STATE RETIREMENT SYSTEMS

- State Employees' Retirement System of Illinois
- General Assembly Retirement System
- Judges' Retirement System of Illinois

Internet: *http://www.state.il.us/srs* E-Mail: *sers@srs.illinois.gov*

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

REQUEST TO ESTABLISH SERVICE CREDITS PRIOR TO DATE OF MEMBERSHIP

Name of Employee _____ S.S. No. _____

Address _____ Date of Birth: _____ _____ _____
Street Month Day Year

_____ _____ _____
City State Zip Home Phone Work Phone + Ext

Name as shown on payroll at time of any State employment_____

Please indicate by checking the appropriate box the type of service credit for which you are requesting information and complete the blanks for the corresponding box. Sign and date the form on the reverse side.

☐ 1. **QUALIFYING PERIOD** (12 months preceding date of membership prior to 1/1/1972 or 6 months for a person entering state service on or after 1/1/1984 through 11/30/2010.)

Beginning date of employment: Month _____ Day _____ Year _____

Agency/Department _____

☐ 2. **SHORT PERIODS** - Intermittent periods of service which did not exceed a qualifying period for which no deductions were taken for retirement.

DATES OF EMPLOYMENT				
From		**To**		**Agency/Department**
Month	Year	Month	Year	

☐ 3. **LEAVE OF ABSENCE (L.O.A.)** (Periods of less than one year spent on an authorized leave of absence from service, provided that the period of leave began on or after January 1,1982 and any credit established by the member for the period of leave in any other public employee retirement system has been terminated.)
3a. **Leave of absence/Final average compensation:** A member may elect to establish earnings credit for an authorized leave of absence within 48 months after returning to work from the leave.

DATES OF L.O.A.						
From		**To**		**Agency/Department**	**Service Credit**	**Earnings**
Month	Year	Month	Year		(check either one or both)	
					☐	☐
					☐	☐
					☐	☐
					☐	☐

☐ 4. **MILITARY SERVICE:** Attach copy of Form DD 214 or appropriate separation or discharge papers verifying active duty for either purchased or free military service credit. The form **MUST** indicate the type of separation, i.e. honorable discharge.

A member may purchase up to 48 months of active duty; or receive free military service credit. To receive free military, a member must have been a state employee within six months immediately prior to entry into military service, and return to state employment within 15 months after an honorable discharge. The member must establish the state service credit before and after the military service.

Free Military:

a) Name of Agency and Department prior to entry into military service:_____

b) Last date of state employment prior to entry into military service:_____

c) Name of Agency and Department following discharge from military service:_____

d) Beginning date of employment following discharge from military service:_____

☐ 5. **REPAYMENT OF REFUND(S)*** - Employee required to have 2 years of contributing service subsequent to refund either in the State Employees' Retirement System and/or reciprocal system.

a) Date(s) of refund(s) Month _____ Year _____

Month _____ Year _____

b) Date(s) returned to work Month _____ Year _____

Month _____ Year _____

c) Agency/Department(s) where employed _____

d) Name of Reciprocal System (if applicable) _____

* A member who has met the two year contributing service requirement may wish to purchase all of their refund or a portion. If part of the refund is repaid, the member may choose to repay additional whole months or all of the remaining portion at a later date.

☐ I wish to purchase the entire refund(s). ☐ I wish to purchase _____ whole months

☐ 6. **INTERNSHIPS** - Below are the only internships that may be purchased.

a) Illinois Legislative Staff Internships Program. Dates: _____

b) Government Public Service Internship Program (GPSI). Dates:_____

☐ 7. **DO YOU PLAN TO RETIRE IN THE NEAR FUTURE?** ☐ YES ☐ NO

If yes, when _____

THIS SECTION IS OPTIONAL

METHOD OF PAYMENT

a) ☐ Lump sum

b) ☐ Direct pay installment option (minimum $20 per payment)

c) ☐ Post-tax payroll deduction installment option (minimum $10 per pay period)

d) ☐ Tax deferred irrevocable payroll deduction option (minimum $10 per pay period)

e) ☐ Tax deferred lump sum sick and vacation payment

f) ☐ Deferred Compensation Transfer (The account must have enough funds to cover the total amount due.)

_____ _____

Member's Signature Date