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

UNREDUCED SOCIAL SECURITY PENSION ESTIMATE

Only to be completed if you are currently age 65 or greater

PART I (TO BE COMPLETED BY SERS MEMBERS)

I, _____ _____
(Name of SERS Member) (Social Security Number)

hereby authorize the Social Security Administration to furnish the information requested below to the STATE EMPLOYEES' RETIREMENT SYSTEM OF ILLINOIS. This information is required in the computation of benefits payable to me by the State Employees' Retirement System.

_____ _____
(Signature of Claimant) (Street)

_____ _____
(Date) (City) (State) (Zip Code)

PART II (SOCIAL SECURITY ADMINISTRATION ONLY)

Please complete this form based on the worker's record for unreduced retirement benefits he/she would be eligible to receive on the date indicated below.

Unreduced Social Security Retirement Benefits
as of _____ would be _____ .

Send information to:

STATE EMPLOYEES' RETIREMENT SYSTEM

2101 South Veterans Parkway

P.O. Box 19255

Springfield, Illinois 62794-9255

_____
(Signature)

_____
(Title)

_____
(District Office)

Date _____