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

CLAIM NOTIFICATION

1. Complete Agency and Employee information.
2. Check appropriate box and provide requested information.
3. Any comments relative to this notification may be furnished in the "COMMENTS" section at the bottom of the form.

AGENCY	EMPLOYEE
Name of Agency	Social Security Number
Coordinator's Signature	Name
Coordinator's Telephone #	Address
Date	City State Zip

Tier 1 ☐ Tier 2 ☐ Home #_____ Work #_____

☐ PENSION
Planned retirement date _____
Is member married? Yes ____ No ____ Date: _____
Does member have children under age 18 or dependent children over age 18 who are disabled? Yes ____ No ____
Does member have unmarried children 18-22 who are full time students? Yes____ No____

☐ PENSION ESTIMATE
Base estimate on:
Date of separation from state service_____
Effective date of retirement_____
Unpaid/Unused sick days_____
Paid sick & vacation days_____
Level income option: Social Security estimate age 62 ____ Full retirement age ____

☐ NON-OCCUPATIONAL DISABILITY
Date last worked_____
Date leave of absence begins_____
Maternity? Yes ____ No ____
Did employee leave status change because TTD benefits stopped? Yes____ No____

☐ OCCUPATIONAL DISABILITY
Date of accident_____
Date removed from payroll_____

☐ DEATH
Date of death_____
Is member married? Yes ____ No ____ Date:_____
Was death service-connected? Yes ____ No ____
Does member have children under age 18 or dependent children over age 18 who are disabled? Yes ____ No ____
Does the member have unmarried children 18-22 who are full time students? Yes____ No ____

Name and address of next of kin:
_____
_____

COMMENTS: