



# Employer Statement 3900 Form for Death Benefit/Total Buyout

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### Employer Statement

1. Type of claim

- Death
- Total Buyout

**Member information**

Name (Last, first, middle) \_\_\_\_\_

SSN (last 4) or Member ID \_\_\_\_\_

Address (Street, City, State, Zip) \_\_\_\_\_

Phone number \_\_\_\_\_

2. Last day employee physically worked (MM/DD/YYYY) \_\_\_\_\_

3(a). Last day of salary or wages due employee: (MM/DD/YYYY) \_\_\_\_\_

(b). Date employee removed from payroll, biweekly or either the 15th or the end of month: \_\_\_\_\_

(c). Has employee returned to work?  Yes  No Date returned to work: \_\_\_\_\_

4(a). Reason for removal:

Resignation

Medical Leave of Absence

Discharge/Dismissal

Service Connected Leave

Layoff

Death (Was member on an approved medical leave of absence at death?  Yes  No)

(b). Effective date of removal action (MM/DD/YYYY) \_\_\_\_\_

5. Total unused sick days earned prior to Jan. 1, 1984 ..... (A)

Total unused sick days earned after Dec. 31, 1997 ..... (B)

Total unused sick days earned after Dec. 31, 1983 and before Jan. 1, 1998 .....

Subtract one-half of unused sick days earned after Dec. 31, 1983 and before Jan. 1, 1998 ..... (C)

Number of unused sick days remaining for pension calculation ..... (A)+(B)+(C)=

6(a). Employee base rate of pay: \$ \_\_\_\_\_; (b). Employee work status:  Full time  Part time

(c). Employee total rate of pay: \$ \_\_\_\_\_; (d). Pay frequency:  monthly  semi-monthly  biweekly  hourly

7. Will a Form 1404 (Retirement Contributions on Lump-Sum Pay for Sick Leave, Vacation and/or Personal Days) be processed?

Yes  No

8. Are you aware of any official misconduct charges (pending, dismissed, or finalized) against the member, relating to, or arising out of, or in connection with their employment with the state of Illinois?  Yes  No

Retirement Coordinator signature \_\_\_\_\_ Date \_\_\_\_\_

Phone number \_\_\_\_\_



1. Type of claim
- Death
  - Total Buyout

2. Last day employee physically worked (MM/DD/YYYY) \_\_\_\_\_
- 3(a). Last day of salary or wages due employee: (MM/DD/YYYY) \_\_\_\_\_
- (b). Date employee removed from payroll, biweekly or either the 15th or the end of month: \_\_\_\_\_
- (c). Has employee returned to work?    Yes    No    Date returned to work: \_\_\_\_\_

## Please Note

1. Select the type of claim
2. Input the date for this specific separation of employment
- 3 (a). When the agency last paid the member
- 3 (b). 15<sup>th</sup>, 30<sup>th</sup>, or 31<sup>st</sup>
- 3 (c). Has the employee physically returned to work from the specific leave the member is submitting a claim for?



4(a). Reason for removal:

- Resignation
- Medical Leave of Absence
- Discharge/Dismissal
- Service Connected Leave
- Layoff
- Death (Was member on an approved medical leave of absence at death?

(b). Effective date of removal action (MM/DD/YYYY)

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Yes No)

### Please Note

4 (a). Select the reason for the member's removal from employment


4 (a). If death was selected, was the member on an approved medical leave of absence at the time of death?

4 (b). Input the effective date of the removal from employment



5. Total unused sick days earned prior to Jan. 1, 1984 ..... \_\_\_\_\_ (A)  
 Total unused sick days earned after Dec. 31, 1997 ..... \_\_\_\_\_ (B)  
 Total unused sick days earned after Dec. 31, 1983 and before Jan. 1, 1998 ..... \_\_\_\_\_  
 Subtract one-half of unused sick days earned after Dec. 31, 1983 and before Jan. 1, 1998 ..... (\_\_\_\_\_) \_\_\_\_\_ (C)  
 Number of unused sick days remaining for pension calculation ..... (A)+(B)+(C)= \_\_\_\_\_

**Please Note**

- 5 (A). Input the total amount of unused sick days earned prior to January 1, 1984
  - 5 (B). Input the total amount of unused sick days earned after December 31, 1997
  - 5 (B). Input the total amount of unused sick days earned after December 31, 1983 but before January 1, 1998
  - 5 (C). Input half of the amount of the number of unused sick days earned after December 31, 1983 but before January 1, 1998. Both lines should match.
  - 5 (C). Add the numbers together from 5 (A), 5 (B), and 5 (C)
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- 6(a). Employee base rate of pay: \$ \_\_\_\_\_; (b). Employee work status:  Full time  Part time
- (c). Employee total rate of pay: \$ \_\_\_\_\_; (d). Pay frequency:  monthly  semi-monthly  biweekly  hourly
7. Will a Form 1404 (Retirement Contributions on Lump-Sum Pay for Sick Leave, Vacation and/or Personal Days) be processed?  
 Yes  No
8. Are you aware of any official misconduct charges (pending, dismissed, or finalized) against the member, relating to, or arising out of, or in connection with their employment with the state of Illinois?  Yes  No

## Please Note

- 6 (A). Rate of pay at the time of separation of employment, not current rate of pay
- 6 (B). Select Full time or Part time
- 6 (C). Including longevity pay or this will cause a discrepancy
- 6 (D). Monthly, semi-monthly, biweekly, or hourly
7. Yes or No
8. This question is asking for felonies at your job against the State of Illinois