

UYB



# Understanding Your Benefits



(Revised 12/04/2023)



# Welcome to the Understanding Your Benefits Workshop

For Retirees & Survivors

## General Contact Resources

### Web Address:

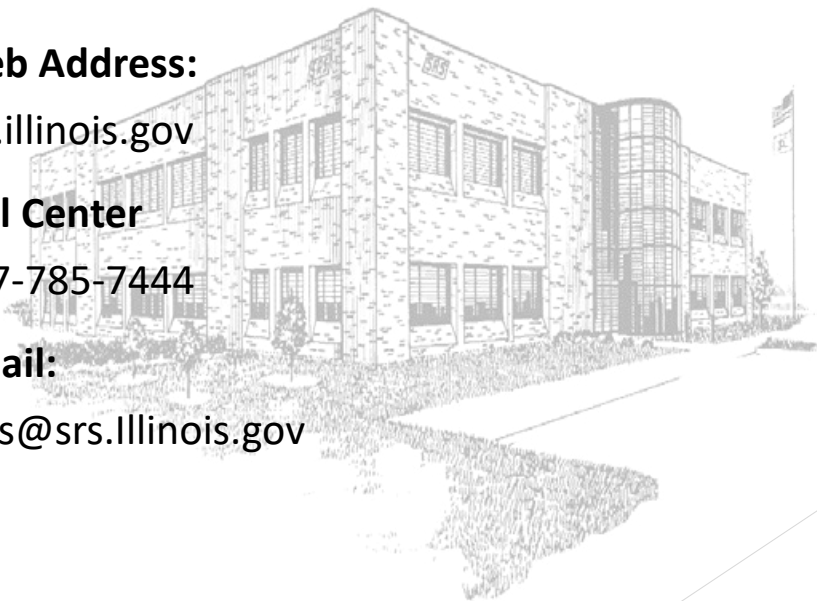
[srs.illinois.gov](http://srs.illinois.gov)

### Call Center

217-785-7444

### Email:

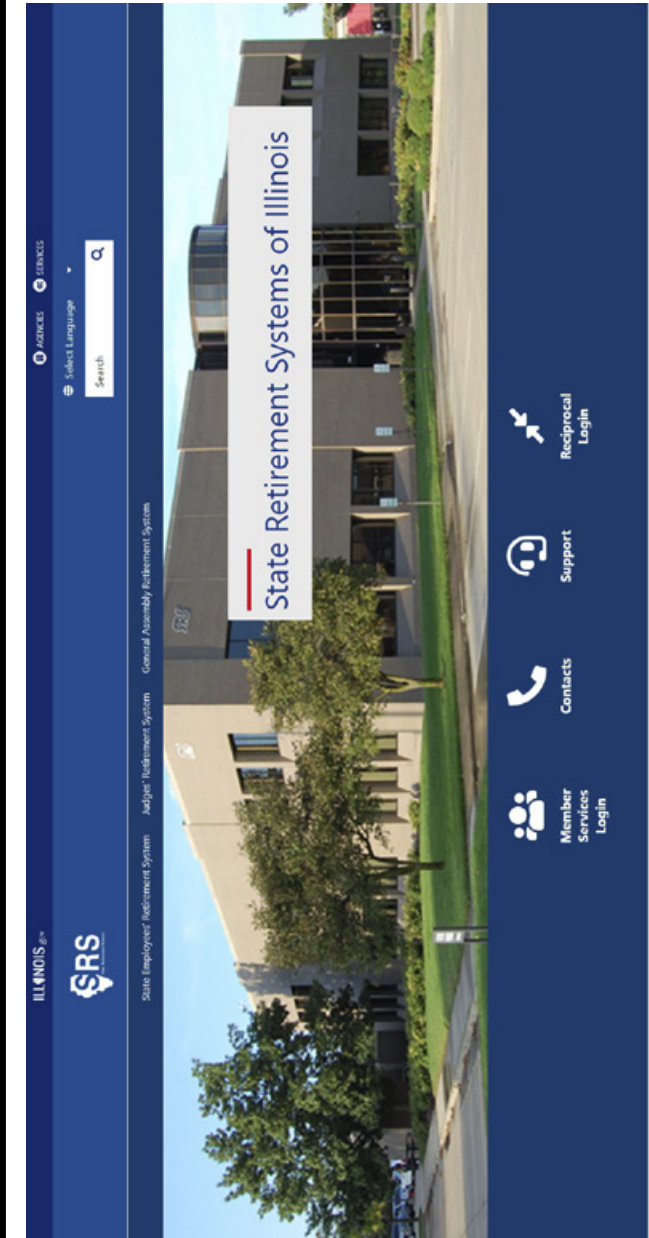
[sers@srs.illinois.gov](mailto:sers@srs.illinois.gov)



## Valuable Resources

- Handbook (online only at [srs.illinois.gov](https://srs.illinois.gov))
- Website ([srs.illinois.gov](https://srs.illinois.gov))
- Annual Benefit Statement ([memberservices.srs.illinois.gov](https://memberservices.srs.illinois.gov))

**SRS Website/  
SERS Website**



# State Employees' Retirement System

## Helpful Links



Retirement Coordinators



Open IFBs/RFPs



Closed and Awarded IFBs/RFPs



Sign up for Member Services



Member Services Registration Instructional Video



Employer Services Login



ILLINOIS  
SERS

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# Retiree Corner

## Retiree Corner

### Latest News

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#### FACT SHEETS >

#### HANDBOOKS >

#### INSURANCE >

## 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.

### 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.

# Forms

- 101 Nomination of Beneficiary
- 501 Change of Information
- 3034 Request for Payment to Trust
- 3606 Small Estate Affidavit
- W-4P Federal Withholding Certificate
- 3965 Illinois State Income Tax Withholding
- 3033 Student Recertification/  
Decertification for Survivor's Annuity



# Fact Sheets

- Group Insurance Benefits
- Medicare Insurance
- Accessing the Member Services Website
- 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*

April 2023



## RETIREE & SURVIVOR BENEFITS

### Your Rights & Responsibilities HANDBOOK

**TIER 2**  
*individuals who became a member of SERS  
or a reciprocal system after December 31,  
2010*

September 2023

# Member Services

ILLINOIS  
SERS

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AMERICA'S SERS

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## Create a new Account

### Registration

Your Username can include letters, numbers, and periods (may not start or end with a period); and must be between 6 and 20 characters long.  
Examples: John.Smith JSm1th

First Name:

Last Name:

Email Address:

Confirm Email Address:

Cell Phone:  
(Optional)

Example: 999-999-9999

Cell Carrier:

- Not Supplied -

Choose your  
Username:

Password:

Password Rules

Confirm Password:

Register

Cancel



# ILLINOIS<sup>GOV</sup> Authentication Portal

Sign in with your Public account

<input type="text"/>	<input type="password"/>
	Password

Sign in

- Reset your password
- Recover your Username
- Create a new account

© 2016 Microsoft   Privacy   Help





# Member Services

Keleher, David M

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

Account as of  
2/16/2023

- SERS MEMBERSHIP RECORD
- FEDERAL WITHHOLDING
- DEMOGRAPHICS
- MEMBER SERVICES
- SERVICE PURCHASES
- ANNUAL STATEMENTS
- PAY STUB
- INSURANCE
- 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



## Member Services

Keleher, David M

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

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### JANUARY 2023 BENEFITS FEDERAL WITHHOLDING

Due to a processing issue, federal taxes were under withheld or not withheld on many January 2023 SRS benefit checks. This issue has been addressed and federal taxes will be withheld from your February benefit based on your current W-4P on file. We apologize for any inconvenience this has caused. The table below shows your January 2023 benefits that had federal taxes under withheld or not withheld. For more information, please visit our Frequently Asked Questions (FAQ) listed below.

Retirement System	Benefit Type	Taxable Amount	Amount Withheld	Amount that Should have been Withheld
SERS	Retirement/Member	\$4,610.69	\$0.00	\$368.62

### HELPFUL LINKS

Frequently Asked Questions: [SERS FAQ](#)

[View Federal Withholding Form \(Form W4P\)](#)

[View Earning Statements \(ePASS\)](#)

[Federal Tax Withholding Calculator](#)

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Account as of 2/16/2023

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

Amount that Should have been Withheld \$368.62

Member Services

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Federal Tax Withholding Calculator

CALCULATE FEDERAL TAX WITHHOLDING

Filing Status

Single or Married filing separately

Monthly Benefit Amount

\$ 5,000.00

Multiple Income

\$ 0.00

Dependent and Other Credits

\$ 0.00

Other Income

\$ 0.00

Deductions

\$ 0.00

Extra Withholding

\$ 0.00

Your Calculated Withholding Amount is: \$455.04

Calculate

Cancel

© 2023 - State Retirement Systems

All aspects of the administration of the State Retirement Systems of Illinois, including but not limited to benefit calculation and payment, must comply with state and federal law (40 USC E-2, E-7A, and E-7E). No provision of SRS has the authority to limit the System's tax action contrary to the law, even in the event of a misstatement of law. Furthermore, while this document describes SRS' current understanding of the law, this could change as a result of court decisions, statutory changes or other events. SRS is not a tax preparer. SRS is required under law to correct any mistake in benefit amount, even after payments have begun. Use of any information from this website, form or any other document provided by SRS is for general information only.

www.srs.illinois.gov

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

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

Amount that Should  
have been Withheld  
\$368.62

Federal Tax Withholding Calculator

CALCULATE FEDERAL TAX WITHHOLDING

Filing Status

Single or Married filing separately

Monthly Benefit Amount

\$ 5,000.00

Multiple Income

\$ 0.00

Dependent and Other Credits

\$ 0.00

Other Income

\$ 0.00

Deductions

\$ 0.00

Extra Withholding

\$ 500.00

Your Calculated Withholding Amount is: \$955.04

Calculate

Cancel

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

Amount that Should  
have been Withheld  
\$368.62

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

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# **W-4P Federal Withholding Certificate**

# W-4P

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

**2024**

### 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) ☐ Single or ☐ Married filing separately

☐ Married filing jointly or ☐ Qualifying surviving spouse

☐ 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 and how to elect to have no federal income tax withheld (if permitted).

<b>Step 2:</b>	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. <b>See page 2 for examples on how to complete Step 2.</b>
<b>Income From a Job and/or Multiple Pensions/Annuities (Including a Spouse's Job/ Pension/ Annuity)</b>	Do <b>only one</b> of the following.
	(a) Reserved for future use.
	(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 one, 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 <b>total</b> 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. If you have self-employment income, see page 2.

**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

Contact a qualified tax advisor for assistance with Step 3.

<b>Step 3:</b>	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
<b>Claim</b>			
<b>Dependent</b>	Multiply the number of qualifying children under age 17 by \$2,000	\$	
<b>and Other</b>	Multiply the number of other dependents by \$500	\$	
<b>Credits</b>	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

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 .

**4(a)** \$

**(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 .

**4(b)** \$

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

**4(c)** \$

The screenshot shows a digital form for calculating extra withholding. At the top, there is a label "Extra Withholding ⓘ" and a text input field containing "\$ 500.00". Below this, a blue highlighted box displays the result: "Your Calculated Withholding Amount is: \$955.04". At the bottom right of the form, there are two buttons: "Calculate" and "Cancel".

# W-4P

Step 5:

Sign

Here

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

**Date**

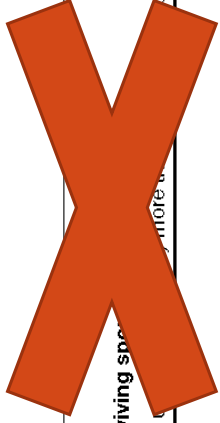
For Privacy Act and Paperwork Reduction Act Notice, see page 3.

Cat. No. 10225T

Form **W-4P** (2023)

No electronic signatures accepted.

# W-4P



(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 eligible for 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.

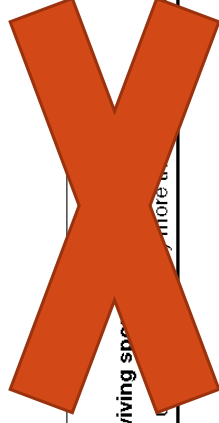
Cat. No. 10225T

Form **W-4P** (2023)

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



(c) ☐ Single or Married filing separately  
☐ Married filing jointly or Qualifying surviving spouse  
☐ Head of household (Check only if you're claiming a deduction for 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** (2023)

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](mailto: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 \_\_\_\_\_


\$ \_\_\_\_\_

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 \_\_\_\_\_



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PROFILE

Full NameJane Doe

SSNXXX-XX-9999

GenderFemale

Birth Date2/4/1948

ADDRESSES

Mailing Address2101 South Veterans Parkway, Springfield, Illinois, 62704

Home2101 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

EMAIL ADDRESSES

Home ★sers@srs.illinois.gov



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## Member Services

Keleher, David M ▾



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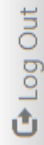
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**Doe, Jane - XXX-XX-9999 - [Member Id: 12-3456789]**

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### FEDERAL TAX WITHHOLDING CALCULATOR

[Federal Tax Withholding Calculator](#)

### SERS MEMBER SERVICES

[ACCOUNT NUMBER CHANGE - SAME BANK](#) ⬇

[BENEFICIARY NOMINATION](#) ⬇

[CHANGE OF INFORMATION](#) ⬇

[DIRECT DEPOSIT - NEW BANK](#) ⬇

[FEDERAL WITHHOLDING](#) ⬇

[ILLINOIS TAX WITHHOLDING REQUEST](#) ⬇

Form 3867

Form 101

Form 501

Form 3967

Form W4P

Form 3965

### SERS RETIREMENT BENEFIT LETTERS

[SERS Income Verification](#) ⬇

[SERS Income Verification with Itemized 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.

Sincerely,

SERS

# Income Verification Letter without Deductions



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.

Sincerely,

SERS

## Income Verification Letter with Deductions (Page 1)



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	\$2.96
Vision Benefit Plan	N/A
Total Cost	\$28.41

Authorized Deductions	
Total Group Insurance Premium	August 19, 2023 \$28.41
Federal Tax Withheld	\$368.62
State Tax Withheld	\$0.00

# Income Verification Letter with Deductions (Page 2)



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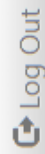
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**Doe, Jane - XXX-XX-9999 - [Member Id: 12-3456789]**

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### OPT OUT PREFERENCES

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

### SERS ANNUAL STATEMENTS

SERS Retiree Statement	<a href="#">12/31/2021 SERS Retiree Statement</a>
SERS Retiree Statement	<a href="#">12/31/2020 SERS Retiree Statement</a>
SERS Retiree Statement	<a href="#">12/31/2019 SERS Retiree Statement</a>
SERS Retiree Statement	<a href="#">12/31/2018 SERS Retiree Statement</a>
SERS Retiree Statement	<a href="#">12/31/2017 SERS Retiree Statement</a>
SERS Retiree Statement	<a href="#">12/31/2016 SERS Retiree Statement</a>
SERS Retiree Statement	<a href="#">12/31/2015 SERS Retiree Statement</a>
SERS Retiree Statement	<a href="#">12/31/2014 SERS Retiree Statement</a>
SERS Retiree Statement	<a href="#">2/28/2014 SERS Retiree Statement</a>

# Retiree Statements



STATE EMPLOYEES' RETIREMENT SYSTEM

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

Phone: 217-785-7444  
TDD/TTY: 866-321-7625  
Email: [sers@srs.illinois.gov](mailto:sers@srs.illinois.gov)

[www.srs.illinois.gov](http://www.srs.illinois.gov)

## Statement of Account as of 01/31/2023 Retiree

Member ID: 123456789  
JOHN J DOE  
2101 S. VETERANS PARKWAY  
SPRINGFIELD, IL 62704

Retirement Annuity	\$3,379.41
Total Benefits	\$3,379.41
<b>Total Gross</b>	<b>= \$3,692.77</b>
Total Deductions:	- \$449.83
<b>Net Benefit Amount</b>	<b>= \$3,242.94</b>
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.	February 2023	Calendar Year 2023
Authorized Deductions	Deduction	February 2023	February 2023
	Federal Tax Withheld	\$163.00	\$163.00
	State Health Insurance	\$5.60	\$5.60
	State Life Insurance	\$23.00	\$23.00
	State Dental Insurance	\$264.00	\$264.00
Total Deductions		\$449.83	\$5,368.44
Group Insurance	Your life insurance beneficiary form is maintained by MetLife. You can contact them at 1-800-860-0304. Please visit <a href="http://mybenefits.illinois.gov">mybenefits.illinois.gov</a> for information concerning your State insurance benefits and costs. If you prefer to speak to a representative, please call 1-844-251-1777 or TDD/TTY 1-844-251-1778.		

Contributions	Your monthly annuity is payable for your lifetime. When you retired, you had contributions and interest in SERS amounting to \$159,403.37. Since your retirement, you have received benefits totaling \$156,366.33.
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 1/2 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 of \$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 - JOSEPH D DOE  If you would like to change or update your beneficiaries, you may find the form at <a href="https://www2.illinois.gov/sers/SERS/Resources/Pages/Forms.aspx">https://www2.illinois.gov/sers/SERS/Resources/Pages/Forms.aspx</a> .

# Retiree Statements



**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](mailto:sers@srs.illinois.gov)

[www.srs.illinois.gov](http://www.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
<b>February 2023 Amounts</b>	
Retirement Annuity	\$3,379.41
Total Increases	+ \$313.36
<b>Total Gross</b>	<b>= \$3,692.77</b>
Total Deductions	- \$449.83
<b>Net Benefit Amount</b>	<b>= \$3,242.94</b>
Direct Deposit	YES

# Retiree Statements

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	

# 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](http://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

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.

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

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.

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

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#)

### Example

SS (Deceased Member)    \$ 800

SS (Surviving Spouse)   - \$ 600  
   \$ 200

\$200 X 50%                      = \$100 Offset

## 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

### 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.**

Elected Widow/Survivor Refund at retirement.

# Beneficiaries

## 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>.

Retiree has beneficiaries on file with SERS.

# 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>.

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

# Survivor Statements



**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](mailto:sers@srs.illinois.gov)

Statement of Account as of 01/31/2023		Survivor
Member ID: 65-7947277		
JOHN J DOE		
2101 S. VETERANS PARKWAY		
SPRINGFIELD, IL 62704		
		<b>February 2023 Amounts</b>
		Survivor Annuity \$2,912.14
		Total Increases + \$463.83
		<b>Total Gross = \$3,375.97</b>
		Total Deductions - \$176.42
		<b>Net Benefit Amount = \$3,199.55</b>
		Direct Deposit YES

## 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).

<b>Calendar 2022 Totals</b>	Total gross of \$39,331.68 minus total deductions of \$2,204.76 equals total net of \$37,126.92		
<b>Authorized Deductions</b>	<b>Deduction</b>	<b>February 2023</b>	<b>Calendar Year 2022</b>
	Federal Tax Withheld	\$176.42	\$2,204.76
	<b>Total Deductions</b>	<b>\$176.42</b>	<b>\$2,204.76</b>
<b>Group Insurance</b>	<p>Please visit <a href="http://sers.srs.illinois.gov">sers.srs.illinois.gov</a> 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> <p>Your life insurance beneficiary form is maintained by MetLife. You can contact them at 1-800-860-4394.</p>		

# Survivor Statements



[www.srs.illinois.gov](http://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](mailto: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
<b>Total Gross</b>	<b>= \$3,375.97</b>
Total Deductions	- \$176.42
<b>Net Benefit Amount</b>	<b>= \$3,199.55</b>
Direct Deposit	YES

# 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.		
	Deduction	February 2023	Calendar Year 2022
Authorized Deductions	Federal Tax Withheld	\$176.42	\$2,204.76
	Total Deductions	\$176.42	\$2,204.76

# Survivor Statements

<b>Group Insurance</b>  Your life insurance beneficiary form is maintained by MetLife. You can contact them at 1-800-880-6394.	Please visit <a href="https://mybenefits.illinois.gov">mybenefits.illinois.gov</a> 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.

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# 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).

**SRS** STATE RETIREMENT SYSTEMS **Member Services** Keleher, David M. Log Out

Home Profile Inbox Publications Help Contact

**Doe, Jane - XXX-XX-9999 - [Member Id: 12-3456789]** Account as of 2/16/2023

SERS MEMBERSHIP RECORD  
FEDERAL WITHHOLDING  
DEMOGRAPHICS  
MEMBER SERVICES  
SERVICE PURCHASES  
ANNUAL STATEMENTS  
**PAY STUB**  
INSURANCE  
TERMS AND CONDITIONS

**PAY STUB**

The link below will direct you to the Illinois Department of Central Management Services (CMS) Electronic Pay Stub System (ePASS) where you can access your pay stub online. You can view your prior pay stubs beginning January 1st, 2014.

A new window will open to take you to ePASS. When you are done, you can close the ePASS window. Your current session with the SRS Member Services website will remain open.

[Click here to view CMS Electronic Pay Stub System \(ePASS\)](#)

**EPASS PARTICIPATING AGENCIES**

Before registering for ePASS, please verify that your employer is a current ePASS customer.

[Click here to view the list of current ePASS customers](#)

**INSTRUCTIONS - EPASS PAY STUB**

Below is a sample copy of an ePASS pay stub. Hover over the icon for a brief description of each data element.  
**Please Note: This is a sample copy only. Your actual pay stub may contain different data elements and numbers.**

# Payment Dates

Payment will be mailed or direct deposited\* on the 19th of the month unless the 19th falls on a weekend or holiday.

\* If a direct deposit form has been submitted.

The screenshot displays the SRS (State Retirement Systems) Member Services portal. At the top, the SRS logo and 'Member Services' header are visible, along with a user profile dropdown for 'Keleher, David M'. Below the header is a navigation bar with links for Home, Profile, Inbox, Publications, Help, and Contact, and a Log Out button. The main content area shows the user's name 'Doe, Jane - XXX-XX-9999' and Member ID '12-3456789'. On the left, a sidebar menu lists various services: SERS MEMBERSHIP RECORD, FEDERAL WITHHOLDING, DEMOGRAPHICS, MEMBER SERVICES, SERVICE PURCHASES, ANNUAL STATEMENTS, PAY STUB, INSURANCE (highlighted with a red arrow), and TERMS AND CONDITIONS. The main content area is titled 'SERS INSURANCE - GENERAL' and provides information about general insurance, including a link to view general insurance information. Below this, the 'MYBENEFITS' section describes the online enrollment platform and provides contact information for customer service. At the bottom, there is a link to the 'SERS Retiree Statement' dated 2/28/2014.

The screenshot displays the SRS Member Services website interface. At the top, the SRS logo and 'STATE RETIREMENT SYSTEMS' are on the left, 'Member Services' is in the center, and a user profile 'Kieher, David M.' is on the right. Below this is a navigation bar with links: Home, Profile, Inbox, Publications, Help, and Contact, along with a 'Log Out' button. The main header area shows the user's name 'Doe, Jane - XXX-XX-9999' and their Member ID '12-3456789'. On the left side, there is a vertical menu with buttons for: SRS MEMBERSHIP RECORD, FEDERAL WITHHOLDING, DEMOGRAPHICS, MEMBER SERVICES, SERVICE PURCHASES, ANNUAL STATEMENTS, PAY STUB, INSURANCE, and 'TERMS AND CONDITIONS'. A red arrow points to the 'TERMS AND CONDITIONS' button. The right side of the page contains the 'TERMS AND CONDITIONS' text, which begins with 'By using the State Retirement Systems Member Services website, you agree to the following terms and conditions:' followed by a bulleted list of terms.

**SRS** STATE RETIREMENT SYSTEMS **Member Services** Kieher, David M.

Home Profile Inbox Publications Help Contact Log Out

Doe, Jane - XXX-XX-9999 - [Member Id: 12-3456789] Account as of 2/16/2023

SRS MEMBERSHIP RECORD  
FEDERAL WITHHOLDING  
DEMOGRAPHICS  
MEMBER SERVICES  
SERVICE PURCHASES  
ANNUAL STATEMENTS  
PAY STUB  
INSURANCE  
**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](mailto:Support@srs.illinois.gov) or call the SRS Help Desk at (217) 782-4202.

**1099-R Form**

# 1099-R Form

☐ CORRECTED (if checked)

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 <b>2022</b> Form <b>1099-R</b>	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	<b>Copy B</b> <b>Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.</b>  This information is being furnished to the IRS.	
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		
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 design. 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	

Form **1099-R** [www.irs.gov/Form1099R](http://www.irs.gov/Form1099R) Department of the Treasury - Internal Revenue Service

## 1099-R/Tax Information

☐ CORRECTED (if checked)

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 <b>2022</b> Form <b>1099-R</b>	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
		\$	\$
RECIPIENT'S name		5 Employee contributions/ Designated Roth contributions or insurance premiums	6 Net unrealized appreciation in employer's securities
		\$	\$

Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.

- 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

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
		\$	\$

Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.

- 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

Street address (including apt. no.)			7 Distribution code(s)		8 Other		your return.  This information is being furnished to the IRS.
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"/>	\$				\$
			\$				\$

- 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	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
			\$	\$	\$
			\$		\$
			\$		\$

- 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 15<sup>th</sup>, 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 31<sup>st</sup> of each year.

# Insurance

**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	Total Rate	Total Rate
0	0%	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX
1	5%	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX
2	10%	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX
3	15%	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX
4	20%	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX
5	25%	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX
6	30%	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX
7	35%	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX
8	40%	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX
9	45%	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX
10	50%	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX
11	55%	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX
12	60%	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX
13	65%	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX
14	70%	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX
15	75%	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX
16	80%	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX
17	85%	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX
18	90%	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX
19	95%	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX
20+	100%	\$XX.XX	\$XX.XX	\$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](https://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

# 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](https://mybenefits.illinois.gov)



## **Important Forms**



## **Change of Information Form 501**



2101 South Veterans Parkway  
P.O. Box 19055  
Springfield, IL 62794-9255

217-785-7444  
Email: sers@srs.illinois.gov  
Fax: 217-524-6675

## 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

Date

501 (R-6/22)

Power of Attorney (Property only) needs to complete section 2, if applicable.

# 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](mailto: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

#### Previous Account Number

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

Routing Number (must be unchanged in order to proceed)

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

#### 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 \_\_\_\_\_

Date \_\_\_\_\_

Joint account holder signature (if any) \_\_\_\_\_

Date \_\_\_\_\_

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

## 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](mailto: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)

Home 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 5/1-1.35), 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)

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](mailto: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)

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 \_\_\_\_\_

# Death Benefit Beneficiary Designation Form 101

## Death Benefit Beneficiary Designation

### Member information

Name (Last, first, middle)

SSN (last 4) or Member ID

Address (Street, City, State, Zip)

Phone number

Any death benefits payable by State Employees' Retirement System shall be paid in EQUAL SHARES to the following beneficiaries who survive me.

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

SECONDARY

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

*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 \_\_\_\_\_

101 (00/18)

Page 1 of 2

No electronic signatures 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](https://srs.illinois.gov)  
[sers@srs.illinois.gov](mailto:sers@srs.illinois.gov)
- CMS Deferred Compensation  
800-442-1300 ext. 3  
217-782-7006
- Empower  
833-969-4532  
[myillinoisdcplan.com](https://myillinoisdcplan.com)

## Important Contact Information



**(217) 785-7444**

**[SERS@srs.illinois.gov](mailto: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](http://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](https://cms.illinois.gov)**

- Medicare questions
- Insurance claims unresolved by the plan



**MetLife**

**(800)880-6394**

**[metlife.com](https://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://ssa.gov)
- Empower  
833-969-4532  
[myillinoisdcplan.com](https://myillinoisdcplan.com)