SERS
State Employees' Retirement System
srs.illinois.gov

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

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

Claim Notification (Pension/Death)

Member information

Name *(Last, first, middle)*

SSN *(last 4)* **or Member ID**

Address *(Street, City, State, Zip)*

Phone number
(H)
(W)
(C)

Email address

Agency information

Agency name

RC phone number

Retirement Coordinator (RC) signature

Date

Member Tier
☐ Tier 1 ☐ Tier 2

Claim information

Pension

Planned retirement date _____

Is member married? ☐ Yes ☐ No Date: _____

Does member have children under 18 or dependent children over 18 who are disabled? ☐ Yes ☐ No

Does member have unmarried children 18-22 who are full-time students? ☐ Yes ☐ No

Pension estimate

Date of separation from state service _____

Effective date of retirement _____

Unpaid/unused sick days _____

Paid sick & vacation days _____

Level income option:

Social Security estimate (age 62) $ _____

Full retirement age $ _____

Death

Date of death _____

Is member married? ☐ Yes ☐ No Date: _____

Was death service connected? ☐ Yes ☐ No

Does member have children under 18 or dependent children over 18 who are disabled? ☐ Yes ☐ No

Does member have unmarried children 18-22 who are full-time students? ☐ Yes ☐ No

Name and address of dependents or executor: _____

Comments: