

UYB



Understanding Your Benefits



(Revised 2/3/2025)



Welcome to the Understanding Your Benefits Workshop

For Retirees & Survivors

General Contact Resources

Web Address:

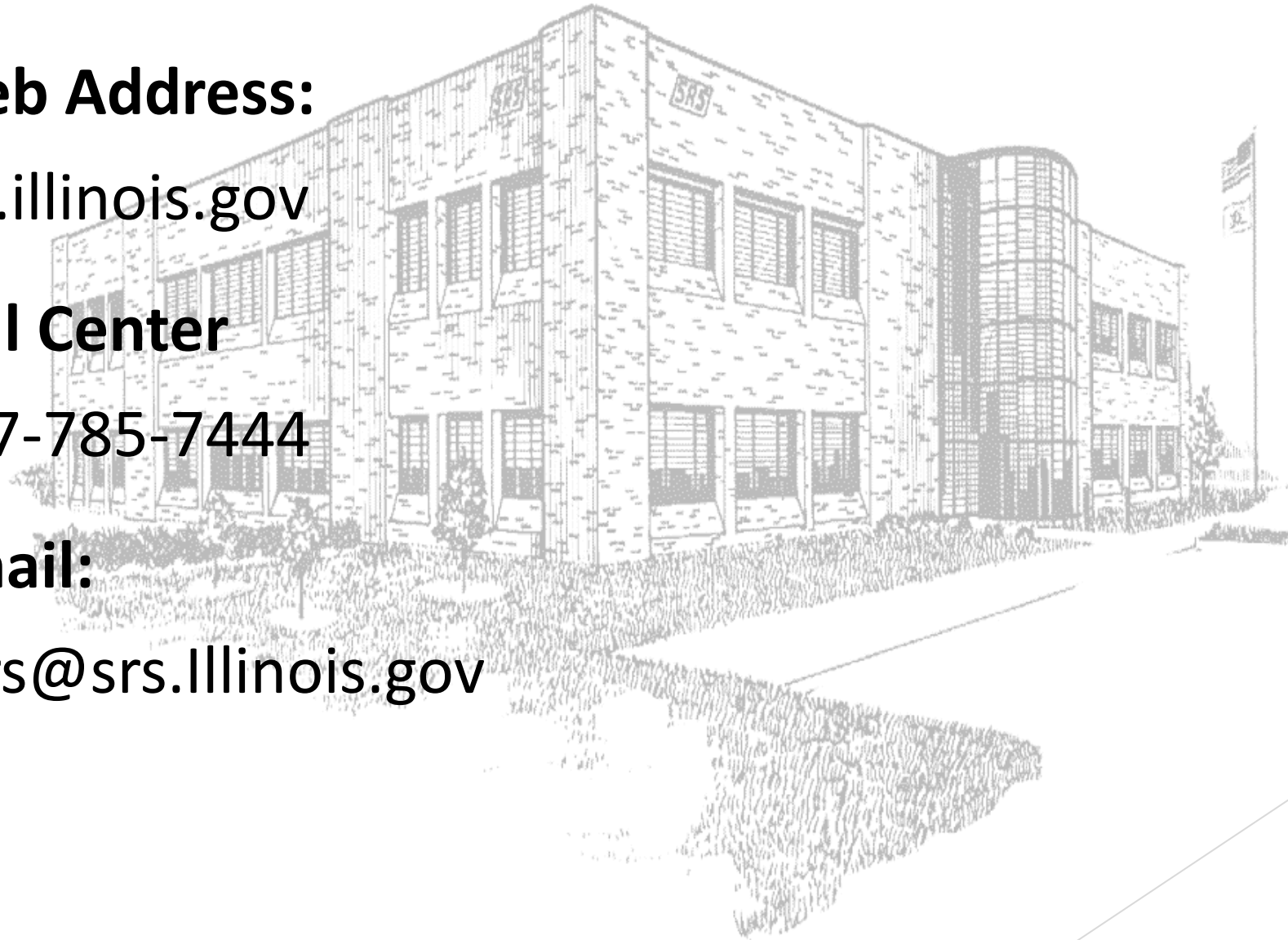
srs.illinois.gov

Call Center

217-785-7444

Email:

sers@srs.illinois.gov



Valuable Resources

- Handbook (online only at srs.illinois.gov)
- Website (srs.illinois.gov)
- Annual Benefit Statement (memberservices.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



Select Language

search

State Employees' Retirement System



Member Services Login Instructions



Workshops & Webinars



Paystubs & ePass



Forms



Calculators

Helpful Links



Retiree Corner



Retirement Coordinators



Employer Services Login



Sign in using ILogin



Member Services Login Instructions



Member Services Registration Instructional Video

Retiree Corner



Retiree Corner

[FACT SHEETS](#) >

[HANDBOOKS](#) >

[INSURANCE](#) >

[REGISTER FOR A UYB WORKSHOP](#) >

[UNDERSTANDING YOUR BENEFITS WORKBOOK](#) >

Taxes

Federal Income Tax Withholding

If you need to change the amount of your federal tax withholding, you must submit a new W-4P to SERS. The new W-4P may be submitted at any time throughout the year.

You should contact a qualified tax advisor or an IRS representative at [800-829-1040](tel:800-829-1040) with questions about your taxes, including withholdings.

You can access a copy of the W-4P Form, along with our Federal Tax Withholding Calculator on your [Member Services](#) account.

Taxation of Your Retirement Annuity

Illinois law exempts all SERS benefits from state income tax. However, benefits are subject to federal income tax. If your federal tax withholding information is not on file with SERS, taxes are withheld using the rate for a married person.

Each year, the Comptroller's office is required to send you a 1099-R form showing the total annuity amount you received during the past year, as well as any taxes withheld.

Important Fact Sheets

- Group Insurance Benefits
- Medicare Insurance
- ILogin Registration
- Returning to State Employment
- Death of a Retiree

Retiree Handbooks



RETIREE & SURVIVOR BENEFITS

Your
Rights & Responsibilities
HANDBOOK

TIER 1

*individuals who became a
member of SERS or a
reciprocal system before
January 1, 2011*



RETIREE & SURVIVOR BENEFITS

Your
Rights & Responsibilities
HANDBOOK

TIER 2

*individuals who became a member of SERS
or a reciprocal system after December 31,
2010*

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



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Reciprocal Login



Helpful Links



Retirement Coordinators



Open IFBs/RFPs



Closed and Awarded IFBs/RFPs



Sign in using ILogin



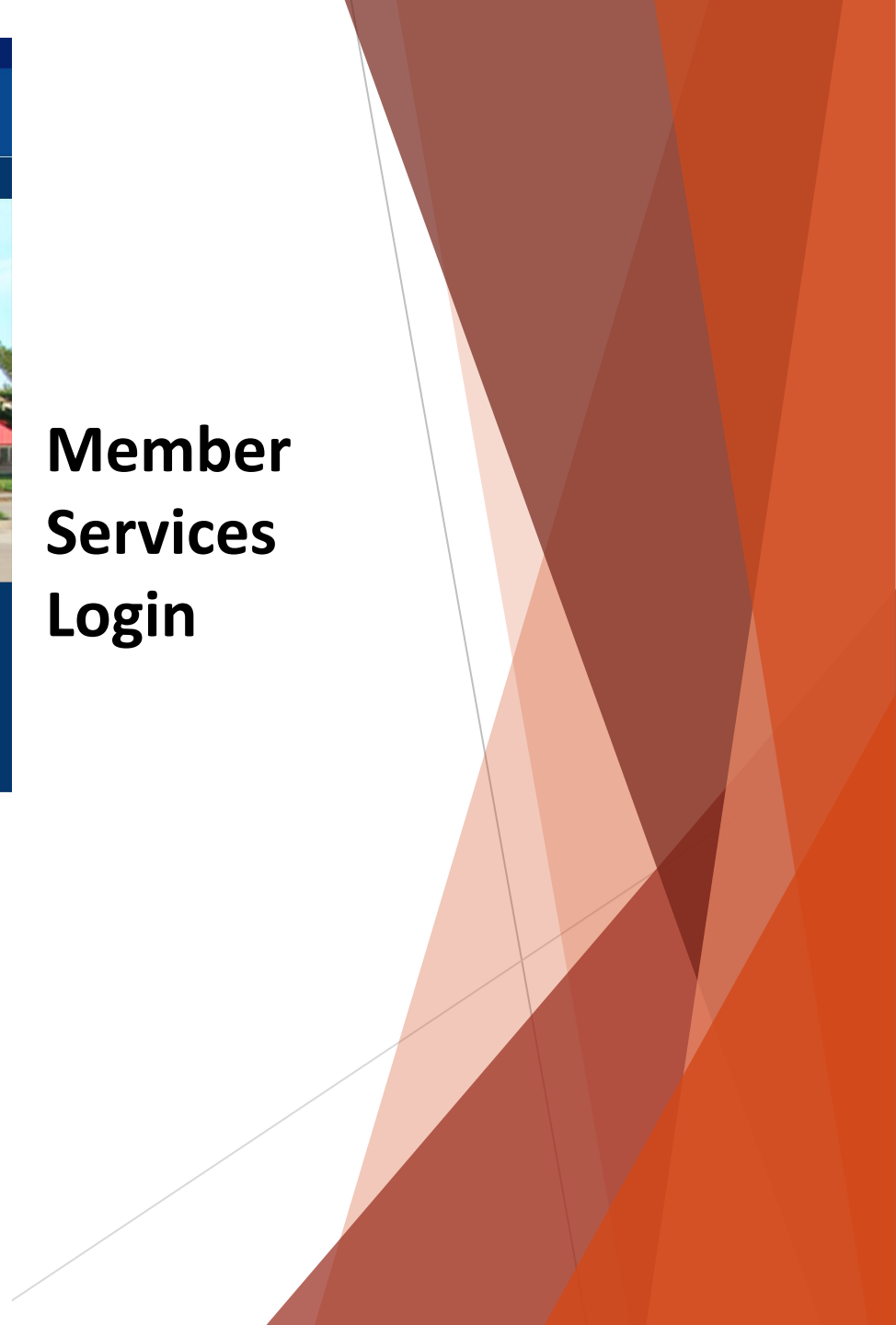
Employer Services Login



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

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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](#)

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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

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

**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

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

OMB No. 1545-0074

2025

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.)		



Federal Tax Withholding Calculator

CALCULATE FEDERAL TAX WITHHOLDING

Filing Status: Single or Married filing separately

W-4P

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 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 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.

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

W-4P Using Current Tax Tables

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

**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 .
- (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
- (c) **Extra withholding.** Enter any additional tax you want withheld from **each payment** .

	4(a)	\$	
	4(b)	\$	
	4(c)	\$	



Extra Withholding ⓘ \$

Your Calculated Withholding Amount is: \$955.04

W-4P

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** (2025)

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, you're more than half the owner of keeping up a home for yourself and a qualifying individual.)

Flat amount \$500

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** (2025)

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 more than half of the household's of keeping up a home for yourself and a qualifying individual.)

15% Withholding

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** (2025)

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)

Email

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 _____

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

Account as of
2/16/2023

SERS MEMBERSHIP RECORD

CALCULATORS

NOMINATED BENEFICIARIES

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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 need to update your beneficiaries or if any of the above information is incorrect, please complete, sign, and return the appropriate Beneficiary Nomination form found on the [Forms & Applications](#) page.

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

Account as of
2/16/2023

SERS MEMBERSHIP RECORD

CALCULATORS

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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

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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

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OPT OUT PREFERENCES

Opt Out of Paper Annual Statements: **No**

SERS ANNUAL STATEMENTS

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 01/31/2023

Retiree

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

Member ID: 12-3456789

February 2023 Amounts

Retirement Annuity	\$3,379.41
Total Increases	+ \$313.36
Total Gross	= \$3,692.77
Total Deductions	- \$449.83
Net Benefit Amount	= \$3,242.94
Direct Deposit	YES

Calendar 2022 Totals	Total gross of \$43,022.52 minus total deductions of \$5,368.44 equals total net of \$37,654.08.		
Authorized Deductions	Deduction	February 2023	Calendar Year 2022
	Federal Tax Withheld	\$258.23	\$3,189.24
	State Health Insurance	\$163.00	\$1,848.00
	State Life Insurance	\$5.60	\$67.20
	State Dental Insurance	\$23.00	\$264.00
	Total Deductions	\$449.83	\$5,368.44
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.		
<p>Your life insurance beneficiary form is maintained by MetLife. You can contact them at 1-800-880-6394.</p>			

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.
	<p>1 - JANE J DOE 1 - JOESEPH D DOE</p> <p>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.</p>

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 01/31/2023

Retiree

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

Member ID: 12-3456789

February 2023 Amounts

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Retiree Statements

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Authorized Deductions	Deduction	February 2023	Calendar Year 2022
	Federal Tax Withheld	\$258.23	\$3,189.24
	State Health Insurance	\$163.00	\$1,848.00
	State Life Insurance	\$5.60	\$67.20
	State Dental Insurance	\$23.00	\$264.00
	Total Deductions	\$449.83	\$5,368.44

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.

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 contribution 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. Upon your death, your eligible survivor would receive a \$1,000 lump sum payment and a monthly annuity of approximately \$2,476.30. 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.

Survivor Benefit

SERS Offsets Social Security

At age 60 (under the deceased State worker SS#)

SERS \$2,000 x 50% = \$1,000 Survivor Benefit

SS \$800 x 50% = -\$400 Offset

\$600 Survivor Benefit

SERS Benefit Pays \$600

SS Pays \$800

TOTAL \$1,400 Monthly Survivor Benefit

SERS Offsets Social Security Survivor Benefit

At age 62 (under the spouse's own SS#)

SERS \$1,000 Survivor Benefit

SS -\$100 Offset

SERS pays \$900 Survivor Benefit

AND

SS pays \$800 (higher of the two amounts)

TOTAL \$1,700 Monthly income

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 01/31/2023 Survivor

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

Member ID: 65-7947277
February 2023 Amounts
Survivor Annuity \$2,912.14
Total Increases + \$463.83
Total Gross = \$3,375.97
Total Deductions - \$176.42
Net Benefit Amount = \$3,199.55
Direct Deposit YES

Calendar 2022 Totals	Total gross of \$39,331.68 minus total deductions of \$2,204.76 equals total net of \$37,126.92.		
Authorized Deductions	Deduction	February 2023	Calendar Year 2022
	Federal Tax Withheld	\$176.42	\$2,204.76
	Total Deductions	\$176.42	\$2,204.76
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 01/31/2023

Survivor

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

Member ID: 65-7947277

February 2023 Amounts

Survivor Annuity	\$2,912.14
Total Increases	+ \$463.83
Total Gross	= \$3,375.97

Total Deductions	- \$176.42
Net Benefit Amount	= \$3,199.55

Direct Deposit	YES
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Survivor Statements

Calendar 2022 Totals	Total gross of \$39,331.68 minus total deductions of \$2,204.76 equals total net of \$37,126.92.		
Authorized Deductions	Deduction	February 2023	Calendar Year 2022
	Federal Tax Withheld	\$176.42	\$2,204.76
	Total Deductions	\$176.42	\$2,204.76

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).



STATE
RETIREMENT
SYSTEMS

Member Services

[Home](#) [Profile](#) [Inbox](#) [Publications](#) [Help](#) [Contact](#)

[Log Out](#)

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

Account as of
2/16/2023

SERS MEMBERSHIP RECORD

SERS RETIREMENT BENEFIT LETTERS

CALCULATORS

[SERS Income Verification](#)

NOMINATED BENEFICIARIES

[SERS Income Verification with Itemized Deductions](#)

DEMOGRAPHICS

FORMS & APPLICATIONS

ANNUAL STATEMENTS

LETTERS

TERMS AND CONDITIONS

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

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 2024 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
			\$				
			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		Copy 1 For State, City, or Local Tax Department	
			\$	\$			
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.)			\$	
City or town, state or province, country, and ZIP or foreign postal code			7 Distribution code(s)	IRA/SEP/SIMPLE <input type="checkbox"/>	8 Other		
						\$	
			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 <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
				\$			\$
				\$			\$

1099-R/Tax Information

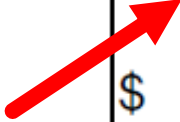
VOID CORRECTED

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 2024	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
	2a Taxable amount		
	2b Taxable amount not determined <input type="checkbox"/>	Form 1099-R Total distribution <input type="checkbox"/>	

- 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

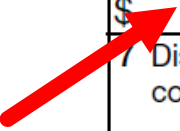
PAYER'S TIN	RECIPIENT'S TIN	3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$
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- Federal income tax withheld in **Box 4** is the amount of federal withholding deducted based on your W4-P on file with SERS or is based on mandatory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

1099-R/Tax Information

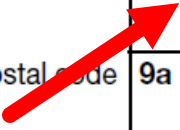
RECIPIENT'S name	5 Employee contributions/ Designated Roth contributions or insurance premiums \$		6 Net unrealized appreciation in employer's securities \$
Street address (including apt. no.)	7 Distribution code(s)	IRA/ SEP/ SIMPLE <input type="checkbox"/>	8 Other \$ %
City or town, state or province, 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 some areas appearing as bright orange. The overall composition is modern and minimalist.

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

Opt-In

- During Benefit Choice
- During TRAIL Enrollment Period (October 15 – November 16)
- Loss of other health coverage*
- A Qualifying Life Event

* Contact SERS for assistance with loss of health coverage or qualifying life events.

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

Member Insurance Cost (20+ Years Free) With Less than 20 Years of Service (Member or dependent is under age 65)

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.

Dependent is Medicare (Member is Non-Medicare)

- 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

Dependent Monthly Health Plan Contributions (Member or Dependent is under age 65)

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.

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

NOTE: CMS will mail a letter to the member 90 days prior to turning age 65 that provides important information on both the requirement to enroll in Medicare and the transition to TRAIL Medicare Advantage Prescription Drug Program (MAPD).

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.

Opt-In

- Once age 65 or Medicare eligible (member and dependents)
- During TRAIL Enrollment Period (October 15 – November 16 once Member and Dependents are Medicare eligible)
- Qualifying life event*

* Contact SERS for assistance with qualifying life events.

Member Insurance Cost (20+ Years Free) With Less than 20 Years of Service (Member and all dependents are Medicare eligible)

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.

Dependent Insurance Cost (Member and all dependents are Medicare eligible)

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.

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: 217-524-6975

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

Check the box to indicate what information is changing (check all that apply).

- Name change*
 Address change
 Email address

**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

Email address

Phone number(s)

(H)

(C)

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-02/24)

Power of Attorney/Guardian needs to complete section 2, if applicable. SERS only accepts Power of Attorney for Property.



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



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

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Account number

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

Signature and title of authorized financial institution official

Date



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

Other Important Contacts for Updating Beneficiaries

- State Employees' Retirement System
217-785-7444
srs.Illinois.gov
sers@srs.Illinois.gov
- CMS Deferred Compensation
800-442-1300 ext. 3
217-782-7006
- Empower
833-969-4532
myillinoisdcplan.com

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](https://www.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, creating a modern, layered effect on the right side of the slide.