



STATE
RETIREMENT
SYSTEMS

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

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

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

State of Illinois Group Insurance Program

Please note that this is a required informational form. Failure to submit this form could result in termination of insurance coverage or the inability to enroll.

Name: _____

Residential Street Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____
(if different than Street address)

City: _____ State: _____ Zip: _____

Member ID# or last 4 of SSN: _____ Email Address: _____

Telephone number: _____ Alternate telephone number: _____

Opt Out Financial Incentive (20 years/\$500 per month, Less than 20 years/\$150 per month): If you are Non-Medicare and elect to opt out of the insurance program to receive a monthly incentive check, mark the following box.

I elect to opt out for the incentive and request an incentive packet be mailed.

Member currently enrolled as a dependent

I am currently enrolled as a dependent on my state-covered spouse's or civil union partner's health, dental and vision insurance coverage for at least one year, and therefore, qualify to remain on my spouse's or civil union partner's state insurance as a dependent. I understand that waiving my coverage as an annuitant to remain a dependent of my spouse/civil union partner will mean that the only coverage I will have as an annuitant (member) will be life insurance coverage.

Signature: _____ Date: _____