STATE EMPLOYEES
RETIREMENT SYSTEM
OF ILLINOIS

NONOCCUPATIONAL DISABILITY BENEFIT APPLICATION PACKET

Tier 1 *(members hired before January 1, 2011)*: Non-occupational disability benefits equal 50% of your final average compensation, or your monthly rate of pay on the date you were removed from payroll, whichever is greater.

Tier 2 *(members hired after December 31, 2010)*: Non-occupational disability benefits equal 50% of your final average compensation.

Non-occupational disability benefits are reduced by Social Security benefits if you are younger than the full SSA retirement age. If you are the full SSA retirement age or older, your non-occupational disability benefits will be reduced by your SSA retirement annuity.

While you receive disability benefits, your SERS account will continue to be credited with service and contributions as if you are still working.

Non-occupational disability benefits are subjected to federal income tax, but not state income tax.

A medical leave of absence is necessary as part of the qualifying criteria for non-occupational disability benefits. Termination or resignation from state employment will not affect your eligibility for benefits as long as you have been granted a medical leave of absence first.

After you receive your first disability payment, this benefit will be paid one month behind and mailed on the 19th of the month, unless the 19th falls on a weekend or holiday. Then the benefit will be paid on the workday prior to the 19th.

To apply for non-occupational disability benefits, your disability must not be work-related. If you begin receiving non-occupational disability benefits and you apply for benefits under the Workers' Compensation Act, it will affect your eligibility for continued benefits.

State Employees Retirement System

NON-OCCUPATIONAL DISABILTIY CHECKLIST

You must submit the following required forms to SERS:

- ☐ Application for non-occupational disability benefit;
- ☐ A photocopy of your birth certificate;
- ☐ A signed authorization for release of medical information;
- ☐ The medical form (must be completed by your physician);
- ☐ SSA retirement annuity form if age 65 or older; and
- ☐ SSA disability benefit award letter if receiving SSA disability benefits.

All of the following Must Apply:

- ☐ You must be granted a medical leave of absence from your employing agency.
- ☐ You must use all accumulated sick time.
- ☐ You must be found by SERS to be disabled from performing your assigned job duties.
- ☐ You must be disabled and serve a 30-day waiting period beginning on your last day worked (sick time and vacation days can be used to fulfill this requirement).
- ☐ You must apply for benefits within 90 days from the date of removal from the payroll.

SERS will contact your agency regarding your payroll information and job description. This information cannot be submitted by your agency until you have been granted a medical leave of absence.

ANY PERSON WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE OR MISLEADING INFORMATION TO THE STATE EMPLOYEES' RETIREMENT SYSTEM IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES, DENIAL OF BENEFITS AND CONFINEMENT IN A STATE PRISON.

Nonoccupational Disability Benefits

The SERS Disability Section will assist you with your disability claim and process your application as quickly as possible because we do not want the disability application process to create any additional burdens on you. The processing time depends on how quickly you and your agency return the necessary forms to us.

After you receive your first disability check, all future checks are mailed on the 19th of the month. If the 19th falls on the weekend or a state holiday, your check will be mailed on the last working day before the 19th.

To Become Eligible for Non-Occupational Disability Benefits, the Employee Must Meet the Following Conditions:

1. You must have 18 months of creditable service with SERS when you are removed from the payroll (TRS and SURS time can be used to meet this requirement).

2. All accrued sick days must be used.

3. A medical leave of absence must be granted by your agency.

4. Benefits start 31 days after your absence from work, or the day after you were last paid, whichever occurs last. If your application is not received within 90 days after you are removed from the payroll, benefits will begin on the date the application is received.

5. You must have a medical report submitted to our office by a licensed and practicing physician certifying that you are disabled and unable to perform the duties of your position.

6. SERS must find you to be disabled from performing your assigned job duties.

Nonoccupational Disability Benefits Terminate When One of the Following Events Occur:

1. Your disability has ceased.

2. You become gainfully employment.

3. Your disability payments have been made for a period of time equal to 1/2 of your earned service credit.

4. Up to five years has passed since the beginning of your benefit–if your benefit began after you became age 60.

5. You become age 65–if your benefit began prior to age 60.

IT IS YOUR RESPONSIBILITY TO NOTIFY SERS IMMEDIATELY IF YOU RESUME GAINFUL EMPLOYMENT

Disability and Social Security

You may be eligible for Social Security disability benefits if your disability lasts more than twelve months. SERS contracts with a firm specializing in assisting members through the Social Security disability application process. If your case is accepted by this firm, you will be contacted to begin the application process.

If your case is not accepted, and you remain disabled for more than twelve months, you must apply directly to the Social Security Administration (SSA) for disability benefits. SERS will give you specific directions about the filing process.

While your disability claim is reviewed by the SSA, you receive your full SERS benefit. If you become eligible for Social Security dis-

ability benefits, your SERS disability benefit will be reduced by the amount of your Social Security disability benefit. Future increases in Social Security disability benefits will not affect your SERS benefit.

You will also be required to repay SERS the Social Security benefits paid to you during the SSA application period. This lump sum repayment must be made from your initial Social Security payment.

If you are receiving any other SSA benefits, contact SERS immediately. If you are full retirement age, your SERS disability payment will be reduced by the amount of your Social Security pension benefit.

Investigation of Disability Claims

After you receive your first disability payment, the Disability Section may contact you by mail to obtain any information that was not included on your benefit application.

Every January and July a new medical form will be sent to you which must be completed by your physician. An exam is not required if you have seen your physician within the last two months, but the form must be completed and returned to SERS.

Included with the medical form is an updated Release of Information Authorization form and a form certifying that you have not earned more than the monthly earnings limitation while receiving your SERS disability benefit.

During your disability, you may be contacted regarding your disability, current medical treatment, and other daily activities. You may also be asked to undergo an independent medical examination. Your cooperation is vital to this disability investigation process in order to continue receiving disability benefits.

Working While Disabled

You can work outside of state government and earn up to the calendar quarterly earnings limitation without disrupting your disability benefit.

It is important to remember that you cannot earn more than the calendar quarterly earnings limitation, nor return to work for the State in any capacity.

If you exceed the calendar quarterly earnings limitation, an overpayment of disability benefits will result. Call the Disability Section at 217-785-7318 if you have questions or need assistance with any aspect of your disability benefit.

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

APPLICATION FOR NON-OCCUPATIONAL DISABILITY BENEFITS

Complete the following if there is no label or the label is incorrect!

Social Security Number

First Name Middle Last

Street Address (Permanent Mailing Address)

City State Zip Code

1. Telephone Number: (home)_____(work)_____
2. Email Address _____
3. Title of your position _____
4. Date your disability began _____ 5. Date you ceased work _____
6. Have you been granted a medical leave of absence? ☐ YES ☐ NO
7. Have you returned to work? ☐ YES ☐ NO
8. Date you returned to work _____ 9. Date you expect to return to work _____
10. Describe accident or illness that caused disability: _____

_____

_____

11. Have you applied for a Social Security Benefit? ☐ YES ☐ NO
12. Are you currently receiving a Social Security Benefit? ☐ YES ☐ NO If yes indicate benefit type _____
13. **Name and complete address of physicians who have treated you for this disability:** _____

_____

14. Name and address of hospital to which you were confined for this disability: _____

_____

15. Dates you were confined to hospital, from: _____ to_____

16. Have you ever been a member of the State Universities Retirement System of Illinois? ☐ YES ☐ NO

17. Have you ever been a member of the Teachers' Retirement System of Illinois? ☐ YES ☐ NO

18. Non-occupational disability benefits and temporary disability benefits are subject to federal income tax withholding in accordance with Federal Withholding Tables, unless you elect not to have taxes withheld. These benefits are exempt from Illinois income tax. As part of the application process for these benefits you need to complete the income tax withholding that appears below.

    You may elect not to have withholding taken, or to have withholding taken at any level. If you do not indicate a preference for withholding, State Employees' Retirement System (SERS) must withhold at the rate for a married person with three exemptions. You may change your withholding or discontinue withholding at any time.

Federal Income Tax Withholding for Disability Payments

1) I elect **not** to have income tax withheld from my disability benefit. (Do not complete line 2 or 3.).....➤ ☐

2) I want my withholding from each periodic disability payment to be figured using the number of allowances and marital status shown. (You may also designate an additional dollar amount on line 3.) .....➤ _____ (Enter number of allowances.)

   Marital Status: ☐ Single ☐ Married ☐ Married, but withhold at higher Single rate

3) I want the following additional amount withheld from each disability payment. Note: For periodic payments, you cannot enter an amount here without entering the number (including zero) of allowances on line 2.....➤

$_____ .....

19. I authorize SERS to have a representative review my file for the purpose of evaluating the eligibility of qualifying for disability benefits from the Social Security Administration (SSA), and which a representative may contact me concerning the filing of such a claim. If I am receiving disability benefits or I am eligible for a retirement annuity from SSA, I understand that SERS may offset that amount from my SERS benefit. *If I receive a SSA retroactive disability award, this will create an over payment of SERS disability benefits which I will have to pay back to SERS. I will contact SERS as soon as I receive either benefit from SSA.*

20. I also authorize the exchange of information with physicians performing independent medical consultations. I also agree to permit the SERS to furnish medical documentation to the appropriate agency for the purpose of documenting my leave status.

21. I hereby certify that I have not been gainfully employed during the time I am claiming disability. I will notify the SERS immediately when my disability ceases; or when I return to state employment; or when I accept other gainful employment. I authorize SERS to apply any future disability benefits, pension benefits, death benefits or refund of contributions to any excess disability benefit I may have received until the excess disability benefit is repaid in full.

22. I certify this information is correct. I am aware that pursuant to the 40 ILCS 5/1-135 any person who knowingly makes a false statement or falsifies a record in an attempt to defraud the State Employees' Retirement System is guilty of a Class 3 felony. If the SERS Board of Trustees has a reasonable suspicion that an attempt has been made to defraud SERS, it is required to report the matter to the appropriate state's attorney for investigation.

_____

Signature Date

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RELEASE OF INFORMATION AUTHORIZATION

State Employees' Retirement System of Illinois (217)785-7444
TTY (217)785-7218
Accounting (217)785-7191
Admin. Services (217)785-6971
Deaths (217)785-7366
Deaths Fax (217) 524-2293
Disabilities (217)785-7318
Disabilities Fax (217) 785-6961
Group Insurance (217)785-7150
Group Ins. Fax (217) 557-0510
Pensions (217)785-7343
Pensions Fax (217) 524-2293
Vouchering (217)785-7034
Vouchering Fax (217) 557-0510
Data Processing (217)785-6957
Exec. Offices (217)785-7016
Exec. Office Fax (217)557-3943
Gen. Info. Fax (217)785-7019
Field Services (217)785-6979
Field Serv. Fax (217)557-5154
Refunds (217)785-7187
Service (217)785-7167
Service & Refunds Fax (217)785-6964
Chicago Office (312)814-5853
Chicago Fax (312)814-5805
Judges' Retirement System of Illinois (217)782-8500
General Assembly Retirement System (217)782-8500

I authorize any physician, hospital, insurer, the Social Security Administration or another organization having any records, data or information concerning me to furnish such records, data or information to the State Employees' Retirement System of Illinois.

The type of information to be disclosed includes the patient's entire medical record, employment record (including salary postings), or a record of all benefit payments.

I understand that the information being disclosed may include information relating to sexually transmitted disease, acquire immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, treatment for alcohol and drug abuse and generic health information from medical records.

The information for which I am authorizing disclosure will be used for establishing eligibility for disability benefits from the State Employees' Retirement System.

I understand that I have a right to revoke this authorization at any time. I understand that if I revoke this authorization, I must do so in writing. I understand that the revocation will not apply to information that has already been released in response to this authorization.

This authorization will expire 12 months from the date of signature listed below, unless otherwise revoked.

I understand that once the above information is received, it may be disclosed by the recipient pursuant to evaluating my continued eligibility for disability benefits, and may no longer be protected by federal privacy regulations. The State Employees' Retirement System is not liable for any consequences of such re-disclosure.

I understand that authorizing the use or disclosure of the information identified is mandatory to establish my eligibility for disability benefits.

Name: _____
(Please Print)

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Social Security Number: _____ Date of Birth: _____

Signature: _____ Date of Signature: _____

Witness: _____ Date of Signature: _____
(Anyone over the age of 18)

ANY PERSON WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE OR MISLEADING INFORMATION TO THE STATE EMPLOYEES' RETIREMENT SYSTEM IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES, DENIAL OF BENEFITS AND CONFINEMENT IN A STATE PRISON.

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NON-OCCUPATIONAL DISABILITY MEDICAL REPORT

Dear Doctor:

The employee named below has made application for disability benefits from the State Employees' Retirement System. Please complete and return this form to the above address or fax to (217) 785-6961. The employee's eligibility for benefits cannot be determined until we receive this information. **This form is acceptable only if completed by a licensed medical doctor.**

Employee Name:

S.S.N.

Date of Birth

DIAGNOSIS AND CONCURRENT CONDITIONS: _____

_____

_____

CURRENT SYMPTOMS: _____

_____

PREGNANCY (Expected Delivery Date): _____

PLEASE LIST RESULTS OF APPROPRIATE DIAGNOSTIC STUDIES: _____

_____

_____

NATURE OF TREATMENT AND DATES: (Enclose a copy of your office records if more convenient) _____

_____

_____

ONSET DATE OF DISABILITY _____

IS PATIENT STILL UNDER YOUR CARE FOR THE DIAGNOSIS LISTED ABOVE? ☐ YES ☐ NO

IF PATIENT HAS BEEN RELEASED TO RETURN TO WORK: _____
(Please enter date released)

REMARKS: _____

_____

_____

THE ABOVE NAMED INDIVIDUAL APPEARED BEFORE ME FOR MEDICAL EXAMINATION.
THE DIAGNOSIS, TREATMENT AND REMARKS ARE MY PROFESSIONAL OPINION.

PRINTED NAME: _____

SIGNATURE: _____ DATE: _____

ADDRESS: _____ SPECIALTY: _____

_____ TELEPHONE NUMBER: _____

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BIRTH CERTIFICATE

DEAR MEMBER:

WE NEED A COPY OF YOUR BIRTH CERTIFICATE TO COMPLETE YOUR MEMBERSHIP RECORD. **PLEASE WRITE THE LAST FOUR DIGITS (XXX-XX-1234) OF YOUR SOCIAL SECURITY NUMBER ON YOUR BIRTH CERTIFICATE.**

Any person making application for a retirement annuity, survivor's annuity, temporary disability, non-occupational or occupational disability benefit must submit as proof of birth date, a legal copy of their birth certificate or birth record issued by state/county of birth.

If you ***DO NOT*** have a copy of your birth certificate, it will be necessary that you obtain a copy from the state in which you were born.

If ***NO RECORD EXISTS,*** you must submit a signed affidavit certifying that no birth record exists. Upon submission by the signed affidavit, the following documents may be submitted for consideration of proof of birth date:

1) Military Records;
2) Marriage record showing date of birth;
3) Evidence of social Security payments that require attainment of specific age;
4) Church record of birth or baptism;
5) Valid Passport;
6) Valid driver's license; or
7) Two or more documents showing birth dates, such as, Naturalization papers, insurance policies, school records or medical records.

If none of the above documents are available, an affidavit from parents, older sibling, or relative having knowledge of the date of birth may be considered. If you need information on where to write for your birth record, please contact our office at (217)785-7444.

I am aware that pursuant to the 40 ILCS 5/1-135 any person who knowingly makes a false statement or falsifies a record in an attempt to defraud the State Employees' Retirement System is guilty of a class 3 felony. If the SERS Board of Trustees has a reasonable suspicion that an attempt has been made to defraud SERS, it is required to report the matter to the appropriate state's attorney for investigation.

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IMPORTANT

While receiving a disability benefit from SERS you may not work for the State of Illinois in any capacity. From other employers you may earn up to $2,490 per calendar quarter while receiving a disability benefit from the SERS. Gross income, including income from self-employment, above $2,490 per quarter will result in the suspension and possible termination of your SERS disability benefits and your life, health and dental insurance coverage.

Failure to report outside employment and quarterly income above $2,490 may be considered an attempt to defraud SERS. If SERS suspects fraud the proper State's Attorney will be notified for further investigation.

For all disability recipients, SERS reviews information provided by the Illinois Department of Employment Security. In addition, SERS continuously reviews and investigates disability files in order to minimize the number of fraudulent benefits and claims.

For Occupational disability Benefits - Contact your Workers' Compensation carrier to determine what impact earnings have on your Workers' Compensation benefits.

If you have any questions about gainful employment, please call the **SERS Disability Section at 217-785-7318.**

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It is your responsibility to call the Retirement System's Disability Section when you return to work. If you do not call and report your return to work date, there will be an overpayment of benefits.

Please call 217-785-7318

SSA BENEFITS AND YOUR SERS DISABILITY

In accordance with the State Employees' Retirement System (SERS) statutes, the disability benefit you are receiving must be reduced by the initial monthly disability benefit you receive from the Social Security Administration (SSA).

If you receive a retroactive SSA disability award which is for a period you receive SERS disability benefits, or you receive SSA disability benefits without your SERS disability benefit being reduced, there will be an overpayment of SERS disability benefits.

The SERS Disability Section will be in touch with you during the first year of receipt of disability benefits. This contact will be to assist you in filing for SSA disability benefits.

If you are receiving disability benefits or a reduced retirement annuity from the SSA, please contact the Retirement System immediately!

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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 _____

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IMPORTANT MEMO

PAYROLL DEDUCTIONS FOR OPTIONAL SERVICE CREDIT

If you are purchasing optional service credit through payroll deduction, please note that this deduction will cease while you are off the payroll.

Upon returning to work, it is your responsibility to contact your agency's payroll officer immediately to set up a "catch up" schedule. One option is to double the payroll deduction for the number of pay periods that deductions were missed.

(Example: 8 deductions of $15.00 missed, agency may deduct $30.00 for 8 deductions)

If the payroll deduction agreement ends before you return to work, you will be billed by SERS for the balance due.

NOTE: DUE TO THE I.R.S. REGULATIONS, THE AGREEMENT DUE DATE CAN NOT BE EXTENDED FOR ANY REASON IF THE PAYMENT IS BEING MADE ON A TAX DEFERRED IRREVOCABLE PAYROLL DEDUCTION BASIS.

3990 (N-11-08)