

Eastern Illinois University Annuitants Association Chapter

A STEP-BY-STEP GUIDE TO SURVIVORS' ASSISTANCE

When a loved one is lost, it is a very difficult time for a spouse to have to make decisions, gather documents, and complete forms. This document has been prepared to help spouses, family, and friends when the death of a SURS member occurs. Remember, SURS representatives are informative, caring and patient and are available Monday-Friday from 8:00-4:30 to provide assistance by phone.

The following information concerning Survivors benefits will refer almost exclusively to SURS members under the **Traditional Benefit Plan** in which all members were automatically enrolled prior to 1998 and which was one of the three retirement options after that date. The other two are the Portable Benefit Plan and the Self-Managed Plan. The information concerning the actions to be taken when the death of a SURS annuitant occurs is the same for all three plans. Though only SURS will be used throughout this document, note that if one has a reciprocal annuity with any of the other participating State of Illinois Retirement Systems (e.g. State Teachers Retirement System-STRS or State Employees Retirement System-SERS), the same information required by SURS may also be required by the other retirement offices.

Who is eligible to receive a survivor benefit?

In the Traditional Plan, the law lists the following as eligible survivors:

- Member's spouse (does not include ex-spouses, common-law spouses or those not legally married) who is (a) at least age 50 or older and married to a member at least 1 year before member's death **or** (b) has in his or her care unmarried children under 18 or up to age 22 if full-time student or member's disabled children 18 or older if disabled prior to age 18. (If eligible spouse is under age 50 at time of member death, the monthly survivor benefit will begin when spouse reaches age 50).
- Unmarried child(ren) under age 18 or up to age 22 if full-time student.
- Disabled child (ren) 18 or older if disabled prior to age 18.
- Financially dependent parent(s) age 55 or older.

What should be done when the death of a SURS annuitant occurs?

Immediately contact SURS **1-800-275-7877** (SURS will accept reports of death by mail, phone, or fax). Report of Death is now automated. Once report is taken on the computer system it is sent instantly to all teams who use the Report of Death to establish survivors' benefits. SURS handles claims both for its own benefits **and** as an administrator for State of Illinois Health and Life Insurance. While you are on the phone the SURS Member Service Representative (MSR) will ask questions to complete relevant information on the attached **Form #1* & 1A** which mainly are the following:

- Member's name and Social Security Number.
- Date of Death.
- Survivor(s') and/or beneficiary (ies') name, address, phone number, birth date, and Social Security Number.

***To view or print a Form in the document, click on the Form# and then select Current Page from the print menu.**

However, some of this information is already in the system under member's name and social security. SURS cannot give any information pertaining to a member's account to anyone but the survivor(s) or beneficiary (ies) themselves. This includes information about the beneficiary designation and benefit amounts. **Also the death of one who was eligible for Social Security and/or Medicare must be reported to the Social Security Administration during business hours at 1-800-772-1213.**

What will SURS do when a report of member death is received?

In the Traditional Plan, qualifying survivors will receive:

A \$1,000 lump-sum survivor payment if SURS has the survivor(s)' birth date and Social Security number. This payment will be made as quickly as possible after receiving the notice of member death usually within a week. Payment will be divided among all eligible survivors.

And

Within 10 days of receiving the report of death, SURS will send an explanation letter (similar to attached **Form A**) explaining the benefits that are payable to the survivor(s) along with all of the necessary forms to complete and return.

In the Traditional Benefit Package there are two types of benefits that may be paid after death of a SURS Member, Survivor Benefits or Death Benefits. A survivor benefit is paid as a monthly amount to a qualifying survivor for lifetime. The death benefit is usually paid in a lump sum to someone SURS member has designated beneficiary who may or may not be a family member.

This explanation letter will list the life time monthly benefit that the survivor may receive **or** the lump-sum death benefit, **not both**. Death Benefit is equal to the total monthly (6.5% of Gross Salary) SURS member retirement contributions plus interests, Plus 1% of survivor benefit. However, retirees usually exhaust their contributions and interest within 3 or 4 years of retirement. SURS letter may also include other possible options along with the forms needed to apply for benefits. After death of a SURS member, the Survivor, as a **new SURS member**, will have the same benefits as the deceased member.

What documentation must a survivor provide SURS upon the death of a member?

SURS will send the forms required for each particular situation.

The following are some of the forms SURS may send to the survivor to complete and return in order to establish all of the applicable survivors and beneficiaries benefits. Usually, only a few of these forms will apply in individual cases. To expedite processing of a claim the forms mailed by SURS should be returned immediately. We suggest that annuitant complete as much pertinent information as possible now on the relevant forms and keep in a file to be used after the death of the SURS member. We also suggest that annuitant provide information to the survivors and beneficiaries where the relevant important documents or valuables are located and the keys, passwords, and/or combinations necessary to gain access. This includes not just the safe deposit box and/or the home file cabinet, but access to computer records (and which hardware/software can read which file).

SURS Member Service Representatives will help you in completing these forms whether you make an appointment to talk them in person at their office in Champaign or much more preferred on the toll free 800 phone number (**1-800-275-7877**).

- Application for Widow's or Widower's Survivor Benefit (**Form #2**)

- Application for Child's Survivor Benefit (**Form #3**)
- Application for Dependent Parent's Survivor Benefit (**Form #4**)
- Full-Time Student Certification (**Form #5**)
- Election for Federal Income Tax Withholding (Form W-4P) **Form #6**
- Bank Authorization for Recurring Payments (**Form #7**)
- Agreement to Hold or Use Payments for the Benefit of a Minor, Disabled Child and or Student (**Form #8**)

If the Survivor decides to take the Lump Sum Death Benefit (if there are member's contributions and interest left in the account), instead of lifetime monthly survivor benefit the following documents will be needed instead of those listed above.

- Application for Death Benefit (Instead of Lifetime Monthly Survivor Benefit) **Form #9**
- Waiver of Survivors Insurance Benefits (**Form #10**)
- Certified Copy of Death Certificate from Funeral Director

The following documents must also be provided to SURS:

- Proof of Birth Date for all qualifying Survivors if copies are not already on file;
- Copy of Marriage Certificate for a qualifying Spouse if copy is not already on file;
- Certified Copy (Raised or Multicolored Seal) of Death Certificate (Get at least 6 Certified Death Certificates from Funeral Home Director in case you need them for other Benefits)

Will the survivor continue to receive health insurance after the death of the annuitant?

If the annuitant participated in the state insurance program, the survivor benefit recipient will be eligible for state insurance (including dental and vision) at the same premium rate as the original member. SURS will inform the survivor of their eligibility. It is very important that there is no delay in notifying SURS when death occurs. Pharmacies will not change the name on the account until SURS officially notifies the pharmacy.

Medicare may also be a part of this coverage. The annuitant's death will need to be reported to Social Security/Medicare to discover what benefits and requirements exist.

What is the amount of the monthly survivor benefit?

- It will depend on the plan and perhaps types of benefits chosen by the annuitant before retirement.
- There are many formulas in the law that SURS is required to calculate to determine the exact amount.
- In most cases, the survivor in the Traditional Plan will receive a \$1,000 payment that SURS will send within a few days of receiving the report of the annuitant's death. In addition, a survivor will qualify for a lifetime monthly amount that is at least 50 percent of the monthly benefit the annuitant was receiving at the time of death. However, a survivor may have a

choice. If there are other options available, SURS will send that information to the survivor so that the choice can be made.

How long will the survivor monthly benefit be paid?

- For as long as the survivor is considered an "eligible" survivor.

For a spouse who is age 50 or older, their survivor benefits will continue for life even if remarriage occurs. A minor child can receive their survivor benefit up to age 18 or to age 22 if a full-time student and unmarried. Survivor benefits can also be paid to parents and disabled children under certain conditions.

What if there is no spouse or other eligible survivor at the time of annuitant's death?

Benefits will be paid to the listed beneficiary (ies).

In the Traditional Plan, a beneficiary does not receive a monthly benefit. They are entitled to receive Death Benefit, which is the amount of contributions and interest left in the annuitant account (which has been reduced by any annuity payments made) or a payment of \$1,000, whichever is larger.

If there are no survivors or designated beneficiaries, the amount will be paid to the deceased annuitant's estate.

Is there a cost of living increase in the monthly survivor benefit?

The Traditional Plan survivor is eligible for a 3% annual increase. The starting date may vary depending on the date of annuitant death and retirement. Once this increase begins, it is added each January 1.

Why do some survivors experience delays in receiving their benefits?

There, of course, can be many reasons for a delay in payment. SURS indicates that the following are the most common reasons:

- Proper documents not on file such as birth certificates, marriage certificate.
- Proper forms missing or completed incorrectly such as benefit application, tax forms, insurance forms.
- Return of overpayments.
- The retirement benefit is paid at the beginning of the month. If the retiree dies in the last day of the month, they are still entitled to the full month's annuity. However, if SURS is not notified of the death, the payment beginning with the month following the date of death will have an overpayment which must be returned/ recovered by SURS.

NOTE: Although the amount of the annuity to the Retiree is not affected by the death of a spouse, it is also important to notify SURS as soon as possible of the death of a spouse.

Once more, it is highly recommended that the following Forms be on file with SURS prior to member's death

1-Updated beneficiary forms, complete with current addresses of all beneficiaries (Note: SURS needs a beneficiary form to be completed for the SURS Death Benefit. Minnesota life also needs a beneficiary form completed on file with them for Life Insurance (if applicable);

2-A copy of the member's birth certificate;

3-A copy of Birth certificate of all survivor(s)-spouse, civil, civil union partner, minor or disabled children, and/or income dependent parents;

4-A copy of the marriage/civil union certificate or dissolution of marriage papers;

5- Copies of power of attorney forms, adoption papers, and/or guardianship papers;

**STATE UNIVERSITIES RETIREMENT SYSTEM
REPORT OF DEATH**

Fill in completely

FORM # 1

☐ Traditional Plan

☐ Portable Plan

☐ Self-Managed Plan

Date Reported		Name of MSR Completing Report	Employer
Deceased Name			
Date of Death		S.S. No.	
Reported By		Relationship	
Address			Phone No.
Status <input type="checkbox"/> Active <input type="checkbox"/> Disabled <input type="checkbox"/> Retired <input type="checkbox"/> DRA <input type="checkbox"/> Inactive <input type="checkbox"/> Survivor, member S.S. # _____ <input type="checkbox"/> Dependent, member S.S. # _____			

COPY

IF SURVIVOR, CAPTURE NAME, BIRTH DATE, AND DATE OF MARRIAGE FOR ALL QUALIFYING SURVIVORS

☐ Spouse ☐ Child (unmarried under 18) ☐ Disabled Child ☐ Dependent Parent (55 or older)
☐ Full-time student between 18-22 ☐ Contingent Annuitant

1. Surviving Spouse		Date of Marriage	
Address			
Birth Date	S.S. No.	Phone No.	
2. Other Survivor			
Address			
Birth Date	S.S. No.	Phone No.	
3. Other Survivor			
Address			
Birth Date	S.S. No.	Phone No.	
Eligible for lump sum survivor payment? <input type="checkbox"/> No <input type="checkbox"/> Yes, payment amount \$ _____ Claim No. _____ Voucher # _____ Date Paid _____ Due to Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does Member have credit in another Illinois retirement system? <input type="checkbox"/> No <input type="checkbox"/> Yes, name of system(s) _____			

MSR - Member Service Representative

DRA - Disability Retirement Allowance

CONTINUED ON REVERSE SIDE

Beneficiary Information

FORM # 1A

SURS policies prohibit the release of beneficiary information to persons other than the beneficiary. In addition, SURS often does not have current demographic information on beneficiaries. Therefore, we are in a situation to attempt to acquire information when taking a report of death without divulging who the beneficiaries are. The idea is to acquire as much information as possible on the beneficiaries, knowing that you may also get information on people not listed as beneficiaries. The following are some suggestions to practice when taking a report of death.

WHEN TAKING A REPORT OF DEATH:

1. Look at the BenDes in image.
2. Take note of the relationships of any listed beneficiaries.
3. Ask questions which would point to those person's indirectly, such as:
 - Does the deceased have any children? May I get their names, phone numbers and addresses? OR
 - Does the deceased have any living siblings? OR
 - Does the deceased have a spouse? OR
 - Does the deceased have any cousins?
4. Take down as much beneficiary information as you can here below.

1. Beneficiary		
Address		
Birth Date	S.S. No.	Phone No.
2. Beneficiary		
Address		
Birth Date	S.S. No.	Phone No.
3. Beneficiary		
Address		
Birth Date	S.S. No.	Phone No.
Beneficiary		
Address		
Birth Date	S.S. No.	Phone No.
Beneficiary		
Address		
Birth Date	S.S. No.	Phone No.



STATE UNIVERSITIES RETIREMENT SYSTEM
P.O. Box 2710
Champaign, IL 61825-2710
Telephone 1 (800) 275-7877 or 378-8800 (C-U Area)
FAX (217) 378-9800

FORM #2

APPLICATION FOR WIDOW'S OR WIDOWER'S SURVIVOR BENEFIT

INSTRUCTIONS: Read each part carefully. Print or type. All parts must be completed.

Name of Deceased		Social Security No.	
------------------	--	---------------------	--

Did the deceased ever participate in another public employee retirement system in Illinois?

☐ No ☐ Yes. Name of system:

Did the deceased leave a surviving spouse at death?

☐ No ☐ Yes. Name and address of surviving spouse:

List any dependent unmarried children under age 18 (under age 22 if full-time students), unmarried children over age 18 who are dependent by reason of a physical or mental disability which began prior to attainment of age 18, who survive the deceased. Include adopted children and stepchildren of the deceased. (Use back of application if necessary). If any of the children listed are under age 22, not married, and full-time students, attach a copy of the certification from the Registrar's office verifying their full-time enrollment status.

Name (First, Middle, Last)	Date of Birth (M/D/Y)	Social Security No.	Adopted by Deceased?	Stepchild of Deceased?
			<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
			<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
			<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes

Are all of the children listed in your care?

☐ Yes ☐ No. (List names and explain)

Were you married to the deceased at the time of his or her death?

☐ No ☐ Yes. Date of marriage (month/day/year):

I understand that I must notify the State Universities Retirement System immediately if I remarry, or if any of the children listed cease to be in my care, die, marry prior to the age of 18, or cease to be full-time students. Knowing that anyone who makes a false statement or who falsifies or permits to be falsified any record or records of the State Universities Retirement System in an attempt to defraud the System is punishable therefore under the laws of the State of Illinois. I certify that the above statements are true.

This information will be used for payments and tax reporting. I certify the information on this form is true and correct to the best of my knowledge and belief.

Print or Type Name		Date of My Birth	
Street Address		Home Telephone	
City/State/Zip Code		Work Telephone	
Social Security No.		Signature	
		Date	

DTHSD/F13/081697



STATE UNIVERSITIES RETIREMENT SYSTEM
P.O. Box 2710
Champaign, IL 61825-2710
Telephone 1 (800) 275-7877 or 378-8800 (C-U Area)
FAX (217) 378-9800

Form # 3

APPLICATION FOR CHILD'S SURVIVOR BENEFIT

INSTRUCTIONS: Read each part carefully. Print or type. All parts must be completed.

Name of Deceased		Social Security No.	
------------------	--	---------------------	--

Did the deceased ever participate in another public employee retirement system in Illinois?

☐ No ☐ Yes. Name of system:

Did the deceased leave a surviving spouse at death?

☐ No ☐ Yes. Name and address of surviving spouse:

COPY

List any dependent unmarried children under age 18 (under age 22 if full-time students), unmarried children over age 18 who are dependent by reason of a physical or mental disability which began prior to attainment of age 18, who survive the deceased. Include adopted children and stepchildren of the deceased. (Use back of application if necessary). If any of the children listed are under age 22, not married, and full-time students, attach a copy of the certification from the Registrar's office verifying their full-time enrollment status.

Name (First, Middle, Last)	Date of Birth (M/D/Y)	Social Security No.	Adopted by Deceased?	Stepchild of Deceased?
			<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
			<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
			<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes

Were any of the children listed either living with or receiving support from the deceased at the time of death?

☐ No ☐ Yes. (List names)

Were any of the children listed above dependent upon the deceased by reason of a physical or mental disability?

☐ No ☐ Yes. (Submit medical report which shows cause of disability)

I understand that I must notify the State Universities Retirement System immediately if any of the children listed die or marry prior to the age of 18, if any child over age 18 is no longer dependent or disabled, and if any child over age 18 ceases to be a full-time student. I agree to accept the survivors benefits which may be payable to the above children and to hold or use such funds for the benefit of such children. Knowing that anyone who makes a false statement or who falsifies or permits to be falsified any record or records of the State Universities Retirement System in an attempt to defraud the System is punishable therefore under the laws of the State of Illinois. I certify that the above statements are true.

This information will be used for payments and tax reporting. I certify the information on this form is true and correct to the best of my knowledge and belief.

Print or Type Name		Date of My Birth	
Street Address		Home Telephone	
City/State/Zip Code		Work Telephone	
Social Security No.		Signature	Date

DTHSD/F11/081697



STATE UNIVERSITIES RETIREMENT SYSTEM
P.O. Box 2710
Champaign, IL 61825-2710
Telephone 1 (800) 275-7877 or 378-8800 (C-U Area)
FAX (217) 378-9800

Form #4

APPLICATION FOR DEPENDENT PARENT'S SURVIVOR BENEFIT

INSTRUCTIONS: Read each part carefully. Print or type. All parts must be completed.

Name of Deceased		Social Security No.	
------------------	--	---------------------	--

Did the deceased ever participate in another public employee retirement system in Illinois?

☐ No ☐ Yes. Name of system:

Did the deceased leave a surviving spouse at death?

☐ No ☐ Yes. Name and address of surviving spouse:

COPY

List any dependent unmarried children under age 18 (under age 22 if full-time students), unmarried children over age 18 who are dependent by reason of a physical or mental disability which began prior to attainment of age 18, who survive the deceased. Include adopted children and stepchildren of the deceased. (Use back of application if necessary). If any of the children listed are under age 22, not married, and full-time students, attach a copy of the certification from the Registrar's office verifying their full-time enrollment status.

Name (First, Middle, Last)	Date of Birth (M/D/Y)	Social Security No.	Adopted by Deceased?	Stepchild of Deceased?
			<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
			<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
			<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes

Was the deceased your adopted child? ☐ No ☐ Yes. Date adoption decree was issued by the Court?

Was the deceased your stepchild? ☐ No ☐ Yes. If Yes, what date were you married to the parent of the deceased? _____

Was the deceased contributing at least one-half of your support at the time of his or her death?

☐ No ☐ Yes

I understand I must notify the State Universities Retirement System immediately if I remarry. Knowing that anyone who makes a false statement or who falsifies or permits to be falsified any record or records of the State Universities Retirement System in an attempt to defraud the System is punishable therefore under the laws of the State of Illinois. I certify the information on this form is true and correct to the best of my knowledge and belief.

This information will be used for payments and tax reporting.

Print or Type Name		Date of My Birth	
Street Address		Home Telephone	
City/State/Zip Code		Work Telephone	
Social Security No.		Signature	
		Date	

DTHSD/F012/060298



STATE UNIVERSITIES RETIREMENT SYSTEM
P.O. Box 2710
Champaign, IL 61825-2710
Telephone 1 (800) 275-7877 or 378-8800 (C-U Area)
FAX (217) 378-9800

FORM # 5

FULL-TIME STUDENT CERTIFICATION

STUDENT CERTIFICATION				
		I certify that I am unmarried, under the age of 22, and a full-time student.		
Student Name		Certification Statement		
School Name		School Term (month/year)		
School Address:		Street	City	State Zip Code
I authorize the school to release any records of information necessary to verify my student status to the State Universities Retirement System (SURS). I acknowledge that, if at any time I am not a full-time student, I will promptly notify SURS and any overpayments made by reason of Section 40 ILCS 5/15-131 of the Illinois Pension Code must be repaid to SURS. This acknowledgement also pertains to a surviving spouse who is the benefit recipient.				
Student Signature		Date	Social Security No.	Telephone No.
Student Address:		Street	City	State Zip Code
Deceased Member's Name		Deceased Member's Social Security No.		
Surviving Spouse's Name		Surviving Spouse's Social Security No.		
Spouse's Signature (if Benefit Recipient)		Date	Telephone No.	

SCHOOL CERTIFICATION			
The above named student is enrolled as a full-time student: <input type="checkbox"/> Yes <input type="checkbox"/> No Term _____ Year _____			
The above named student is a recent transfer student: <input type="checkbox"/> Yes <input type="checkbox"/> No Term _____ Year _____			
The last term this person was previously enrolled as a full-time student was: Term _____ Year _____			
Expected date of graduation: Month _____ Year _____			
Signature (School Official)	Date	Telephone No.	Fax No.
School Certification must be completed.			Seal

DTHAPP/F025/090898



STATE UNIVERSITIES RETIREMENT SYSTEM
P.O. Box 2710
Champaign, IL 61825-2710
Telephone 1 (800) 275-7877 or 378-8800 (C-U Area)
FAX (217) 378-9800


FORM #6

ELECTION FOR FEDERAL INCOME TAX WITHHOLDING (FORM W-4P)

from State Universities Retirement System Benefit Payments

Name of Member		Social Security No.	
Street Address			
City/State/Zip Code		Telephone No.	

INSTRUCTIONS: Read all options carefully and select only ONE. This will be used to calculate your withholding from EACH payment. Unless you elect otherwise, Federal income tax is automatically withheld based on the rate for a married person claiming 3 withholding allowances.

	CHECK ONE OPTION ONLY	CAUTION: If sufficient tax is not withheld, you may incur interest and penalties on the amount of the underpayment.
OPTION 1 <input type="checkbox"/>	DO NOT withhold Federal income tax.	
OPTION 2 <input type="checkbox"/>	WITHHOLD Federal income tax. Calculate using _____ withholding allowances with SINGLE marital status. (Enter number of allowances)	
OPTION 3 <input type="checkbox"/>	WITHHOLD Federal income tax. Calculate using _____ withholding allowances with MARRIED marital status. (Enter number of allowances)	
OPTION 4 <input type="checkbox"/>	WITHHOLD Federal income tax. Calculate using _____ withholding allowances with <input type="checkbox"/> SINGLE or <input type="checkbox"/> MARRIED marital status. Also withhold an additional \$ _____ from each payment. (Enter number of allowances, check marital status, and enter additional dollar amount.)	
OPTION 5 <input type="checkbox"/>	WITHHOLD a specific amount from each payment. Withhold \$ _____ from EACH payment.	

CHECK the type of payment this Option should apply to.	
<input type="checkbox"/> Retirement Annuity	<input type="checkbox"/> Survivor Benefit <input type="checkbox"/> Disability Benefit
<input type="checkbox"/> Disability Retirement Allowance	<input type="checkbox"/> Reversionary Annuity <input type="checkbox"/> Beneficiary Annuity

Written Signature		Date	
----------------------	--	------	--

DSBW4P-F98-050197



STATE UNIVERSITIES RETIREMENT SYSTEM
P.O. Box 2710
Champaign, IL 61825-2710
Telephone 1 (800) 275-7877 or 378-8800 (C-U Area)
FAX (217) 378-9800

FORM #7

AUTHORIZATION FOR DEPOSIT OF RECURRING PAYMENTS

INSTRUCTIONS: Read each part carefully. Print or type.

To authorize the State Universities Retirement System (SURS) to direct deposit your monthly benefit, please complete this form and attach a voided personal check or deposit ticket. All information requested on this form, including the Social Security number, is confidential and is required to direct your payments to your financial organization. The information provided by you will be used for identification with the records of SURS and the financial organization in order to direct your payments to the point you authorize. Failure to provide the requested information may affect or preclude the direct deposit of your payments.

I HEREBY AUTHORIZE and request SURS to direct my recurring payments for crediting in my account indicated at the financial institution designated below, and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account. This authorization is not an assignment of my right to receive payment and revokes all prior payment direction notifications applicable to these payments. I understand that the financial institution designated reserves the right to cancel this agreement by notice to me.

Name of Financial Institution	
Complete Address	
Telephone Number	

COPY

Deposit in My:

☐ Checking Account # _____ ☐ Savings Account # _____

ATTACH VOIDED CHECK OR DEPOSIT TICKET HERE

Print Name		Social Security #	
Street Address		Home Telephone	
City/State/Zip		Work Telephone	
Written Signature of Payee		Date	

DSBBANK/F15/060691



STATE UNIVERSITIES RETIREMENT SYSTEM
P.O. Box 2710
Champaign, IL 61825-2710
Telephone 1 (800) 275-7877 or 378-8800 (C-U Area)
FAX (217) 378-9800

FORM # 8

**AGREEMENT TO HOLD OR USE PAYMENTS FOR THE BENEFIT
OF A MINOR, DISABLED CHILD AND/OR STUDENT**

INSTRUCTIONS: Read each part carefully. Print or type. All parts must be completed.

Name of Deceased		Social Security No.	
------------------	--	---------------------	--

Section 15-191 of the Illinois Pension Code authorizes the Board of Trustees of the State Universities Retirement System to pay benefits due a minor and/or disabled child, 1) directly to the minor and/or disabled child, 2) to the guardian of the minor and/or disabled child, or 3) to either parent of the minor and/or disabled child or to any adult person with whom the minor and/or disabled child may at the time be living, provided the parent or other adult person agrees to hold or use such payments for the benefit of the minor and/or disabled child. Therefore, in accordance with the above provisions, I hereby certify that (check all that apply):

☐ I am the legally appointed guardian of the estate of the following minors and/or disabled children. Attached is a copy of the guardianship order.

☐ I am a natural or legally adoptive parent of the following minors and/or disabled children.

☐ I am at least 18 years of age and the following minors and/or disabled children are living with me.

I agree to accept all benefits hereinafter payable to the above named minors and/or disabled children and to hold or use the payments for their benefit.

Print or Type Name		Relationship	
Street Address		Home Telephone	
City/State/Zip Code		Work Telephone	
Signature		Date	

DTHAPP/F48/081697



STATE UNIVERSITIES RETIREMENT SYSTEM
P.O. Box 2710
Champaign, IL 61825-2710
Telephone 1 (800) 275-7877 or 378-8800 (C-U Area)
FAX (217) 378-9800

FORM # 9

APPLICATION FOR DEATH BENEFIT

INSTRUCTIONS: Read each part carefully. Print or type. All parts must be completed.

Name of Deceased	Social Security No.
Name of Employer	Date of Death

At death, the deceased had: (check ALL that apply)

- ☐ Spouse ☐ Unmarried child under age 18 ☐ Dependent disabled child over age 18 ☐ Full-time unmarried student between ages 18-22
☐ Dependent parent (receiving at least one half of his or her support from the deceased at time of deceased's death)

Death benefit payments made to surviving spouses of active and inactive members:

Considered eligible for rollover only to IRA's to the extent they are taxable. If not rolled over, these distributions are subject to mandatory Federal income tax withholding of 20%.

Death benefit payments made to surviving spouses of retired members:

Not eligible for rollover and the election may be made to have no withholding taken. If withholding is elected, a rate of 10% is required.

Death benefit payments made to non-spouse beneficiaries of active or retired members:

Not eligible for rollover and the election may be made to have no withholding. If withholding is elected, a rate of 10% is required.

Note: The required withholding rate may not be sufficient to cover your tax liability since the current marginal tax rates are 15%, 28%, 31%, and 36% to 39.6%. You may elect to have a higher amount withheld. Caution: If sufficient tax is not withheld, you may incur interest and penalties on the amount of the underpayment.

If you are the surviving spouse of a retired member, or the non-spouse beneficiary of an active or retired member, please complete the following. If you are a surviving spouse of an active or inactive member, do not complete the following.

CHECK ONE BOX

- ☐ Withhold Federal income tax at the 10% required rate. ☐ Withhold Federal income tax at ____% ☐ Do not withhold Federal income tax.
(Must be higher than 10%)

This information will be used for payments and tax reporting. I certify the information on this form is true and correct to the best of my knowledge and belief.

Print/Type Name		Date of MY Birth
Street Address		Home Phone
City, State, Zip Code		Work Phone
Social Security No.	Signature	Date

DTHAPP/F010/060498



STATE UNIVERSITIES RETIREMENT SYSTEM
P.O. Box 2710
Champaign, IL 61825-2710
Telephone 1 (800) 275-7877 or 378-8800 (C-U Area)
FAX (217) 378-9800

FORM # 10

WAIVER OF SURVIVORS INSURANCE BENEFITS

INSTRUCTIONS: Read each part carefully. Print or type. All parts must be completed.

I HEREBY WAIVE my right to the survivors insurance benefits payable to me under Sections 15-145, 15-146, 15-147, and 15-148 of the *Illinois Pension Code* because of the death of:

Name of Deceased		Social Security No.	
Date of Death			

COPY

I UNDERSTAND that:

1. This waiver releases the State Universities Retirement System from any obligation to me or to my beneficiaries for any survivors insurance benefits provided under Sections 15-145, 15-146, 15-147, and 15-148 of the *Illinois Pension Code*,
2. This waiver in no way affects whatever rights I may have to other benefits, such as the death benefit provided under Sections 15-141 and 15-142 of the *Illinois Pension Code*,
3. This waiver shall be effective only if it is filed with the State Universities Retirement System within six months after the death of the deceased and before any survivors insurance payment is made to me.

Print or Type Name			Home Telephone		
Street Address			Work Telephone		
City/State/Zip Code					
Social Security Number		Written Signature		Date	

DTHSDOC/F44/020197