



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

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

STUDENT RECERTIFICATION/DECERTIFICATION FOR SURVIVOR ANNUITY

Deceased Member's Name

Deceased Member's SSN
(last 4) or Member ID

STUDENT DECERTIFICATION

I, _____, am no longer unmarried, under the age of 22, or a full-time student.
Survivor

Signature

Date of Birth

STUDENT CERTIFICATION

I, _____, hereby certify that I am unmarried, under the age of 22, and a full-time
Survivor

student at _____ for the school term beginning _____.
School Month/Year

In accordance with the policy of said school, I authorize said school to release any records or information necessary to verify my student status to the State Employees' Retirement System (SERS). If for any reason, I am no longer a full-time student or become married, I will notify SERS immediately.

I certify this information is correct. I am aware that pursuant to the 40 ILCS 5/1-135 any person who knowingly makes a false statement or falsifies a record in an attempt to defraud SERS is guilty of a Class 3 felony. 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.

Signature

Date of Birth

Email

Telephone

SCHOOL CERTIFICATION

Affix the school seal to this form. If not affixed, certification must be completed on official school letterhead.

I hereby certify the above-named student is a full-time student in accordance with the current rules in effect for the school term beginning _____.
Month/Year

Authorized Signature

Date

Telephone

Title

School