SERS, you will receive a 1099-R Form for each benefit received throughout that tax year.

For example: members receiving a survivor benefit and a retirement benefit.

1099-R/Tax Information

- If you don't receive your 1099-R Form by February 15th, contact SERS for a copy. Duplicate 1099R Forms will only be mailed to the current address SERS has on file for you.
- 1099-R forms are sent by the Illinois Comptroller's Office by January 31st of each year.

Insurance

The background features a complex, abstract design of overlapping geometric shapes in various shades of orange and brown. The shapes are primarily triangles and polygons, creating a layered, dynamic effect. The colors range from light, almost white, to deep, dark brown, with many intermediate tones. The overall composition is modern and minimalist, with the text 'Insurance' positioned on the left side of the frame.

Today's information is based on current CMS policy and is subject to change

- Legislation
- Contract Negotiations
- Policy/Rule Changes

In Order to Qualify for State Insurance

- You must be vested with SERS and collecting a monthly annuity from SERS

Changes to Insurance Can be Made During:

- Retirement
- A Qualifying Life Event
- Benefit Choice period (Non-Medicare)
- TRAIL Enrollment Period (Medicare)

State Group Insurance

- Premiums for State insurance will be automatically deducted
- If your check is not sufficient to deduct premiums, CMS will bill you

Opt-Out Financial Incentive

SERS Retirees Only

- Must be enrolled in state insurance at the time of retirement to qualify for the incentive option
- Must provide proof of another health insurance plan
- Must be Non-Medicare
- Tax withholding will apply, **CMS** pays for incentive
- \$150 per month less than 20 years
- \$500 per month 20 years or more
- Still eligible for life insurance
- Not eligible for health, dental, vision, or prescription coverage

Health Insurance for Retirees

Member health insurance premiums are based upon the following:

20 or more years of service:

- Premium Free

Less than 20 years of service:

- The state will contribute 5% of the cost of health insurance for each full year of service

Survivor Insurance

Basic Information

Survivor Eligibility:

Deceased member must have been vested in SERS:

- Tier 1 member: 8 years
- Tier 2 member: 10 years

Survivor must be eligible to receive a monthly annuity:

- Married at least 1 year prior to the member's death
- Age 50 and over, unless there is a dependent child or children
- Survivor cost for Health Insurance will be the same amount that the deceased member paid

What is Medicare?

Medicare* is a federal health insurance program for individuals 65 and older, individuals under age 65 with certain disabilities and individuals at any age with End Stage Renal Disease.

*See the Medicare Fact Sheet for more information.

Please Note

Member and dependents are required to apply for Medicare once they meet Medicare eligibility.

If you and/or your dependents receive or have Medicare cards from SSA, please send a copy of the card(s) to the CMS Medicare Coordination of Benefits Unit to ensure your insurance is coded correctly to avoid claim and/or premium errors.

Regular Health Plan Eligibility

- Member (Non-Medicare Eligible)
- Member +1 Dependent
Both Non-Medicare Eligible
- Member +2 or more Dependents
All Non-Medicare Eligible
- Member +2 or more Dependents
Mixture of Medicare and Non-Medicare Eligible

Regular Health Plan

Member Premium Cost (20+ Years Free)

Number of full years of service	State Pays	QCHP Coverage Member Pays		HMO Coverage Member Pays	
		Medicare	Non-Medicare	Medicare	Non-Medicare
		Total Rate	Total Rate	Total Rate	Total Rate
0	0%	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX
1	5%	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX
2	10%	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX
3	15%	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX
4	20%	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX
5	25%	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX
6	30%	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX
7	35%	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX
8	40%	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX
9	45%	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX
10	50%	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX
11	55%	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX
12	60%	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX
13	65%	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX
14	70%	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX
15	75%	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX
16	80%	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX
17	85%	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX
18	90%	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX
19	95%	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX
20+	100%	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX

Current cost figures available on the Insurance Section of the SERS website.

Regular Health Plan

Dependent Premium Cost

- Rates are the same for dependents of retirees and employees (located in current Benefit Choice booklet or online at mybenefits.Illinois.gov)
- If a dependent is Medicare Prime, health insurance rate will reduce if member is retired

Regular Health Plan Dependent Premium Cost

Number of Dependents	Aetna HMO	Blue Advantage	Health Alliance Illinois	HMO Illinois	Aetna OAP	BCBSIL OAP	Health Link OAP	CDHP	QCHP
1 Dependent	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX
2+ Dependents	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX
1 Medicare A & B Primary Dependent	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX
2+ Medicare A & B Primary Dependents	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX

Current cost figures available in the Benefit Choice Booklet, available on the Insurance Section of the SERS website.

Member Opt-In for Regular Insurance

- Benefit Choice Period (May 1-May 31)
- Qualifying life event*

* Contact SERS for assistance with qualifying life events.

TRAIL Medicare Advantage Prescription Drug (MAPD) Plan Eligibility

- Member (Medicare Eligible)
- Dependent (Medicare Eligible)
- Member +1 Dependent
(Both Medicare Eligible)
- Member +2 or More Dependents
(All Medicare Eligible)

TRAIL MAPD Health Plan

Member Premium Cost

Years of Service	Member's Responsibility: Percentage of Cost	Aetna MAPD PPO
0	100%	\$XX.XX
1	95%	\$XX.XX
2	90%	\$XX.XX
3	85%	\$XX.XX
4	80%	\$XX.XX
5	75%	\$XX.XX
6	70%	\$XX.XX
7	65%	\$XX.XX
8	60%	\$XX.XX
9	55%	\$XX.XX
10	50%	\$XX.XX
11	45%	\$XX.XX
12	40%	\$XX.XX
13	35%	\$XX.XX
14	30%	\$XX.XX
15	25%	\$XX.XX
16	20%	\$XX.XX
17	15%	\$XX.XX
18	10%	\$XX.XX
19	5%	\$XX.XX
20+	0%	\$XX.XX

Current cost figures available in the Benefit Choice Booklet, available on the SERS website.

TRAIL MAPD Health Plan Dependent Premium Cost

One Dependent	Two or More Dependents
\$XX.XX	\$XX.XX

Current cost figures available in the TRAIL MAPD Initial Enrollment Guide, available on the Insurance Section of the SERS website.

Split Family Member +1 Dependent

- Effective 7/1/2025, individuals that are Medicare eligible cannot remain on a retiree medical health plan.
- Accounts that have both Medicare/Non-Medicare individuals will result in split family coverage, where family members may be on different health plans.

Split Family Health Program

Retired Member +1 Dependent Only

- Retiree members **will not** participate in split family Health Program if the member has 2 or more dependents
 - State members with 2 or more covered dependents will remain in retiree health when they are Medicare and Non-Medicare Eligible
 - Split family will not be evaluated until coverage level becomes Member + 1 dependent or all covered dependents become Medicare eligible (State only)
- Member must be enrolled in coverage for dependent to have coverage
- Only **covered** dependents are evaluated in process

Split Family Health Plan Eligibility

- Member +1 Dependent
(Member is Medicare Eligible and
Dependent is Non-Medicare Eligible)
- Member +1 Dependent
(Member is Non-Medicare Eligible and
Dependent is Medicare Eligible)

Split Family Member +1 Dependent

Example 1:

Member (Eligible for Medicare) → enrolls in TRAIL MAPD Health Plan

Dependent (Non-Medicare Eligible) → enrolls as a dependent in a Regular Health Plan

Example 1 Split Family

TRAIL MAPD Member Premium Cost

- Member (Medicare Eligible)
- Member pays for cost of TRAIL program (20+ Years Free).

Years of Service	Member's Responsibility: Percentage of Cost	Aetna MAPD PPO
0	100%	\$XX.XX
1	95%	\$XX.XX
2	90%	\$XX.XX
3	85%	\$XX.XX
4	80%	\$XX.XX
5	75%	\$XX.XX
6	70%	\$XX.XX
7	65%	\$XX.XX
8	60%	\$XX.XX
9	55%	\$XX.XX
10	50%	\$XX.XX
11	45%	\$XX.XX
12	40%	\$XX.XX
13	35%	\$XX.XX
14	30%	\$XX.XX
15	25%	\$XX.XX
16	20%	\$XX.XX
17	15%	\$XX.XX
18	10%	\$XX.XX
19	5%	\$XX.XX
20+	0%	\$XX.XX

Split Family Member +1 Dependent

Example 2:

Member (Non-Medicare Eligible) → enrolls in a Regular Health Plan

Dependent (Medicare Eligible) → enrolls as a dependent in the TRAIL MAPD Health Plan

Example 2 Split Family

Regular Health Plan Member Premium Cost

- Member (Non-Medicare Eligible)
- Member pays for Regular Retiree Health Plan.

Number of full years of service	State Pays	QCHP Coverage Member Pays		HMO Coverage Member Pays	
		Medicare	Non-Medicare	Medicare	Non-Medicare
		Total Rate	Total Rate	Total Rate	Total Rate
0	0%	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX
1	5%	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX
2	10%	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX
3	15%	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX
4	20%	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX
5	25%	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX
6	30%	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX
7	35%	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX
8	40%	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX
9	45%	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX
10	50%	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX
11	55%	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX
12	60%	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX
13	65%	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX
14	70%	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX
15	75%	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX
16	80%	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX
17	85%	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX
18	90%	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX
19	95%	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX
20+	100%	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX

Example 2 Split Family

TRAIL MAPD Dependent Premium Cost

- Dependent (Medicare Eligible)
- Dependent cost of TRAIL program.

One Dependent	Two or More Dependents
\$XX.XX	\$XX.XX

Split Family

Benefit Choice Open Enrollment

- During the Benefit Choice Open Enrollment Period in May, the Medicare eligible member or dependent will be required to enroll in the TRAIL MAPD plan for coverage effective July 1, 2025.
- If the member is eligible, failure to enroll will result in the termination of coverage for the member and any covered dependents.
- If the dependent is eligible, failure to enroll will result in the termination of the dependent's coverage.

Life Insurance

The background features a series of overlapping, semi-transparent geometric shapes in various shades of orange and brown, creating a modern, abstract design. The shapes are primarily triangles and polygons, some pointing towards the top right and others towards the bottom right, set against a plain white background.

State Life Insurance Examples

Working/Retired Age 59 and 11 months or under

- \$50,000 – Basic Life, annual salary – Free
- \$200,000 – 4X Optional – up to 8x allowed
- \$250,000 – Combined AD&D – \$/month
- \$10,000 – Child Life – \$/month
- \$10,000 – Spouse Life – \$/month
(if spouse is age 59 or younger)

State Life Insurance Examples

Retired age 60 and above

- \$5,000 – Basic Life – Free
- \$20,000 – 4X Optional – \$/month
- \$25,000 – Combined AD&D – \$/month
- \$10,000 – Child Life – \$/month
- \$5,000 – Spouse Life – \$/month
(if spouse is age 60 or above)

Additional Insurance

- Dental coverage is a separate cost through Delta Dental
- Vision is part of your Health Insurance Premium through Eye Med

Dates to Remember

Annual Benefit Choice Period

May 1 – May 31

Annual Medicare TRAIL Enrollment Period

October 15 – November 16

Contact MyBenefits to enroll

Toll Free (844) 251-1777

TTY Toll Free (844) 251-1778

mybenefits.illinois.gov

Important Forms for Retirees and Survivors



Change of Information Form 501





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

217-785-7444
Email: sers@srs.illinois.gov
Fax: 217-524-9039

Change of Information Form

This form may be used by benefit recipients only when making address or name changes.

Check the box that applies to your status with SERS. Please print or type all information below.

Pension Survivor Disability Inactive QILDRO payee

Name of Member _____

Check the box to indicate what information is changing.

SSN (last 4) or Member ID _____

Name change* Address change Email address Phone Number

**Note: If you are completing for a name change, a photocopy of one of the following documents is required with this form:
Marriage certificate, divorce decree (first page, name change section and page with judge's signature) or court order.*

Section 1 - Residential Address

Member information

Name (Last, first, middle) _____

Effective date of change _____

Residential address (Street) (No P.O. Box) _____

SSN (last 4) or Member ID _____

(City, State, Zip) _____

Date of birth _____

Personal email address _____

Phone number(s) _____

(H) _____

(C) _____

Section 1 - Residential Address

Member information

Name *(Last, first, middle)*

Effective date of change

Residential address *(Street) (No P.O. Box)*

SSN *(last 4)* or Member ID

(City, State, Zip)

Date of birth

Personal email address

Phone number(s)

(H)

(C)

Section 1 is the physical residential address of the member, even if the member has a POA or guardian.

Section 2 - Mailing Address

If same as residential address, mark this box.

Complete the following only if you wish to receive your mail at a location other than your residential address.

Name *(if POA/Guardian, attach corresponding document unless prev. submitted.)*

Mailing address *(Street)*

If POA or guardian, provide phone number

(City, State, Zip)

Email address

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 SERS is a class 3 felony. I understand that if the SERS Board of Trustees has a reasonable suspicion that an attempt has been made to defraud SERS, it is required to report the matter to the appropriate State's Attorney for investigation.

Member signature

(Digital Signatures are NOT accepted)

Date

501 (R-10/25)

The member's Power of Attorney or Guardian needs to complete section 2, if applicable. SERS will only accept Power of Attorney for Property (no medical).



Direct Deposit

Same Bank Form 3867



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

217-785-7444
Email: voucheringsection@srs.illinois.gov
Fax: 217-524-9039

Direct Deposit Account Number Change at the Same Bank Request

For use when current routing number remains unchanged

Member/payee information

Name *(Last, first, middle)*

SSN *(last 4)* or Member ID

Address *(Street)*

Phone number(s)

(City, State, Zip)

(H)

(C)

Email address

Financial Institution information

Financial institution name _____

Account holders name(s) _____

New Account Type

Checking account Savings account

Routing Number *(must be unchanged in order to proceed)*

--	--	--	--	--	--	--	--	--	--

Previous Account Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

New Account Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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 SERS is a class 3 felony. I understand that if the SERS Board of Trustees has a reasonable suspicion that an attempt has been made to defraud SERS, it is required to report the matter to the appropriate State's Attorney for investigation.

Member signature _____

A digital signature will not be accepted

Date _____

Joint account holder signature *(if any)* _____

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

Date _____



Initial Direct Deposit Form 3967-initial (For Members without Direct Deposit)



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

217-785-7444
Email: voucheringsection@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)

Phone number(s)

(City, State, Zip)

(H)

(C)

Personal Email address

Signature

I, the above-designated payee, am receiving a monthly benefit from SERS. I hereby authorize SERS to forward such payments by electronic fund transfer to the financial institution indicated below, and I hereby authorize the financial institution to credit the amounts of those payments to the account listed below. This authority is to remain in full effect until my death or the end of my eligibility period, or until SERS has received written notice from me of its termination (provided the notice is submitted in a time and manner that allows SERS to act on the termination request).

I hereby acknowledge that my monthly benefits terminate at the end of the month of my death or my eligibility period. Accordingly, I agree that if any benefit payments to which I am not entitled shall have been received by my financial institution, I or we (if my account is a joint account) hereby authorize and direct my financial institution to refund the same to SERS and charge such refund payments to the account listed below, or to the extent money has been withdrawn from the account listed below by any other of the undersigned, to charge such refund payments to any other account which we, individually or jointly, may have in such financial institution. I further direct my financial institution to provide SERS with the names and addresses of all individuals that are joint account holders as of the date that the request is submitted by SERS. I or we (if my account is a joint account) further agree to hold harmless my financial institution for any action taken pursuant to or in compliance with this depository agreement.

By signing below, I certify this information is correct. I am aware that, under the Illinois Pension Code (40 ILCS 5/1-135), any person who knowingly makes any false statement or falsifies or permits to be falsified a record in an attempt to defraud SERS is guilty of a Class 3 felony. I understand that, if the SERS Board of Trustees has a reasonable suspicion that an attempt has been made to defraud SERS, 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. A digital signature will not be accepted)

Joint account holder signature (if any) _____

Date _____

Financial Institution Acceptance *(This portion must 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 financial institution official

Date



Direct Deposit Different Bank Form 3967



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

217-785-7444
Email: voucheringsection@srs.illinois.gov
Fax: 217-524-9039

Direct Deposit Agreement for Benefit Payments

Member/Payee Information

Name *(Last, first, middle)*

SSN *(last 4)* or Member ID

Address *(Street)*

Phone number(s)

(City, State, Zip)

(H)

(C)

Home Email address

Prior ACH Routing number*

Prior Account number*

**You only need to provide this information if you are changing your direct deposit account to a new financial institution.*

Signature

I, the above-designated payee, am receiving a monthly benefit from SERS. I hereby authorize SERS to forward such payments by electronic fund transfer to the financial institution indicated below, and I hereby authorize the financial institution to credit the amounts of those payments to the account listed below. This authority is to remain in full effect until my death or the end of my eligibility period, or until SERS has received written notice from me of its termination (provided the notice is submitted in a time and manner that allows SERS to act on the termination request).

I hereby acknowledge that my monthly benefits terminate at the end of the month of my death or my eligibility period. Accordingly, I agree that if any benefit payments to which I am not entitled shall have been received by my financial institution, I or we (if my account is a joint account) hereby authorize and direct my financial institution to refund the same to SERS and charge such refund payments to the account listed below, or to the extent money has been withdrawn from the account listed below by any other of the undersigned, to charge such refund payments to any other account which we, individually or jointly, may have in such financial institution. I further direct my financial institution to provide SERS with the names and addresses of all individuals that are joint account holders as of the date that the request is submitted by SERS. I or we (if my account is a joint account) further agree to hold harmless my financial institution for any action taken pursuant to or in compliance with this depository agreement.

By signing below, I certify this information is correct. I am aware that, under the Illinois Pension Code (40 ILCS 5/1-135), any person who knowingly makes any false statement or falsifies or permits to be falsified a record in an attempt to defraud SERS is guilty of a Class 3 felony. I understand that, if the SERS Board of Trustees has a reasonable suspicion that an attempt has been made to defraud SERS, 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. A digital signature will not be accepted)

Joint account holder signature (if any) _____ **Date** _____

Financial Institution Acceptance *(This portion must 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 financial institution official

Date

No other form can be accepted
in lieu of the SERS Direct
Deposit fully completed and
signed by the member and
financial institution official.



Death Benefit Beneficiary Designation Form 101

SECONDARY

Beneficiary name <i>(last, first, middle initial)</i>	Street Address	SSN <i>(last 4 digits) (optional)</i>
Relationship / Phone number	City, State, Zip code	Date of Birth <i>(MM/DD/YYYY)</i>

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 SERS is a class 3 felony. I understand that if the SERS Board of Trustees has a reasonable suspicion that an attempt has been made to defraud SERS, it is required to report the matter to the appropriate State's Attorney for investigation.

Member signature _____ **Date** _____
A digital signature will not be accepted

Important Reminders for the Death Benefit Beneficiary Designation Form

- Keep current
- Name and address change
- How you identify – spouse, sons, daughters, etc.
- Minors/Guardians
- If no beneficiary listed, your estate is your beneficiary
- Changing SERS beneficiary form
 - **Does not change:**
 - Life insurance
 - Deferred Compensation

Important Contact Information



(217) 785-7444

SERS@srs.illinois.gov

- Overpayments for Disability/Pension/Survivor/ARCP
- Incorrect Insurance Premium Deductions
- Dependent Deaths
- Opt Out Financial Incentive
- W2-GI+/1095-B/1095-C
- Opt-in to state insurance coverage after a qualifying event
- Report Member/Survivor Death
- Address Discrepancy Regarding Insurance
- Change of Address/Name Requests
- Income Verifications
- Member Fraud Alerts
- POA/Guardianship/Executor/Trust Inquiries
- Taxes and Other Deductions
- 1099Rs



(844) 251-1777

mybenefits.illinois.gov

- Changing/Opting out of Health Coverage
- Making Changes to your MAPD Plan
- Amounts of Coverage & Requests to Increase/Decrease Life Insurance
- Adding/Dropping Dependents due to a qualifying event.
- Cost/Amount for member and/or dependent Health, Dental, and Life Insurance.

Plan ID cards are issued by your plan provider



(800) 442-1300
cms.illinois.gov

- Medicare questions
- Insurance claims unresolved by the plan



MetLife

(800)880-6394

metlife.com

- Life Insurance
- Beneficiaries, Payment of Claims & Assignments

Other Important Resources

- CMS Deferred Compensation
800-442-1300 ext. 3
217-782-7006
- Social Security Administration
800-772-1213
ssa.gov
- Empower
833-969-4532
myillinoisdcplan.com

Any Questions?

The background features a series of overlapping, semi-transparent geometric shapes in various shades of orange and brown, primarily concentrated on the right side of the frame. The shapes include triangles and polygons of different sizes and orientations, creating a layered, abstract effect. The colors range from light peach to deep, dark chocolate brown. The overall composition is clean and modern, with the text 'Any Questions?' positioned on the left side of the white background.