



STATE
RETIREMENT
SYSTEMS

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

Internet: <http://www.srs.illinois.gov> E-Mail: sers@srs.illinois.gov

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

EMPLOYER STATEMENT

Date _____

Name of Employee _____

Social Security Number _____

1. Type of claim: Pension
Death
Occupational Disability
Nonoccupational Disability

2. Last day employee physically worked _____ / _____ / _____
Month Day Year

3.(a) Last day salary or wages due employee: _____ / _____ / _____
Month Day Year

(b) Date employee removed from payroll, bi-weekly or either the 15th or the end of month: _____ / _____ / _____

(c) Has employee returned to work? Yes No Date returned to work _____ / _____ / _____

4. Reason for removal:

- Resignation
- Medical Leave of Absence
- Discharge/Dismissal
- Service Connected Leave
- Layoff
- Death (Was member on an approved medical leave of absence at death? Yes No)

} Effective date of Action _____ / _____ / _____
Month Day Year

5. Total unused sick days earned prior to January 1, 1984 (A)
Total unused sick days earned after December 31, 1997 (B)
Total unused sick days earned after December 31, 1983
and before January 1, 1998
Less: One-half of unused sick days earned after December 31, 1983
and before January 1, 1998 () (C)
Number of unused sick days remaining for pension calculation (A+B+C) = _____

6. (a) Employee base rate of pay: \$ _____; (b) Employee work status: Full Time Part Time
(c) Employee total rate of pay: \$ _____;
(d) Frequency of pay: monthly semi-monthly bi-weekly hourly

7. Will a Form 1404 (Retirement Contributions on Lump Sum Pay for Sick Leave, Vacation, and/or Personal Days) be processed?
Yes No

COMPLETE 8 AND 9 FOR DISABILITY CLAIMS ONLY

8. Has the employee filed a claim for Worker's Compensation benefits? Yes No

9. (a) Is there any indication that this is a work-related disability? Yes No
(b) If yes, was a 3rd party involved? Yes No

Retirement Coordinator's Signature _____

Date _____ Phone Number _____ Extension Number _____

Instructions for completing Employer Statement

1. Type of claim – Complete by checking appropriate box for type of claim received.
2. Last date employee worked – Indicate the last date that the employee was present and worked.
3. (a) Last day salary or wages due employee – Indicate the last day employee earned normal pay. In the case of medical leave of absence, indicate the last day employee earned pay (could be sick or vacation pay).
(b) Date employee removed from payroll – Indicate the pay period ending date of when employee was removed from payroll.
(c) Has employee returned to work? – Complete by checking the appropriate box. If yes, indicate the physical return to work date.
4. Reason for removal – Complete this section by checking the appropriate box and indicate the effective date of the removal. The effective date of action is the actual date of event. If this is a death claim for an active member or inactive member, it is important to answer “yes or no” regarding medical leave of absence at death.
5. Unused sick days – Complete this section by indicating the number of unused sick days for the specific time period.
6. (a) Employee base rate of pay - Indicate base rate of pay.
(b) Employee work status - Complete by checking appropriate box.
(c) Employee’s total rate of pay. Indicate base rate of pay plus additional income factors such as longevity, permanent shift differential, bilingual etc.
(d) Frequency of Pay - Complete by checking appropriate box.
7. Will a Form 1404 be processed? – Complete by checking the appropriate box. If yes, submit 1404 to the retirement system immediately. Form 1404 is the form used to report paid sick, vacation and personal days being used by the member to establish service credit and the contributions to be withheld from the lump sum payment.

Complete 8 and 9 for Disability Claims only.

8. Has the Employee filed a claim for Workers Compensation benefits? Complete for disability claims only by checking the appropriate box.
9. (a) Is there any indication that this is a work-related disability? Complete by checking the appropriate box.
(b) If this is a work related disability, was a 3rd party involved? Complete by checking the appropriate box.

The Agency Retirement Coordinator is required to sign, date and list their phone number in case State Retirement System has questions