

**STATEMENT OF SURS ANNUITANT STATUS**



**WESTERN  
ILLINOIS  
UNIVERSITY**

The Illinois General Assembly enacted a "Return to Work" law, 40 ILCS 5/15-139.5, effective August 1, 2013, requiring state universities to ascertain the retirement status of current and prospective employees as related to coverage by the State University Retirement System (SURS). Western Illinois University (WIU) needs this form completed by all prospective employees to comply with this law.

1. Are you a SURS annuitant (i.e., receiving monthly payments directly from the State University Retirement System) based on your own retirement record (i.e., annuitant status in **not** based on SURS survivor benefits or SURS disability benefits)? Yes  No   
*If yes, complete entire form. If no, proceed to number 7.  
 Please note: if you received your entire payment from SURS in a lump sum, or if you retired under the Self-Managed Plan SMP, you are NOT an affected annuitant under this law.*
2. Please provide your SURS member number.  *If unknown contact SURS at 800.275.7877.*
3. As a SURS annuitant, I received/am receiving my annuity in the following form:  
 a.  Self-Managed Plan      b.  Lump Sum Payment      c.  Monthly Annuity Payments  
*Please note: If you marked a or b; proceed to number 7; if you marked c, please complete 4-7, sign and date below.*
4. Please provide your highest annual earnings (HAE) prior to retirement.
5. Western Illinois University employee status:  Former  Current  NA
6. Since becoming a SURS annuitant, list all places of employment or anticipated employment at SURS covered employers beginning on or after August 1, 2013. Because the criteria to become an affected annuitant in the "Return to Work" legislation is based on your combined employment at all SURS covered employers, it is important that we have this information.

Employer	Number of Weeks Worked	Dates Worked	Gross Pay

7. **I certify that to the best of my knowledge the information provided to Western Illinois University on this form is true and complete as of this date. I understand that false answers, statements or omissions of any information requested here shall be sufficient grounds for disqualification from employment or immediate termination of employment. Any person who knowingly makes any false statement, or falsifies or permits to be falsified any record or records of this system, in any attempt to defraud the system or to mislead or defraud an employer with respect to employment of an annuitant under Section 15-139.5, is guilty of a Class A misdemeanor. I give Western Illinois University permission to investigate my SURS annuitant status, including earnings and employment status at other SURS covered employers.**

**I will notify the WIU Benefits Office prior to accepting additional employment with a SURS covered employer. Initial \_\_\_\_\_**

I understand I am responsible to monitor and report to SURS any annual or monthly earnings above the earnings limitation as defined by SURS. I also understand the "Return to Work" law does not affect my responsibility to monitor or report annual or monthly earnings above the earnings limitation as defined by SURS.

This form does not create an obligation on behalf of Western Illinois University, the State Universities Civil Service System, or any institution or agency served by it.

\_\_\_\_\_  
 Name (Print) (check one)  civil service  faculty/administrative

\_\_\_\_\_  
 Signature Date