



## GARS Prescribed Salary Rate

Highest salary as defined by the Illinois Pension Code is "For a participant who is a member of the General Assembly on his or her last day of service: the highest salary that is prescribed by law, on the participant's last day of service."

### Compensation Review Board

In every even-number year, the Compensation Review Board is required to submit a report to the General Assembly which recommends compensation levels for members of the General Assembly, statewide elected officials, judges, and department heads. If the report is not rejected by both chambers of the General Assembly, the compensation levels recommended in the report are put into effect.

### Prescribed Salary Rate

The March 2006 Report of the Compensation Review Board was not rejected by the 94th General Assembly. The 2006 Report recommended no salary increases for FY 2007 for offices in the legislative and executive branches covered by the report. The report recommends that the COLAs that were not granted in FY03 - FY05 (13.1%) be applied to salaries before the FY07 COLA (3.2%) is granted on July 1, 2006. This is the highest salary prescribed by law for GARS members.

## Your Benefit Statement



Enclosed with this edition of the Solon is your annual Benefit Statement if you are an active member of the General Assembly. Your GARS Benefit Statement gives you a retirement benefit estimate based on your actual salary. Your prescribed salary rate would provide a benefit that is 13.1% higher than the estimate shown on your statement.

Your Benefit Statement also shows any reciprocal service you may have, along with a retirement benefit estimate at your normal retirement date using the Reciprocal Act. To determine your total benefit, add the projected GARS benefit to the amount from the reciprocal system(s).

If your statement shows reciprocal service but no amount, you probably don't have enough service to utilize the Reciprocal Act, or you may have concurrent service with GARS and another system, or you may not need the service to qualify for the maximum benefit.

You can calculate your maximum benefit by multiplying your current salary by 85%. This will allow you to compare your benefit with the maximum benefit. Although we make every effort to provide you with an accurate benefit estimate, it is only an approximation. If you have questions, contact our office at 217-782-8500.

Even though the 2006 Report was not rejected by the 94th General Assembly, the recommended COLAs were not granted because they were not funded in the FY07 state budget. However, GARS members who retire in FY07 will still receive a retirement benefit based on the highest salary for annuities.

The General Assembly may still reject the 2006 Report within 30 session days of the report being submitted to the General Assembly. If the report is ultimately rejected by mid-February, retirement benefits would be based on the actual salary rates received by the member.

*Benefit Statements for retirees and survivors are NOT included with this Solon. These statements will be mailed in March, 2007. Only active members receive a statement with this mailing.*

# Understanding Your Statement

## General Assembly Retirement System of Illinois

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

Your Annual Benefit Statement has been prepared as of June 30, 2006 using the following information:

If you are actively employed as a legislator, your annual Benefit Statement for the year ending June 30, 2006 is enclosed with this copy of The Solon. Your statement reflects your salary on July 1, 2006. If you have questions about your statement, call us at 217-782-8500.

At right is a SAMPLE statement highlighting the areas where members usually have the most questions.

If you do not agree with the service shown on your statement, contact GARS at 217-782-8500.

If you are purchasing service credit, it will not be shown on your statement until it is paid in full.

This is the projected GARS benefit you are eligible to receive, assuming continuous service to normal retirement age. If you have reciprocal service listed below, add the two amounts together to estimate your combined benefit.

This is your accrued benefit estimate, assuming termination of service on the date shown on YOUR statement. Do not add reciprocal service to this amount.

The survivor benefit payable to a spouse is 66 2/3% of the earned benefit, or 7.5% of your final salary, whichever is greater.

Social Security # XXX-XX-1234 Date of Birth  
03/20/1942

00163A  
ACTIVE GAMEMBER  
133 ANY STREET  
ANY TOWN, IL 66666

### Member Information

You have **18** months of contributing membership service. This does **not** include service forfeited by taking a refund, or any service credit in a reciprocal retirement system listed below. You have **6.00** months of leadership service. Leadership service can enhance your retirement benefit (see "final salary" on the reverse side).

Your total contributions are **\$8,411.29**. Your fiscal year 2006 contributions (July 1-June 30) are **\$6,555.44**. Your monthly prescribed salary as of July 1, 2006 is **\$4,777.66**. Your final salary is used to compute your retirement benefits.

### Retirement Benefits

Retirement benefits are based on service, final salary and age. Normal retirement is age 55 with eight years (96 months) of service. If you continue working to normal retirement age, your estimated monthly retirement benefit will be **\$359.22** on **07/01/2006**.

Your monthly benefit earned and accrued as of **June 30, 2006** is **\$359.22**, payable on **07/01/2006**.

### Disability

You are not currently eligible for disability.

### Reciprocal Service

Using the reciprocal act with GARS, you may receive the following monthly benefit(s) at normal retirement age:

STATE EMPL RETIREMENT SYSTEM OF ILL 66.00 \$433.22  
ILLINOIS MUNICIPAL RETIREMENT FUND 72.00 \$513.14  
STATE UNIVERSITIES RETIREMENT SYS 144.00 \$1,234.56

### Death Benefits

Death benefits are payable to your spouse, children or named beneficiaries, as applicable. Lump sum death benefits are payable to your named beneficiaries if there are no eligible survivor(s) at your date of death. If you wish to change your GARS beneficiaries, a change of beneficiary form is printed in the enclosed *Solon*. GARS BENEFITS ARE SEPARATE FROM YOUR GROUP LIFE INSURANCE COVERAGE. Group life beneficiaries are not included in this statement.

If you die with no qualified survivors, your named beneficiary or estate will receive your total contributions of **\$8,411.29**.

Your current beneficiaries are:

**1 - BENEFICIARY A**

**1 - BENEFICIARY B**

\* *This amount is reduced by any Workers Compensation benefits received.*

## At a Glance

as of June 30, 2006

### Member Information

Total Months of Service ..... **18**  
Leadership Service ..... **6.00**  
Total Contributions ..... **\$8,411.29**

### Retirement

Estimated Retirement Benefit ..... **\$359.22**  
Payable on ..... **07/01/2006**

# Changes to QILDRO

A revised Qualified Illinois Domestic Relations Order (QILDRO) law was passed by the General Assembly with an effective date of July 1, 2006.

The new law allows for the division of a retirement benefit, lump sum death benefit, or a refund of contributions due to divorce. These



benefits may be divided on a dollar amount or in percentages.

Generally, the QILDRO orders the payment of a benefit to the spouse as the alternate payee, but a QILDRO could also be payable to a child or other dependent. A member may not choose a benefit type that would diminish the alternate payee's benefit without the written consent from the alternate payee.

The new QILDRO law does not change the law that determines an appropriate division of marital assets. A member should consult with his/her lawyer about what assets are included in the couple's marital property and the division of those assets.

GARS cannot give legal advice about the proper division of retirement benefits in any given case.

*Visit our website at [www.state.il.us/srs](http://www.state.il.us/srs) for information about your retirement system: tax information, legislation, a calculator, and FAQ's.*

## 1-on-1 Counseling Schedule

The dates and locations for the remaining 1-on-1 counseling sessions in 2006 are listed below. If you are interested in meeting with Jayne Waldeck from the GARS office regarding your benefit, please call her at 217-782-8500 to schedule an appointment.

### **September 14**

McDonough County Courthouse  
Macomb  
10:30 a.m. - 12:30 p.m.

### **September 14**

Adams County Courthouse  
Quincy 2:00 - 3:00 p.m.

### **October 19**

Montgomery County Courthouse  
Hillsboro 9:00 - 10:30 a.m.

### **October 19**

Madison County Courthouse  
Edwardsville 1:00 - 2:30 p.m.

### **October 20**

St. Clair County Courthouse  
Belleville 9:00 - 11:30 a.m.

### **November 1**

Kane County Courthouse  
St. Charles 11:00 - 1:00 p.m.

### **November 1**

Lake County Courthouse  
Waukegan 2:30 - 4:00 p.m.

### **November 2**

DuPage County Courthouse  
Wheaton 11:00 a.m. - 1:00 p.m.

### **January 31 & February 1**

New Judges' Orientation  
Chicago Holiday Inn City Center

## Retirement Checklist

**1.** Submit a resignation letter to the Office of the Comptroller, with a copy provided to the General Assembly Retirement System.

**2.** Contact GARS approximately 30 days prior to the effective date of your benefit to request a retirement application packet.

**3.** Request a retirement application packet from all reciprocal

systems involved with your benefit approximately 60 days prior to effective date of your benefit.

**4.** Return the completed GARS retirement application, the direct deposit form completed by your financial institution, a copy of your birth certificate, and a photocopy of your Medicare card (if applicable) to the GARS office.



## *MEMBER'S NOMINATION OF BENEFICIARY(IES) FOR DEATH BENEFITS*

This form is to be used to nominate the person or persons to receive any death benefit payable by the General Assembly Retirement System of Illinois. This is a legal document which, after preparation, may not be altered in any way by any person. A member desiring to change beneficiaries at a later date must complete a new Nomination Beneficiary form. The form on file with the System that has the most recent date, located next to the member's signature, will take precedence.

**INSTRUCTIONS:** Complete this form using ink or typewriter. You may nominate one person, as many as you wish, or your estate. If additional space is required, use the reverse side of

this form. Benefits will be paid on a survivor basis in the numerical order you indicate. Two or more persons with the same order number will receive equal shares. When this beneficiary nomination is accepted by the General Assembly Retirement System, an acknowledgment will be mailed to the current address on file with GARS. If your address is not current, please contact the Office of the Comptroller.

**NOTE!** Persons nominated as beneficiaries without order numbers will be considered after persons nominated with order numbers. Two or more persons nominated without order numbers will receive equal shares.

### *EXAMPLE*

<i>Order Number</i>	<i>Name</i>	<i>Address</i>	<i>Relationship</i>
<i>1</i>	<i>John A. Doe</i>	<i>123 West Main, Chicago, IL 60601</i>	<i>Father</i>
<i>2</i>	<i>Jane B. Doe</i>	<i>123 West Main, Chicago, IL 60601</i>	<i>Mother</i>
<i>3</i>	<i>David C. Doe</i>	<i>123 West Main, Chicago, IL 60601</i>	<i>Brother</i>
<i>3</i>	<i>Nancy D. Doe</i>	<i>44 South 2nd, Springfield, IL 62708</i>	<i>Sister</i>
<i>3</i>	<i>Mary E. Doe</i>	<i>123 West Main, Chicago, IL 60601</i>	<i>Sister</i>
<i>4</i>	<i>Frank F. Smith</i>	<i>9876 E. 99th St., Peoria, IL 61605</i>	<i>None</i>

***In the event the member dies while in state service, the benefit will be paid as follows:***

1. All the money will be paid to John Doe.
2. If John Doe is not living when the member dies, all the money will be paid to Jane Doe.
3. If John and Jane, Doe are not living when the member dies, the money will be divided equally among David, Nancy, and Mary Doe. (If only two of these three persons are living when the member dies, each will receive one half of the money and if only one of these three persons is living when the member dies, he/she will receive all of the money.)
4. If John, Jane, David, Nancy, and Mary Doe are not living when the member dies, all the money will be paid to Frank Smith.
5. If none of the nominated beneficiaries are living when the member dies, all of the money will be paid to the member's estate.

### *NOMINATED BENEFICIARIES*

Order Number	Name	Address	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*This form must be witnessed by two people who are not named as beneficiaries.*

***Member's Signature*** \_\_\_\_\_ ***Date*** \_\_\_\_\_

Member's Social Security Number \_\_\_\_\_ Witness \_\_\_\_\_

Member's Address \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_ Witness \_\_\_\_\_

\_\_\_\_\_ Address \_\_\_\_\_