



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

\_\_\_\_\_ Date

\_\_\_\_\_ 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.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature (A digital signature will not be accepted)

\_\_\_\_\_ 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