SERS
State Employees' Retirement System

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

217-785-7444
Fax: 217-785-6961
Email: sers@srs.illinois.gov

Unreduced Social Security Pension Estimate

To be completed if you are currently age 66 or greater

Member information

Name _____

Address *(Street)* _____

(City, State, Zip) _____

Email address _____

Phone number
(H) _____
(W) _____

SSN _____

I hereby authorize the Social Security Administration to furnish the information requested below to the State Employees' Retirement System of Illinois (SERS). This information is required to calculate benefits payable to me by SERS.

By signing below, I certify this information is correct and that I am aware that knowingly making a false statement or falsifying a record in an attempt to defraud SERS is a class 3 felony. I understand that 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.

Member signature _____ **Date** _____

Social Security Administration only

Please complete this form based on the workers' 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** _____.

Signature _____ **Date** _____

Title _____ **District Office** _____

Send information to:

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