Myths and Realities of Retirement

State Employees’ Retirement System

SERS
State Employees’ Retirement System
Everyone’s financial situation in retirement is different. Some people saved throughout their working years and can retire in comfort. Others never gave much thought to retirement and have to scrape by on their pension and Social Security. Because you can expect to live 20 to 30 years after you retire, you need to continue investing during your retirement years.

Some of the other financial decisions you face are dictated by laws stating when and how you can withdraw from your retirement accounts. Other decisions may be driven by health care considerations, or your desire to leave money to heirs. Whatever your concern, this workshop should clear up many of the questions you have about your retirement years.

The State Employees’ Retirement System (SERS) hope you will use this workshop and the corresponding workbook to maintain a firm foundation for your retirement years. We will be there to assist you and/or your survivors both now and in the future. Please contact us with any questions you may have about your SERS benefits.

SERS MISSION STATEMENT

To provide an orderly means whereby aged or disabled employees may be retired from active service, without prejudice or hardship, and to enable the employees to accumulate reserves for themselves and their dependents for old age, disability, death and termination of employment, thus effecting economy and efficiency in the administration of the State Government.
ADDRESS & PHONE NUMBERS

SPRINGFIELD
2101 S. Veterans Parkway
P. O. Box 19255
Springfield, IL  62794-9255
217-785-7444 • Fax: 217-785-7019
Accounting: 217-785-7191
Deaths: 217-785-7366
Insurance: 217-785-7150
Pensions: 217-785-7343
Vouchering: 217-524-8806

CHICAGO
Michael A. Bilandic Building
160 North LaSalle Street, Suite S200
Chicago, Illinois  60601
312-814-5853   Fax: 312-814-5805

TDD/TTY
A Telecommunications Device for the Deaf (TDD/TTY) is available for members and annuitants who are hearing or speech-impaired. You may access this service at 217-785-7218.

INTERNET
SERS is on the Internet at http://www.srs.illinois.gov. Our goal is to educate you about the retirement, disability and death benefits provided under SERS.

The website provides an overview of benefits, and gives you easy access to a variety of information: current retirement issues, how to contact us, answers to frequently asked questions, and education opportunities through our post-retirement workshops.

Our website also contains our annual financial report, a summary of the Illinois State Board of Investment annual financial report, and a link to other state agencies.

ANNUITANT NEWSLETTER
All retirees, survivors, widows, and occupational death annuity recipients receive at least three editions of the newsletter, The Informer, each year. This newsletter keeps you informed of issues or legislation that affect you.

ANNUITANT WORKSHOP
SERS offers the workshop, Myths & Realities of Retirement (MRR), to all State of Illinois retirees and their survivors. MRR looks at the important aspects of life during retirement—how inflation can threaten your retirement nest egg and how to preserve your buying power throughout your retirement years.

ANNUITANT ADDRESS
A permanent mailing address is maintained for each SERS annuitant. This allows for the mailing of special notices, newsletters and Group Insurance Program information.

It’s important to maintain your permanent mailing address and report any changes. Annuitants can report a change of address by writing the SERS Springfield or Chicago offices.

You can contact us Monday thru Friday from 8 a.m. until 4:30 p.m. You may e-mail us with any questions and/or comments at: sers@srs.illinois.gov

Vision Plan (EyeMed)
866-723-0512
800-526-0844 (TDD/TTY)
www.eyemedvision.com/stil

Life Insurance Plan
Minnesota Life
888-202-5525
800-526-0844 (TDD/TTY)
www.lifebenefits.com

Quality Care Dental Plan
800-323-1743
800-526-0844 (TDD/TTY)
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>ENTITLEMENTS</td>
<td>1</td>
</tr>
<tr>
<td>SERS Pension Benefits</td>
<td>3</td>
</tr>
<tr>
<td>SERS Death Benefits</td>
<td>4</td>
</tr>
<tr>
<td>Group Insurance</td>
<td>5</td>
</tr>
<tr>
<td>Social Security</td>
<td>6</td>
</tr>
<tr>
<td>Medicare</td>
<td>8</td>
</tr>
<tr>
<td>ESTATE PLANNING</td>
<td>9</td>
</tr>
<tr>
<td>Organization</td>
<td>10</td>
</tr>
<tr>
<td>Living Wills</td>
<td>15</td>
</tr>
<tr>
<td>Durable Power of Attorney</td>
<td>18</td>
</tr>
<tr>
<td>FINANCIAL STRATEGIES</td>
<td>33</td>
</tr>
<tr>
<td>Threats to Finances</td>
<td>35</td>
</tr>
<tr>
<td>Deferred Compensation</td>
<td>36</td>
</tr>
<tr>
<td>Glossary of Terms</td>
<td>38</td>
</tr>
<tr>
<td>HEALTH, LEISURE &amp; HOUSING</td>
<td>41</td>
</tr>
<tr>
<td>Lifestyles</td>
<td>45</td>
</tr>
<tr>
<td>Leisure</td>
<td>46</td>
</tr>
<tr>
<td>Housing</td>
<td>50</td>
</tr>
<tr>
<td>APPENDIX</td>
<td>57</td>
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</table>
ENTITLEMENTS
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SERS PENSION BENEFITS

TAXATION OF YOUR RETIREMENT ANNUITY
Illinois law exempts all SERS benefits from state income tax, but benefits may be subject to federal income tax. When you apply for retirement benefits, SERS sends you an IRS Form W-4P. If this form is not returned to SERS, taxes are withheld using the rate for a married person with three exemptions. Each year, the Comptroller’s office sends you a 1099-R form showing the you received during the past year, as well as any taxes withheld.

INCREASES FOR RETIREES
SERS retirees receive a 3% increase on their pensions on January 1 following their first full year of retirement, or age 60, whichever is later.

Future increases of 3% of your current pension will also be made each January 1 thereafter. Future increases are not limited by the 75% maximum pension.

If you retired under the alternative formula, you will receive a 3% increase to your pension on January 1 following your first full year of retirement or age 55, whichever is later. Future increases are not limited by the 80% maximum.

RETURNING TO EMPLOYMENT AFTER RETIRING*
If you return to state employment on a contractual basis, or for the private sector, your SERS benefit is not affected. However, if you return to state employment on a non-permanent or permanent basis after retirement, you should notify the SERS Claims Division immediately.

If you receive a pension from more than one Illinois public retirement system which participates in the Retirement Systems’ Reciprocal Act, you must notify each retirement system since each reciprocal system has specific rules concerning reemployment.

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* Retirees who left state service during the 2002 Early Retirement Incentive (ERI) cannot return on a contractual basis.
SERS DEATH BENEFITS

Upon the death of a SERS retired member, the spouse may qualify for survivor benefits if (s)he is age 50 or older and was married to the member for at least one year.

If the surviving spouse has the member’s children under his or her care who are under age 18, age 22 if a full-time student, or a disabled child over age 18, they may also qualify for benefits.

If the member’s spouse and/or children do not survive him/her, the member’s dependent parents may be eligible for benefits.

In addition to the monthly survivor benefit, survivors may also qualify for group health insurance. Group insurance currently covers health, dental, vision and life insurance.

TAXATION OF THE SURVIVOR, WIDOW, OCCUPATIONAL DEATH ANNUITY PAYMENTS

All SERS benefits are exempt from state income tax under Illinois law. The occupational death benefit annuity is not subject to federal tax, but survivor and widow annuities are. When you apply for benefits, SERS sends you an IRS Form W-4P which must be returned to SERS.

Each year, the Comptroller’s office sends you a 1099-R form showing the amount you received for the past year, as well as any taxes withheld. Use the 1099-R when preparing your income tax return.

AFTER RETIREMENT

If a retired SERS member dies with no survivors, the nominated beneficiary(ies) receive any contributions and interest remaining in the retiree’s account, or $500, whichever is greater.

The Comptroller’s office will send you a 1099-R by January 31 following the receipt of this payment. The 1099-R displays the taxable portion of the lump sum benefit and any taxes withheld. Refer to the SERS Tax brochure for more information.

Notes

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GROUP INSURANCE

Retirees, survivors, widows, and occupational death benefit recipients can participate in the State Employees’ Group Insurance Program. You may also cover eligible dependents and have premiums deducted from your benefit check.

Several group health plans are available. Benefits may vary among plans, but all benefits are coordinated with Medicare. In addition to group health, dental and vision, term life insurance coverage is also available.

For more information, contact SERS’ Insurance Section, refer to your CMS Member Benefits Handbook or visit the CMS Group Insurance link.

Deductibles

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<td>Quality Care Health Plan</td>
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Prescription Co-Pays

30-Day Supply

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<tr>
<td>Non-Preferred Brand</td>
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Quality Care (Cigna)

90-Day Supply $___
SOCIAL SECURITY

Social Security’s website, www.socialsecurity.gov, is a valuable resource for information about all of Social Security’s programs. Their website allows you to:

- Apply for certain kinds of benefits;
- Find the address of your local Social Security office;
- Change your address;
- Apply for a password to check your benefits or change your Direct Deposit;
- Request a replacement Medicare card;
- Ask for a letter to confirm your benefit amount;
- Find copies of SSA publications.

SSA 800 Number

You can call them toll-free at 1-800-772-1213. SSA can answer specific questions from 7 a.m. to 7 p.m., Monday through Friday. All calls are confidential.

They provide information by automated phone service 24 hours a day. If you are hearing-impaired, you may call their TTY number at 1-800-325-0778.

WHEN AND HOW BENEFITS ARE PAID

Social Security benefits are paid following the month they are due. For example, you would receive your July benefit in August. Generally, you receive your benefit payment based on the member’s birth date.

As a retired worker, your benefit will be determined by your birth date. As a survivor, benefits are based on your spouse’s birth date.

Benefits Paid on Date of Birth
1st - 10th Second Wednesday
11th - 20th Third Wednesday
21st - 31st Fourth Wednesday

Direct Deposit

If you did not sign up for Direct Deposit when you applied for benefits, we strongly urge you to do so now. Contact your bank to enroll, or sign up for Direct Deposit by contacting SSA.

If you do not have an SSA account, you may want to consider an Electronic Transfer Account. This low-cost federally insured account lets you enjoy the security and convenience of automatic payments.

You can contact SSA or visit their website at www.eta-find.gov to get information about this program.

Checks by Mail

You should cash or deposit your check soon after you receive it. If you sign the check ahead of time and lose it, the person who finds it could cash it.

A government check must be cashed within 12 months after the date of the check or it will be void. After a year, if you are still entitled to the payment; we replace the voided check.
Late or Missing Check
If your check is not delivered by its due date, wait three working days before reporting the missing check. The most common reason checks are late is because a change of address was not reported. If your check is ever lost or stolen, contact SSA immediately. Your check can be replaced, but it takes time.

Paying Taxes on your Benefits
About one-third of all people receiving Social Security benefits have to pay taxes on their benefits. You pay taxes on benefits if you file a federal tax return as an individual and your total income is more than $25,000.

If you file a joint return, you pay taxes if you and your spouse have a total income more than $32,000. To have federal taxes withheld, you can get a Form W-4P from the Internal Revenue Service by calling 1-800-829-3676, or by visiting the SSA website. After completing and signing the form, return it to your local Social Security office.

Free Social Security Service
Some businesses advertise name changes or Social Security cards for a fee. These services are already provided by Social Security, so don’t pay for something that is free. Call or visit the SSA website first. Social Security is the best place to get information about Social Security.
MEDICARE
Medicare is the primary insurance carrier for SERS retirees, survivors, and dependents who qualify for both Medicare and Illinois group health insurance. The State health insurance would pay for almost everything not covered by Medicare.

Due to this comprehensive coordination of coverage, SERS members do not need to purchase additional Medicare Part C supplemental coverage.

Medicare has Four Parts:
Part A: helps pay for inpatient hospital care.

Part B: helps pay for medical care on an outpatient basis (exams, doctor visits, labs & x-rays). Once you are retired and eligible for free Part A, you must purchase Part B!

Part C: is supplemental insurance. The State is your supplemental insurance paying 20%, and Medicare pays 80%. There is no need to purchase Part C.

Part D: pays for prescription drugs. Your State prescription coverage is as good as or better than Medicare Part D. However, if you qualify for low income assistance you should enroll in Part D.

Who is Eligible for Part A?
If you worked and paid into Social Security for 10 years, or a spouse, deceased spouse or ex-spouse paid into Social Security for the required time, you qualify for free Part A.

If you get Social Security disability benefits for 24 months, you will qualify for hospital insurance.

If you get disability benefits because you have amyotrophic lateral sclerosis (Lou Gehrig’s disease), you do not have to wait 24 months to qualify.

People who have permanent kidney failure that requires maintenance dialysis or a kidney replacement also qualify for hospital insurance.

Who is Eligible for Part B?
If you are eligible for free Part A, you must enroll in Part B. This monthly premium is deducted from your Social Security check. If you don’t purchase Plan B, your State insurance benefits will be reduced. Social Security will also charge a 10% penalty for each year you didn’t purchase Plan B.

Total Retiree Advantage Illinois (Trail)
Medicare Advantage Program (MAPD)
Retirees and Survivors who are enrolled in Medicare Parts A and B and meet all the criteria for enrollment in the MAPD program will be notified of the TRAIL Enrollment Period by the Department of Central Management Services in the fall. Members not already enrolled in the MAPD plan will be required to choose a Medicare Advantage plan or opt out of State coverage (which includes health, behavioral health, prescription, and vision coverage) in the fall with an effective date of January 1st. Members who opt out of the State coverage will be allowed to continue dental coverage.

Retirees and Survivors enrolled in the MAPD program will be given an opportunity during each fall open enrollment to switch to a different MAPD plan (if another option is available in his/her county of residence). In addition, eligible individuals can make changes to dental coverage as well as add or drop dependents. All changes made during the TRAIL open enrollment period will be effective January 1st.

For more information regarding the MAPD “TRAIL” Program, go to: www.CMS.illinois.gov/thetrail
Your estate is everything you own, and your share of anything you own with other people. Your estate can range from land and buildings, to jewelry, a stamp collection, or furniture.

Money is considered property too, as are stocks and bonds, mutual fund accounts, or a life insurance policy.

Since you own the property in your estate, it’s your right to say what will happen to it. Unless it’s written down, there’s no assurances your wishes will be honored. You have several ways to make clear what you want to happen to your estate.

- Write a will specifying who gets what after you die.
- Create trusts to pass property, or income to others.
- Name beneficiaries on pension funds, insurance policies, and other investments so they will receive the payouts directly.

Since wills and trusts are legal documents, you should consult a lawyer. Naming beneficiaries is simpler, usually requiring only your signature. And owning joint property, such as homes and bank accounts is fairly standard.

**Other Important Steps:**
- Name an executor for your estate.
- Name a guardian for your dependent children.
- Protect yourself during a time of incompetency; draw up a living will.

**WHEN YOU MIGHT WANT TO CONSULT A SPECIALIST**
- Estate planning
- Making or revising a will
- Establishing a trust
- Settling an estate
- Setting up joint ownership of a property
- Establishing power of attorney or guardianship
- Caring for yourself if you become disabled

In the following pages are organizational sheets for your personal matters, plus a number of forms you can fill out to protect your wishes if you should die unexpectedly.

**AN ESTATE INVENTORY**
If you own a home, have invested money, and are in a pension plan, the value of your estate is likely to be greater than you think. Here’s a checklist of what might be included:

- Real estate
- Securities (stocks, bonds, mutual funds)
- Interest and dividends you’re owed but haven’t been paid
- Bank accounts
- All tangible personal property
- Life insurance policies
- No-fault insurance payments due to you
- Annuities paid by contract or agreement
- Value of any qualified pension plans, including IRAs
- Income tax refunds
- Forgiven debts
- Businesses
These next few pages will help you organize your personal matters. Don’t be afraid to weed out old information, policies, warranties, etc.

### Key Advisors: Personal, Business, Financial and Professional

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<tr>
<th>Advisor</th>
<th>Name</th>
<th>Address</th>
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<td>Attorney</td>
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<td>Accountant</td>
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<td>Banker</td>
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<td>Financial Advisor</td>
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<td>Insurance Agent</td>
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<td>Funeral Director</td>
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<td>Clergyman</td>
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**Certificates:**
- birth
- adoption
- baptismal
- marriage

**Will**

- Brokerage Statements
- Income Tax Returns
- Gift Tax Returns
- Military Service Records
- Social Security Number and Cards
- Employment Records
- Educational Records (diplomas, transcripts)
- Medical and Health Records (medication, vaccinations)
- Cemetery Site Deed
- Divorce Decree or Separation Agreement
- Passport
- Citizenship Papers

**Organizations:**
- professional
- religious
- fraternal
- union
- other

### U.S. Savings Bonds

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### Other Assets

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(car, jewelry, art, etc.)

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### Real Estate
(include cemetery plot, condominium and cooperative apartment)

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<th>Description &amp; Location</th>
<th>Date of Purchase</th>
<th>Purchase Price</th>
<th>Mortgage: Title in Name of</th>
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LIVING WILLS

What Does a Living Will Do?
A living will directs a physician not to artificially prolong life if death is imminent. The physician is allowed to maintain the care necessary to provide comfort and dignity, while the fatal illness takes its natural course.

How Would a Person Decide Whether or Not to Create a Living Will?
An individual should consider the various implications of the living will: medical, financial, religious or ethical, and personal (especially the effect on family members).

It might be helpful to discuss the living will with those who have had the experience of caring for a terminally ill relative or friend.

Although signing the living will is a personal decision, that decision will affect others, especially members of your family. Therefore, you might want to discuss the living will with your loved ones and physician.

What Are the Reasons for Creating a Living Will?
The first reason for creating a living will is to help ensure that your wishes are honored. The other reason is to protect family members, health care professionals, and others from the stress and potential conflict of making critical decisions without sufficient information concerning an incapacitated patient’s preferences.

What Are the Requirements and Provisions For Creating a Living Will?
The individual must be of sound mind and at least 18 years old. A living will must be signed in the presence of at least two witnesses. The witness cannot be a beneficiary under the will or have financial responsibility for the declarant’s medical care.

How Are Living Wills Put Into Effect?
The individual is required to provide their physician with a copy of the living will. The physician is required to include a copy of the living will in the patient’s medical records.

Before the living will may be implemented, the attending physician must certify in writing that the individual has a terminal condition.

How Does One Revoke a Living Will?
The living will can be revoked by destroying the document or by written revocation. The living will can also be cancelled by oral revocation if it is done in the presence of a witness 18 years of age or older, who then creates a written document which is signed and dated by the witness.

If there are copies of the living will in different places, it is advisable to retrieve the copies or send a written revocation.

A living will is a legal document that lets an attending physician withdraw or withhold medical treatment that would only serve to postpone death, when you suffer from a terminal condition and are unable to provide further instructions.

The Living Will Act defines “terminal condition” as “an incurable and irreversible condition where death is imminent and the application of death-delaying procedures serves only to prolong the dying process.”
How Does a Living Will Affect Physicians?
Under Illinois law, health care providers are protected from civil and criminal liability for withholding or withdrawing death-delaysing treatment in compliance with living wills.

The attending physician must examine and determine if the individual is terminally ill. Physicians generally honor living wills, and carry out the will’s instructions.

Can a Health Care Provider Require a Person to Make a Living Will?
No health care provider can force you to sign a living will. The Living Will Act specifically prohibits health care providers from requiring a person to execute a living will as a condition for receiving health care services.

If you need further assistance, call either of these toll-free numbers:

**Illinois Attorney General**
1-800-243-5377
100 West Randolph St.
Chicago, IL  60601

**Illinois Attorney General**
1-877-305-5145
500 South Second St.
Springfield, IL  62706
LIVING WILL

THIS DECLARATION is made this ___ of ________________ 20 ___.

I, ____________________________, being of sound mind, willfully and voluntarily make known my desires that my moment of death shall not be artificially postponed. If at any time I should have an incurable and irreversible injury, disease, or illness judged to be a terminal condition by my attending physician who has personally examined me and has determined that my death is imminent except for death delaying procedures, I direct that such procedures which would only prolong the dying process be withheld or withdrawn, and that I be permitted to die naturally with only the administration of medication, sustenance, or the performance of any medical procedure deemed necessary by my attending physician to provide me with comfort care.

In the absence of my ability to give directions regarding the use of such death delaying procedures, it is my intention that this declaration shall be honored by my family and physician as the final expression of my legal right to refuse medical or surgical treatment and accept the consequences from such refusal.

Signed: _______________________

City, County and State of Residence: _______________________

The declarant is personally known to me and I believe him or her to be of sound mind. I saw the declarant sign the declaration in my presence (or the declarant acknowledged in my presence that he or she had signed the declaration) and I signed the declaration as a witness in the presence of the declarant. I did not sign the declarant’s signature above for or at the direction of the declarant. At the date of this instrument, I am not entitled to any portion of the estate of the declarant according to the laws of intestate succession or, to the best of my knowledge and belief, under any will of declarant or other instrument taking effect at declarant’s death, or directly financially responsible for declarant’s medical care.

Witness: _______________________

Witness: _______________________

Distributed by the Office of the Attorney General, Senior Citizen Advocacy Division.

Notes: ________________________________
DURABLE POWER OF ATTORNEY

What Are the Advantages?
Durable Powers of Attorney are flexible legal arrangements that apply to a number of situations. They permit you to decide who should make decisions on your behalf rather than leaving the decision-making to the courts.

Durable Powers of Attorney can be used by anyone who wants life-prolonging treatments continued, as well as those who do not. For example, you may or may not want to receive life-sustaining measures if you suffer an irreversible illness. You may instruct your agent to withhold food and fluids or to not administer CPR under certain circumstances.

What Are the Legal Requirements or Provisions?
Illinois law does not require an attorney to prepare your Durable Power of Attorney document, but you may want to involve your lawyer. Before executing your document, talk to the person whom you want to be your agent and review your wishes.

Your agent must be over the age of eighteen, not your doctor or someone who is paid to provide health care services.

You should have one or more successor agents in case the primary agent is unavailable. The individuals you appoint should be people you can rely upon to act according to your interests.

How Long Will the Durable Power of Attorney Last?
You can specify when the Durable Powers of Attorney will begin and end. Your document should state all duties and limitations. It can be effective after death to authorize your agent to deal with an autopsy, anatomical gifts and burial.

The Durable Power of Attorney for Health Care may be revoked by destroying it, or by written or oral revocation. The revocation must be made in the presence of a witness age 18 or older.

The Durable Power of Attorney for Property may be revised in any matter at any time. Unless you state an earlier termination date, the document will continue until your death.

When Should You Obtain a Durable Power of Attorney?
Anyone over age eighteen can obtain a Durable Power of Attorney. It should be done long before you anticipate anything happening to you to ensure that your wishes are carried out.

If you need further assistance, call the Illinois Attorney General’s office at 1-877-305-5145.
NOTICE TO THE INDIVIDUAL SIGNING THE ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR HEALTH CARE

PLEASE READ THIS NOTICE CAREFULLY. The form that you will be signing is a legal document. It is governed by the Illinois Power of Attorney Act. If there is anything about this form that you do not understand, you should ask a lawyer to explain it to you.

The purpose of this Power of Attorney is to give your designated “agent” broad powers to make health care decisions for you, including the power to require, consent to, or withdraw treatment for any physical or mental condition, and to admit you or discharge you from any hospital, home, or other institution. You may name successor agents under this form, but you may not name co-agents.

This form does not impose a duty upon your agent to make such health care decisions, so it is important that you select an agent who will agree to do this for you and who will make those decisions as you would wish. It is also important to select an agent whom you trust, since you are giving that agent control over your medical decision-making, including end-of-life decisions. Any agent who does act for you has a duty to act in good faith for your benefit and to use due care, competence, and diligence. He or she must also act in accordance with the law and with the statements in this form. Your agent must keep a record of all significant actions taken as your agent.

Unless you specifically limit the period of time that this Power of Attorney will be in effect, your agent may exercise the powers given to him or her throughout your lifetime, even after you become disabled. A court, however, can take away the powers of your agent if it finds that the agent is not acting properly. You may also revoke this Power of Attorney if you wish.

The Powers you give your agent, your right to revoke those powers, and the penalties for violating the law are explained more fully in Sections 4-5, 4-6, and 4-10(c) of the Illinois Power of Attorney Act. This form is a part of that law. The “NOTE” paragraphs throughout this form are instructions.

You are not required to sign this Power of Attorney, but it will not take effect without your signature. You should not sign it if you do not understand everything in it, and what your agent will be able to do if you do sign it.

Put your initials on the following line indicating that you have read this Notice:

___________________
(Principal’s initials)
1. I, __________________________________________________________________________________,  
   (insert name and address of principal)  

   hereby revoke all prior powers of attorney for health care executed by me and appoint:  
__________________________________________________________________________________  
   (insert name and address of agent)  

(NOTE: You may not name co-agents using this form.) as my attorney-in-fact (my "agent") to act for me and in my name (in any way I could act in person) to make any and all decisions for me concerning my personal care, medical treatment, hospitalization and health care and to require, withhold or withdraw any type of medical treatment or procedure, even though my death may ensue.  

A. My agent shall have the same access to my medical records that I have, including the right to disclose the contents to others.  

B. Effective upon my death, my agent has the full power to make an anatomical gift of the following:  

(NOTE: Initial one. In the event none of the options are initialed, then it shall be concluded that you do not wish to grant your agent any such authority.)  

   ____ Any organs, tissues, or eyes suitable for transplantation or used for research or education.  

   ____ Specific Organs:____________________________________________________  

   ____ I do not grant my agent authority to make any anatomical gifts.  

C. My agent shall also have full power to authorize an autopsy and direct the disposition of my remains. I intend for this power of attorney to be in substantial compliance with Section 10 of the Disposition of Remains Act. All decisions made by my agent with respect to the disposition of my remains, including cremation, shall be binding. I hereby direct any cemetery organization, business operating a crematory or columbarium or both, funeral director or embalmer, or funeral establishment who receives a copy of this document to act under it.
D. I intend for the person named as my agent to be treated as I would be with respect to my rights regarding the use and disclosure of my individually identifiable health information or other medical records, including records or communications governed by the Mental Health and Developmental Disabilities Confidentiality Act. This release authority applies to any information governed by the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) and regulations thereunder. I intend for the person named as my agent to serve as my “personal representative” as that term is defined under HIPAA and regulations thereunder.

(i) The person named as my agent shall have the power to authorize the release of information governed by HIPAA to third parties.

(ii) I authorize any physician, health care professional, dentist, health plan, hospital, clinic, laboratory, pharmacy or other covered health care provider, any insurance company and the Medical Informational Bureau, Inc., or any other health care clearinghouse that has provided treatment or services to me, or that has paid for or is seeking payment for me for such services to give, disclose, and release to the person named as my agent, without restriction, all of my individually identifiable health information and medical records, regarding any past, present, or future medical or mental health condition, including all information relating to the diagnosis and treatment of HIV/AIDS, sexually transmitted diseases, drug or alcohol abuse, and mental illness (including records or communications governed by the Mental Health and Developmental Disabilities Confidentiality Act).

(iii) The authority given to the person named as my agent shall supersede any prior agreement that I may have with my health care providers to restrict access to, or disclosure of, my individually identifiable health information. The authority given to the person named as my agent has no expiration date and shall expire only in the event that I revoke the authority in writing and deliver it to my health care provider.

**NOTE:** The above grant of power is intended to be as broad as possible so that your agent will have the authority to make any decision you could make to obtain or terminate any type of health care, including withdrawal of food and water and other life-sustaining measures, if your agent believes such action would be consistent with your intent and desires. If you wish to limit the scope of your agent’s powers or prescribe special rules or limit the power to make an anatomical gift, authorize autopsy or dispose of remains, you may do so in the following paragraphs.)
2. The powers granted above shall not include the following powers or shall be subject to
the following rules or limitations:

(NOTE: Here you may include any specific limitations you deem appropriate, such as:
your own definition of when life-sustaining measures should be withheld; a direction
to continue food and fluids or life-sustaining treatment in all events; or instructions to
refuse any specific types of treatment that are inconsistent with your religious beliefs or
unacceptable to you for any other reason, such as blood transfusion, electro-convulsive
therapy, amputation, psychosurgery, voluntary admission to a mental institution, etc.)

______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

(NOTE: The subject of life-sustaining treatment is of particular importance. For your
convenience in dealing with that subject, some general statements concerning the with-
holding or removal of life-sustaining treatment are set forth below. If you agree with one
of these statements, you may initial that statement; but do not initial more than one.
These statements serve as guidance for your agent, who shall give careful consideration to
the statement you initial when engaging in health care decision-making on your behalf.)

I do not want my life to be prolonged nor do I want life-sustaining treatment to be
provided or continued if my agent believes the burdens of the treatment outweigh the ex-
pected benefits. I want my agent to consider the relief of suffering, the expense involved
and the quality as well as the possible extension of my life in making decisions concern-
ing life-sustaining treatment.

Initialed __________

I want my life to be prolonged and I want life-sustaining treatment to be provided or
continued, unless I am, in the opinion of my attending physician, in accordance with rea-
sonable medical standards at the time of reference, in a state of “permanent unconscious-
ness” or suffer from an “incurable or irreversible condition” or “terminal condition”, as
those terms are defined in Section 4-4 of the Illinois Power of Attorney Act. If and when I
am in any one of these states or conditions, I want life-sustaining treatment to be with-
held or discontinued.

Initialed __________

I want my life to be prolonged to the greatest extent possible in accordance with reason-
able medical standards without regard to my condition, the chances I have for recovery or
the cost of the procedures.

Initialed __________
(NOTE: This power of attorney may be amended or revoked by you in the manner provided in Section 4-6 of the Illinois Power of Attorney Act.)

3. This power of attorney shall become effective on:____________________________________
____________________________________________________________________________________

(NOTE: In Line 3 above, insert a future date or event during your lifetime, such as a court determination of your disability or a written determination by your physician that you are incapacitated, when you want this power to first take effect.)

(NOTE: If you do not amend or revoke this power, or if you do not specify a specific ending date in paragraph 4, it will remain in effect until your death; except that your agent will still have the authority to donate your organs, authorize an autopsy, and dispose of your remains after your death, if you grant that authority to your agent.)

4. This power of attorney shall terminate on:___________________________________________
____________________________________________________________________________________

(NOTE: In Line 4 above, insert a future date or event, such as a court determination that you are not under a legal disability or a written determination by your physician that you are not incapacitated, if you want this power to terminate prior to your death.)

(NOTE: You cannot use this form to name co-agents. If you wish to name successor agents, insert the names and addresses of the successors in paragraph 5.)

5. If any agent named by me shall die, become incompetent, resign, refuse to accept the office of agent or be unavailable, I name the following (each to act alone and successively, in the order named) as successors to such agent:
____________________________________________________________________________________
(insert name and address of successor agent)
____________________________________________________________________________________
(insert name and address of successor agent)

For purposes of this paragraph 5, a person shall be considered to be incompetent if and while the person is a minor, or an adjudicated incompetent or disabled person, or the person is unable to give prompt and intelligent consideration to health care matters, as certified by a licensed physician.

(NOTE: If you wish to, you may name your agent as guardian of your person if a court decides that one should be appointed. To do this, retain paragraph 6, and the court will appoint your agent if the court finds that this appointment will serve your best interests and welfare. Strike out paragraph 6 if you do not want your agent to act as guardian.)

6. If a guardian of my person is to be appointed, I nominate the agent acting under this power of attorney as such guardian, to serve without bond or security.

7. I am fully informed as to all the contents of this form and understand the full import of this grant of powers to my agent.

Dated:_______________________ Signed:_________________________________________________
(principal’s signature or mark)
The principal has had an opportunity to review the above form and has signed the form or acknowledged his or her signature or mark on the form in my presence. The undersigned witness certifies that the witness is not: (a) the attending physician or mental health service provider or a relative of the physician or provider; (b) an owner, operator, or relative of an owner or operator of a health care facility in which the principal is a patient or resident; (c) a parent, sibling or descendant, or any spouse of such parent, sibling, or descendant of either the principal or any agent or successor agent under the foregoing power of attorney, whether such relationship is by blood, marriage, or adoption; or (d) an agent or successor agent under the foregoing power of attorney.

______________________________________  ____________________________________
(Witness Signature)                                        (Print Witness Name)
______________________________________  ____________________________________
(Street Address)                                          (City, State, ZIP)

(NOTE: You may, but are not required to, request your agent and successor agents to provide specimen signatures below. If you include specimen signatures in this power of attorney, you must complete the certification opposite the signatures of the agents.)

Specimen signatures of agent (and successors). I certify that the signatures of my agent (and successors) are correct.

______________________________________  ____________________________________
(agent)                                          (principal)

______________________________________  ____________________________________
(successor agent)                                  (principal)

______________________________________  ____________________________________
(successor agent)                                  (principal)

(NOTE: The name, address, and phone number of the person preparing this form or who assisted the principal in completing this form is optional.)

______________________________________
(name of preparer)

______________________________________
(address)

______________________________________
(address)

______________________________________
(phone)
Notice: The purpose of this Power of Attorney is to give your designated "agent" broad powers to handle your financial affairs, including power to pledge, sell or otherwise dispose of any real or personal property without advance notice to you or approval by you. This form does not impose a duty on your agent to handle your financial affairs; but it is important to select an agent who agrees to do this. Select an agent you trust, since you are giving your agent control over your financial affairs and property. Your agent must keep a record of all receipts, disbursement and significant actions taken by your agent. A court can take away the powers of your agent if it finds the agent is not acting properly. You may name successor agents under this form but not co-agents. Unless you expressly limit the duration of this Power of Attorney your agent may exercise the powers throughout your lifetime, until you revoke this power or a court acting on your behalf terminates it. The powers you give your agent are explained in Section 3-4 of this Act. That law expressly permits the use of any different form of power of attorney you may desire. If there is anything about this form that you do not understand, you should ask a lawyer to explain it to you.

Power of Attorney made this _____ day of (month) ______________________ (year) ____________

1. I, (name of principal) ________________________________________________________________ , hereby
   (insert address of principal) ____________________________________________________________ , hereby
   appoint (insert name of agent) ______________________________________________________________________
   (insert address of agent) ____________________________________________________________________________

   as my attorney-in-fact (my “agent”) to act for me and in my name (in any way I could act in person)
   with respect to the following powers, as defined in Section 3-4 of the “Statutory Short Form Power of At-
   torney for Property Law” (including all amendments), but subject to any limitations on or additions to
   the specified powers inserted in paragraph 2 or 3 below:

   (You must strike out any one or more of the following categories of powers you do not want your agent to have. Failure to strike the title of any category will cause the powers described in that category to be granted to the agent. To strike out a category you must draw a line through the title of that category.)

   (a) Real estate transactions
   (b) Financial institution transactions
   (c) Stock and bond transactions
   (d) Tangible personal property transactions
   (e) Safe deposit box transactions
   (f) Insurance and annuity transaction
   (g) Retirement plan transactions
   (h) Social Security, employment & military service benefits
   (i) Tax matters
   (j) Claims and litigation
   (k) Commodity and option transactions
   (l) Business operations
   (m) Borrowing transactions
   (n) Estate transactions
   (o) All other property powers and transactions
(Limitations on and additions to the agent’s powers may be included in this Power of Attorney if they are specifically described below.)

2. The powers granted above shall not include the following powers or shall be modified or limited in the following particulars (here you may include any specific limitations you deem appropriate, such as a prohibition or conditions on the sale of particular stock or real estate or special rules on borrowing by the agent):

3. In addition to the powers granted above, I grant my agent the following powers (here you may add any other delegable powers including, without limitation, power to make gifts, exercise powers of appointment, name or change beneficiaries or joint tenants or revoke or amend any trust specifically referred to below):

(Your agent will have authority to employ other persons as necessary to enable the agent to properly exercise the powers granted in this form, but your agent will have to make all discretionary decisions. If you want to give your agent the right to delegate discretionary decision-making powers to others, you should keep the next sentence, otherwise it should be struck out.)

4. My agent shall have the right by written instrument to delegate any or all of the foregoing powers involving discretionary decision-making to any person or persons whom my agent may select, but such delegation may be amended or revoked by any agent (including any successor) named by me who is acting under this Power of Attorney at this time of reference.

(Your agent will be entitled to reimbursement for all reasonable expenses incurred in acting under this power of attorney. Strike out the next sentence if you do not want your agent to also be entitled to reasonable compensation for services as agent.)

5. My agent shall be entitled to reasonable compensation for services rendered as agent under this power of attorney.

This power of attorney may be amended or revoked by you in the manner provided in Section 4-6 of the Illinois “Powers of Attorney for Property Law.” Absent amendment or revocation, the authority granted in this power of attorney will become effective at the time this power is signed and will continue until your death unless a limitation on the beginning date or duration is made by initializing and completing one or both) of paragraphs 6 and 7.
6. (      ) This power of attorney shall become effective on (insert a future date or event during your lifetime, such as court determination of your disability, or a written determination by your disability, when you want this power to first take effect):

7. (      ) This power of attorney shall terminate on (insert a future date or event during your lifetime, such as court determination of your disability, when you want this power to terminate before your death).

If you wish to name successor agents, insert the names and addresses of such successors in the following paragraph.

8. If any agent named by me shall die, become incompetent, resign or refuse to accept the office of agent, I name the following (each to act alone and successively, in the order named) as successor(s) to such agent:

For purposes of this paragraph 8, a person shall be considered to be incompetent if and while the person is a minor or an adjudicated incompetent or disabled person or the person is unable to give prompt and intelligent consideration to health care matters, as certified by a licensed physician.

If you wish, you may name your agent as guardian of your estate, in the event a court decides that one should be appointed. To do this, retain paragraph 9, and the court will appoint your agent if the court finds that this appointment will serve your best interests and welfare. Strike out paragraph 9 if you do not want your agent to act as guardian.

9. If a guardian of my estate (my property) is to be appointed, I nominate the agent acting under this power of attorney as such guardian, to serve without bond or security.

10. I am fully informed as to all the contents of this form and understand the full import of this grant of powers to my agent.

Signed (Principal) __________________________________________________________________________

(You may, but are not required to, request your agent and successor agents to provide specimen signatures below. If you include specimen signatures in this power of attorney, you must complete the certification opposite the signatures of the agent and successors.)

Specimen signatures of agents (and successors) I certify that the signatures of my agent(s) are correct

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<td>Successor</td>
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<td>Successor</td>
<td>Principal</td>
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(This power of attorney will not be effective unless it is notarized and signed by at least one additional witness, using the form below. **Note: The requirement of the signature of an additional witness applies only to instruments executed on or after June 9, 2000, the effective date of Public Act 91-790.**)

The undersigned witness certifies that __________________________________________ , known to me to be the same person whose name is subscribed as principal to the foregoing power of attorney, appeared before me and the notary public and acknowledged signing and delivering the instrument as the free and voluntary act of the principal, for the uses and purposes therein set forth. I believe him or her to be of sound mind and memory.

Dated: __________________________ (SEAL)
Witness: __________________________________________
State of __________________________ )
) SS.
County of __________________________

The undersigned, a notary public in and for the above county and state, certifies that __________________________________________ , known to me to be the same person whose name is subscribed as principal to the foregoing power of attorney, appeared before me and the additional witness in person and acknowledged signing and delivering the instrument as the free and voluntary act of the principal, for the uses and purposes therein set forth (and certified to the correctness of the signature(s) of the agent(s)).

Dated: __________________________ (SEAL)
(Notary Public)______________________________________
My commission expires ____________________________ .

(The name and address of the person preparing this form should be inserted if the agent will have power to convey any interest in real estate.)

This document was prepared by:

(Name) ______________________________________________________________________
(Address) ____________________________________________________________________
Illinois Department of Public Health

UNIFORM DO-NOT-RESUSCITATE (DNR) ADVANCE DIRECTIVE

PHYSICIAN ORDERS FOR LIFE-SUSTAINING TREATMENT (POLST)

HIPAA (HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT of 1996) PERMITS DISCLOSURE TO HEALTH CARE PROFESSIONALS AS NECESSARY FOR TREATMENT

Follow these orders until changed. These medical orders are based on the patient’s medical condition and preferences. Any section not completed does not invalidate the form and implies initiating all treatment for that section. With significant change of condition, new orders may need to be written. See also Guidance for Health Care Professionals at http://www.idph.state.il.us/public/books/advin.htm.

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**CARDIOPULMONARY RESUSCITATION (CPR)**  Patient has no pulse and is not breathing.

- Attempt Resuscitation/CPR (Selecting CPR means Intubation and Mechanical Ventilation in Section B is selected)
- Do Not Attempt Resuscitation/DNR

**When not in cardiopulmonary arrest, follow orders B and C.**

**B  MEDICAL INTERVENTIONS**  Patient has pulse and/or is breathing.

- Comfort Measures Only (Allow Natural Death). Relieve pain and suffering through the use of medication by appropriate route, positioning, wound care and other measures. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. **Patient prefers no transfer to hospital for life-sustaining treatments.** Transfer if comfort needs cannot be met in current location. Treatment Plan: Maximize comfort through symptom management.
- Limited Additional Interventions In addition to care described in Comfort Measures Only, use medical treatment, antibiotics, IV fluids and cardiac monitor as indicated. No intubation or mechanical ventilation. May consider less invasive airway support (e.g., CPAP, BiPAP). **Transfer to hospital if indicated. Generally avoid the intensive care unit.** Treatment Plan: Provide basic medical treatments.
- Intubation and Mechanical Ventilation In addition to care described in Comfort Measures Only and Limited Additional Interventions, use intubation and mechanical ventilation as indicated. **Transfer to hospital and/or intensive care unit if indicated.** Treatment Plan: Life support measures, including intubation, in the intensive care unit.
- Additional Orders

**C  ARTIFICIALLY ADMINISTERED NUTRITION**  Offer food by mouth, if feasible and as desired.

- No artificial nutrition by tube.
- Defined trial period of artificial nutrition by tube.
- Long-term artificial nutrition by tube.

**D  DOCUMENTATION OF DISCUSSION**  (Check all appropriate boxes below)

- Patient
- Agent under health care power of attorney
- Parent of minor
- Health care surrogate decision maker (See Page 2 for priority list)

**Signature of Patient or Legal Representative**

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<tr>
<th>Signature (required)</th>
<th>Name (print)</th>
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**Signature of Witness to Consent**  (Witness required for a valid form)

I am 18 years of age or older and acknowledge the above person has had an opportunity to read this form and have witnessed the giving of consent by the above person or the above person has acknowledged his/her signature or mark on this form in my presence.

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<th>Signature (required)</th>
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**E  SIGNATURE OF ATTENDING PHYSICIAN**

My signature below indicates to the best of my knowledge and belief that these orders are consistent with the patient’s medical condition and preferences.

**Print Attending Physician Name (required)**

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<thead>
<tr>
<th>Print Attending Physician Name</th>
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**Attending Physician Signature (required)**
Illinois Department of Public Health

UNIFORM DO-NOT-RESUSCITATE (DNR) ADVANCE DIRECTIVE

PHYSICIAN ORDERS FOR LIFE-SUSTAINING TREATMENT (POLST)

HIPAA (HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT of 1996) PERMITS DISCLOSURE TO HEALTH CARE PROFESSIONALS AS NECESSARY FOR TREATMENT

Follow these orders until changed. These medical orders are based on the patient’s medical condition and preferences. Any section not completed does not invalidate the form and implies initiating all treatment for that section. With significant change of condition, new orders may need to be written.

See also Guidance for Health Care Professionals at http://www.idph.state.il.us/public/books/advin.htm.

Patient Last Name

Patient First Name

MI

Date of Birth (mm/dd/yy)

Gender

M

F

Address (street/city/state/ZIP code)

A

CARDIOPULMONARY RESUSCITATION (CPR) Patient has no pulse and is not breathing.

☐ Attempt Resuscitation/CPR (Selecting CPR means Intubation and Mechanical Ventilation in Section B is selected)

☐ Do Not Attempt Resuscitation/DNR

When not in cardiopulmonary arrest, follow orders B and C.

B

MEDICAL INTERVENTIONS Patient has pulse and/or is breathing.

☐ Comfort Measures Only (Allow Natural Death). Relieve pain and suffering through the use of medication by appropriate route, positioning, wound care and other measures. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. Patient prefers no transfer to hospital for life-sustaining treatments. Transfer if comfort needs cannot be met in current location. Treatment Plan: Maximize comfort through symptom management.

☐ Limited Additional Interventions In addition to care described in Comfort Measures Only, use medical treatment, antibiotics, IV fluids and cardiac monitor as indicated. No intubation or mechanical ventilation. May consider less invasive airway support (e.g., CPAP, BiPAP). Transfer to hospital if indicated. Generally avoid the intensive care unit. Treatment Plan: Provide basic medical treatments.

☐ Intubation and Mechanical Ventilation In addition to care described in Comfort Measures Only and Limited Additional Interventions, use intubation and mechanical ventilation as indicated. Transfer to hospital and/or intensive care unit if indicated. Treatment Plan: Life support measures, including intubation, in the intensive care unit.

☐ Additional Orders

C

ARTIFICIALLY ADMINISTERED NUTRITION Offer food by mouth, if feasible and as desired.

☐ No artificial nutrition by tube.

☐ Defined trial period of artificial nutrition by tube. Additional Instructions (e.g., length of trial period) _____________________________________________

☐ Long-term artificial nutrition by tube. Additional Instructions (e.g., length of trial period) _____________________________________________

D

DOCUMENTATION OF DISCUSSION (Check all appropriate boxes below)

☐ Patient

☐ Agent under health care power of attorney

☐ Parent of minor

☐ Health care surrogate decision maker (See Page 2 for priority list)

Signature of Patient or Legal Representative

Signature (required) Name (print) Date

Signature of Witness to Consent (Witness required for a valid form)

I am 18 years of age or older and acknowledge the above person has had an opportunity to read this form and have witnessed the giving of consent by the above person or the above person has acknowledged his/her signature or mark on this form in my presence.

Signature (required) Name (print) Date

E

SIGNATURE OF ATTENDING PHYSICIAN

My signature below indicates to the best of my knowledge and belief that these orders are consistent with the patient’s medical condition and preferences.

Print Attending Physician Name (required) Phone

( ) ________ - ________

Attending Physician Signature (required) Date (required)

SEND A COPY OF FORM WITH PATIENT WHENEVER TRANSFERRED OR DISCHARGED
**Administrator:** The person appointed by the court to do the same work as the Executor when the decedent dies intestate.

**Codicil:** An amendment to a will which changes, revokes or adds provisions to it.

**Federal Estate Tax:** A tax imposed by the federal government and administered by the Internal Revenue Service, on the total amount of property owned or controlled by a decedent on his death, net certain deductions and credits.

**Federal Gift Tax:** A tax imposed by the federal government and administered by the Internal Revenue Service, on the donor for the amount of property given away during the donor’s life, net certain exclusions and credits.

**State Death Tax:** A tax imposed by a state government and administered by that state’s tax agency, on property transferred on the death of a decedent. In Illinois, the state death tax is the Illinois Estate Tax which is administered by the Attorney General’s Office.

**Estate:** All of the property owned or controlled by a person.

**Executor:** A person or institution nominated to carry out the provisions of a will.

**Guardian:** A “guardian of the person” is the person with whom the minor resides. A “guardian of the estate” of a minor is the person who holds property owned by the minor, as the minor is legally incapable of dealing with his own property until an adult. In Illinois, a person becomes an adult at age 18.

**Intestate:** A person who dies without a will, thereby leaving the disposition of his or her estate to state inheritance laws under the supervision of the Probate Court.

**Joint Tenancy:** A form of ownership in which a joint tenant’s interest passes, upon his or her death not to the heirs or will beneficiaries, but to the co-owner or co-owners.

**Probate:** The court procedure for determining the validity of a will, settling claims of creditors, and supervising distribution of an estate to its beneficiaries. The probate court also supervises the property of a minor or incompetent and administers the estate of one who dies intestate.

**Probate Estate or Property:** Property which is subject to probate. Probate property is property owned by the decedent which is disposed of by the decedent’s will and does not pass by law to a co-owner (such as joint tenancy property which passes to the surviving joint tenant) or to a designated beneficiary under a contract (such as a life insurance policy paid to a named beneficiary).

**Residuary Estate:** The remainder of an estate after payment of taxes, debts, administration expenses, and specific gifts.

**Tenancy in Common:** A form of ownership in which an undivided interest in property upon the death of the owner becomes the property of his heirs or will beneficiaries and not his co-owner.

**Testator:** A person who signs his or her own will. A person who has a will is said to be “testate”.

**Trust:** A legal relationship in which a person (the settler) transfers title to property or funds to another person or institution (the trustee) to be held, used or administered for another party’s benefit (the beneficiary) to the extent specified. A trust may be established by the settler in his will or in a separate trust agreement executed during the settler’s lifetime.

**Will:** A legal document executed by an individual with certain formalities which sets forth the distribution of his estate after death, names an executor and names a guardian for minor children.
FINANCIAL STRATEGIES
THREATS TO YOUR FINANCIAL SECURITY

There are three main threats to a retiree’s financial security: inflation, health care and taxes. Here’s a look at each:

**Inflation**
Inflation is a steady erosion of money’s value. Although the rate of inflation varies from year to year, the effect of inflation never changes—the cost of living goes up.

As a retiree on a fixed income, inflation can erode your standard of living. You can’t stop inflation, but you can protect yourself from its bite by investing in stocks and mutual funds. You need to earn more than the inflation rate on your investments to keep ahead of inflation.

The rate of return on your investments, minus the inflation rate, is called the real rate of return. For example, if an investment is paying 10% annually and the rate of inflation is 4%, your real rate of return is 6%. The higher the rate of return, the better your defense against inflation.

**Health Care**
Although health insurance provided by the State of Illinois protects you from catastrophic medical costs, a long-term illness could take a big bite out of your retirement nest egg.

**Taxes**
There are three types of taxes a retiree must take into account:

1. **Pensions paid by SERS are exempt from Illinois income tax.** However, pension payments are subject to federal income tax under the Simplified Method. This method states that a portion of each benefit payment is taxable, and a portion is nontaxable.

2. Some areas of the country are more expensive to live in because of **property taxes.**

3. **Estate tax** is based on the value of your property, and is usually paid by the estate. The Federal Estate Tax Relief Act of 2010 reinstates the federal estate tax. The federal estate tax is set at $1,000,000 for the near-future. This is the amount each person can pass free of federal estate tax with a 55% tax rate.

The rule of 72 is a financial guide that tells you how many years until the price of something doubles.

$$72 \div \text{Inflation Rate} = \text{Number of Years Until Price Doubles}.$$
How Installment Payments Are Calculated
The amount of your installment payment is calculated by dividing your current account value by the total number of payments remaining.

For example, if you choose five annual installments, the first installment amount will be your account value divided by five. The next year, the installment amount will be your account value at that time divided by four.

You may choose any number of years or amount until you reach age 70 1/2. After that, your payments may have to be adjusted to comply with the minimum distribution requirement. The maximum period for payments can be no longer than your life expectancy, as projected by the IRS at the time of your separation.

If you elect fixed dollar installments, the amount may have to be adjusted periodically to meet federal distribution guidelines. If you choose installments, each installment may be electronically wired to your checking or savings account.

Once you start distribution, your payments will be made according to the Plan’s distribution schedule. Refer to it for specific accounting dates.

Your payment is taken proportionally from each of your investment options. For instance, if 60% of your money in the Deferred Compensation Plan is in Fund A and 40% is in Fund B, a $100 payment would be taken proportionally from each Fund—$60 from Fund A and $40 from Fund B.

YOUR DISTRIBUTION OPTIONS AT A GLANCE

Total Lump Sum
A one-time distribution of the total value of your account.

Partial Lump Sum
A single payment followed by installments, or you can make any other payment choices.

Installments
The installment amounts may vary with each payment. Payments can be made monthly, quarterly, semi-annually, or annually. Choose a definite number of years to receive payments, or a recalculation of your life expectancy can be made annually.

Fixed Dollar Installments
You decide the amount of each installment payment, which stays constant. Payments can be made monthly, quarterly, semi-annually, or annually.

If you have any questions, or would like additional information, call the Deferred Compensation Office at 1-800-442-1300, 217-782-7006 or TDD 217-785-3979.
YOUR INCOME TAX CONSEQUENCES

Your deferrals and earnings in the Deferred Compensation Plan compound free of current taxes. However, it is fully taxable as retirement income when it is distributed to you or your beneficiary. Federal income tax withholding is also mandatory.

New rules distinguish between distributions taken over ten or more years, and those that do not.

Distributions Over a Ten Year Period or Greater
If you choose a distribution method that extends for a period of ten years or more, your withholding will be calculated using the federal withholding tables based on the way you complete the W-4P form. No other income is considered when making this calculation. If you don’t complete a W-4P form, the withholding will be calculated as “married, claiming three dependents.”

Less Than Ten Year Distribution
If you choose a lump sum distribution or a method that extends for less than ten years, the IRS requires a minimum of 20% be withheld. You may complete the W-4P to withhold more than 20%. If you do not complete a W-4P, 20% is withheld.

Your Account After You Leave State Service
After you separate from state service, you no longer make contributions to your account. However, as long as you have an account balance, you continue to earn interest and/or dividends and receive quarterly statements.

You may also move money in your account from one investment option to another. Call T. Rowe Price toll-free at 888-457-5770 anytime day or night to make transactions.

Social Security Not Affected
Your rights to Social Security will not be affected when your Deferred Compensation account is distributed. Your deferrals have already been taxed for Social Security purposes, so it does not affect the maximum a Social Security recipient can earn before payments are reduced.
GLOSSARY OF COMMONLY USED FINANCIAL TERMS

Aggressive: This is a term used to describe an investment which, relatively speaking, carries a high degree of risk.

Balanced Fund: A mutual fund which has an investment policy of “balancing” its portfolio, generally by including a combination of bonds, preferred stocks, and common stocks.

Bond: An IOU of a corporation. It is evidence of a debt on which the issuing company promises to pay the bondholders a specified rate of interest, and to repay the loan on a specified maturity date.

Blue Chip Stocks: High quality stocks of major, well-managed companies with long-term records of dividend payments.

Capital Gains: Profits earned by a fund from the sale of securities within its portfolio. These gains are reinvested to buy more securities for the fund, or distributed to the fund’s shareholders.

For an investor in the Deferred Compensation plan, capital gain distributions are reinvested to purchase more fund shares for your account and are not taxed until withdrawn.

Capital Growth: An increase in the market value of a security.

Certificates of Deposits (CD): A negotiable Certificate of Deposit in a commercial bank earning specified rates of interest over given periods.

Commercial Paper: Short-term promissory notes of large corporations.

Common Stock: Securities that represent an ownership interest in a corporation. Also referred to as “equities”.

Common Stock Fund: A mutual fund whose portfolio consists primarily of common stocks. The emphasis of these funds is generally on growth.

Convertible: A term used to describe a bond or preferred stock which may be exchanged by the owner for common stock or another security (usually of the same company) in accordance with the terms of the issue.

Current Income: Dividend, interest, or yield which accrues and is paid periodically in a mutual fund. Usually, market fund seeks current income as an investment objective.

Diversification: An investment policy of spreading investments among a number of different securities to reduce risk.

Dividend: A payment on a share of common or preferred stock. In the Deferred Compensation plan, these earnings are automatically reinvested and tax-deferred until withdrawal.
**Dollar Cost Averaging:** An investment strategy that involves investing equal amounts of money at regular intervals, regardless of what is happening in the stock market.

More shares are acquired in periods of lower stock prices and fewer shares in periods of higher stock prices.

**Dow Jones Industrial Average:** A popular indicator of stock price levels and changes. The DJIA consists of thirty actively traded “blue chip” stocks—primarily industrials that are listed on the New York Stock Exchange.

**Equity Fund:** A mutual fund that invests primarily in stocks.

**Equity:** Ownership interest of common and preferred stockholders in a company. Sometimes used as a synonym for “stock”.

**Ex-Dividend Date:** The date when a mutual fund begins trading without the dividend or capital gain distribution. This is the date on which the Net Asset Value decreases by the amount of the distribution.

**Fixed Income Security:** A debt security with a fixed percentage return.

**Government Obligation:** Debt security issued by the U.S. Treasury or the U.S. government. Generally guaranteed a timely payment of principal and interest by the issuer.

**Growth Stock:** A stock that has shown better than average growth in earnings and is expected to continue to show high levels of profit.

**Growth Fund:** A mutual fund with growth of capital as a primary objective, usually to be obtained principally through investments in common stocks with growth potential.

**Growth and Income Fund:** A mutual fund with the objective of providing both income and growth through investments in common stocks and bonds. A balanced fund is an example of a growth and income fund.

**Income Fund:** A mutual fund consisting primarily of bonds or high dividend paying stocks. The emphasis is normally on income rather than growth.

**Income Stocks:** Companies that pay out a relatively large portion of their earnings in dividends.

**Investment Objective:** A goal of an investment program.

**Load:** A sales charge.

**Management Fee:** The amount paid by a mutual fund to its investment advisor for portfolio management services. The amount of the management fee for a fund can be found in the fund’s prospectus.

**Money Market Fund:** A mutual fund designed to maintain a stable share price by investing in short-term money markets, including bank certificates of deposits, bankers’ acceptances, commercial paper, and government securities.

**Mutual Fund:** A registered investment company which combines the...
money of many people with similar investment goals and invests this money in a wide variety of securities.

**Net Asset Value (NAV):** The value of one mutual fund share, excluding any sales charges or redemption fees. The NAV is calculated daily by subtracting a fund's liabilities from its assets and dividing by the number of fund outstanding shares.

**No-Load Fund:** A mutual fund sold without a sales charge.

**Preferred Stock:** A class of stock whose owners have a claim on the company's earnings before common stockholders. Preferred stock is also usually entitled to dividends at a specified rate.

**Portfolio:** The securities owned by a mutual fund.

**Prospectus:** Summary of the registration statement filed with the Securities and Exchange Commission in order to publicly offer securities (such as mutual fund shares).

The prospectus is the official selling document outlining the security's characteristics. Investors agree to the terms of the prospectus at the time of purchase.

**Standard & Poor's 500 Composite Stock Price Index:** An average of 500 stock prices: 400 industrials, 40 financial, 40 utilities, and 20 transportation stocks. Each stock is weighted according to its capitalization. This is the most widely used general index of stock market activity.

**Total Return:** The change in a security's value for a specific period. It includes the effect of the reinvestment of any dividend, sales charge, and capital gain distributions during that period.

**Turnover Ratio:** The extent to which the securities in an investment company's portfolio are bought and sold during the course of the year.

**Volatility:** The relative rate at which a security or fund share tends to move up or down in price.
HEALTH, LEISURE & HOUSING
"A large part of what people consider aging is disease and abuse of the body," says Dr. Andrew P. Goldberg, M.D., John Hopkins Medical Center.

Many of our assumptions about aging and its effects on our bodily systems are not true. Today, people are living longer.

But many people fear old age as a period of declining powers and failing health. Muscle weakness, loss of energy, greater susceptibility to illness, and difficulty in getting around are not due to the aging process, but to inactivity and poor nutrition.

A century ago, less than one person in ten reached the age of sixty-five. Most of those who did live that long had been worn out by a lifetime of inadequate nutrition, widespread disease, and/or backbreaking labor.

Today, relieved of those harsh external pressures, most of us will live well into our 70s and 80s. Our well-being depends far less on our "chronological age"—how old you are according to the calendar, than on our "biological age"—how old your body is in terms of critical life signs.

Everyone is affected differently by time. For example, a middle-aged marathon runner may have the leg muscles, heart and lungs of someone half his age, but also have highly stressed knees of someone twice his age.

"Psychological age" is how old you feel. Depending on what is happening in your life and your attitude to it, your psychological age can change dramatically within a very short period of time.

Study after study shows that regular exercise and a healthy diet can slow or even reverse the deterioration in fitness, vitality, and independence that we associate with age.

Even if you have not been health-conscious in the past, you can still reap the benefits by changing your lifestyle now: whether you're forty, sixty or ninety.

To get the optimum benefits from exercise, the type and amount have to be tailored to fit your individual body type. You don't have to consult with a fitness expert to gain from exercise.

Just 20 minutes of walking 3 days a week can improve your cholesterol/HDL ratio. No expert advice is needed to benefit from another important route to longevity—a balanced lifestyle.

A study of 7,000 elderly Southern Californian's showed that they follow seven simple rules:

1. Sleep 7 - 8 hours a night
2. Eat breakfast
3. Don't eat between meals
4. Don't be significantly over or under-weight
5. Engage in regular physical activity: sports, gardening, and/or long walks
6. Drink alcohol moderately—not more than two drinks a day
7. Don't smoke.
Social Life in Retirement
The importance of social ties and life satisfaction to longevity was highlighted in a study of 5,000 men and women in California.

The study found that the death rate more than doubled among men, and nearly tripled among the women with the fewest social contacts, compared with those who had the most social contacts.

A similar increase in mortality was noted among those who expressed the least satisfaction with life. Other researchers have emphasized “stress resistance” as crucial to longevity and immunity from a host of chronic ailments, including heart disease and cancer.

These findings suggest that the intensity of stress is less important than how a person handles it.

Based on the analysis of existing data, the study concluded that psycho-social adjustments throughout life are more important than genetics and other biological factors in determining lifelong health and longevity.

A quality life in retirement is linked to a commitment for physical and mental health. Awareness is the first step towards change!
LIFESTYLES

EXERCISE
A large percentage of U.S. adults are sedentary. As a result, they are squandering away one of the greatest protective measures available in the fight against heart disease.

Studies show physical activity greatly decreases the risk of heart disease. Good nutrition coupled with a regular program of aerobics and strength-building exercises can have a beneficial effect on the health of almost everyone.

Exercise:
1. Improves functional work capacity
2. Lowers heart rate
3. Lowers blood pressure
4. Helps to reduce weight
5. Improves response to stress
6. Enhances our ability to maintain ideal cholesterol

NUTRITION
Nutrition is today’s new medicine. There is plenty of evidence that what we eat makes a big difference in speeding recovery times, shortening hospital stays, and keeping you out of a nursing home.

We should be able to delay or reverse many problems and symptoms associated with the aging process by increasing our intake of protective nutrients.

Approximately 65% of adults in the U.S. are considered obese, and experts say that this percentage will only increase over time. Obesity is a well-established cause of diabetes and hypertension—all coronary risk factors.

Obesity is largely due to a combination of excessive caloric intake and a sedentary lifestyle. Obesity also increases the risk to the kidneys and gallbladder.

The intake of dietary fats, except olive oil and fish oil, enhances the risk of developing cancers of the breast, ovary, colon, and prostate. Cancers of the pancreas and kidneys may also be related to dietary fat.

It is advisable to cut the total amount of fat in your diet to less than 20% of total calories, and saturated fat to less than 10%.
YOUR USE OF FREE TIME

Free time and how to use it has become a problem in our society. The good life, as it is portrayed in America, conjures up someone with an ample supply of time and money participating in a wide variety of leisure activities.

The reality is only a small percentage of Americans possess the requirements for a true leisure lifestyle. There is overwhelming evidence that a lack of free time is a central problem for most Americans.

This phenomena permeates working Americans life until retirement or when a similar departure from the workplace takes place. It is only then that a leisure lifestyle deficiency becomes a problem of too much, too soon.

Based on the 2010 Census report, the age 85 and older population grew from just over 100,000 in 1900 to 6.0 million in 2010 compared with the population aged 65 to 84 which grew from 3 million in 1900 to 39 million in 2010. The average life expectancy at birth rose from 47.3 in 1900 to 78.1 in 2010.

As life expectancy rates continue to rise, the task facing us is to develop a leisure lifestyle early enough in life to use in the retirement years.

A leisure lifestyle will help us use our free time in a constructive and enjoyable manner. Leisure is time being used constructively. It suggests a lifestyle stressing participation, learning, and developing values related to the use of time.

Retirement gives us many new ways of using time, but we must decide how to use it wisely. If we haven’t already developed some kind of leisure lifestyle, we might drift into a wide variety of leisure pursuits that may not be in our own best interest.

More than two thousand years ago, a Greek philosopher said, “Time is the most valuable thing a man can spend.” Everyone is given exactly the same amount of time each day. It is a limited amount, and it is impossible for anyone to be so rich in time as to enjoy everything which time brings.

How you use your free time determines how you value time. Your work day schedule probably became habit, but now that you are retired how do you spend all of your free time?

Is it often left to chance or dictated by others? When you share your free time with others, is it stimulating and enjoyable, or habit and obligation?

There is often an upside-down relationship between what people enjoy doing in their free time and what they actually do. Many find themselves spending too much time watching television, and not enough time doing the things we really enjoy.

### U.S. LEISURE TIME

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<td>Watching TV</td>
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<td>Time with Family</td>
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<td>Computer Activities</td>
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<td>Going to Movies</td>
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<tr>
<td>Fishing</td>
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<tr>
<td>Gardening</td>
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<td>Walking</td>
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<tr>
<td>Playing Team Sports</td>
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<tr>
<td>Exercising</td>
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What are your two or three favorite leisure time activities?

Reading 29%
Watching TV 18%
Time with Family 14%
Computer Activities 9%
Going to Movies 7%
Fishing 7%
Gardening 6%
Walking 6%
Playing Team Sports 6%
Exercising 5%
LEISURE ACTIVITIES

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<td>Shopping</td>
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<td>Painting/Drawing</td>
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<td>Watching TV</td>
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<td>Games</td>
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<tr>
<td>Going to the Beach/Pool</td>
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<tr>
<td>Crossword Puzzles</td>
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<tr>
<td>Dining Out</td>
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<td>Knitting/Crocheting</td>
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<td>Reading</td>
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<td>Travel</td>
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<td>College Courses</td>
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<td>Cards</td>
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<td>Photography</td>
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<td>Gardening</td>
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<tr>
<td>Concerts/Plays</td>
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<tr>
<td>Bowling</td>
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</table>

Complete this list to determine how your participation in different activities coincide with their enjoyment. There may be certain things you haven’t done in years that you really enjoy doing. You should learn how you use, not misuse, your free time.

SCORING

Pinpoint any differences between what you enjoy doing by circling the activities you scored 4 or 5, but your participation score was only 1 or 2. How many activities are you neglecting that could be a potential source of pleasure and satisfaction?

Identify the activities that you do, but dislike, by placing a check mark where your participation score is 4 or 5, but your enjoyment score is only 1 or 2.

How many activities are you participating in that you don’t really enjoy?
How you spend a typical day?

Using the pie above, estimate how many hours are spent at work, free time, sleep and other activities.

1. What have you discovered about yourself and your use of time?

________________________________________________________________________________

2. Are you satisfied with how you are spending your time?

________________________________________________________________________________

3. What changes would you like to make in how you spend your time after retirement?

________________________________________________________________________________

4. Is there anything you can do to make sure your time is filled productively in retirement?

________________________________________________________________________________

5. How much of your time is obligated? ________________________________

________________________________________________________________________________
Meaningful use of time is the most underrated problem facing retirees today. A full and busy week during the working years (upper chart) must be abruptly restructured after retirement. How will you fill the hours of your retirement week? Complete this exercise (bottom chart) by allocating time for your future activities.
LIVING ARRANGEMENTS

Even though a majority of people don’t have to give a great deal of thought to their retirement living arrangements, there are some things you should keep in mind:

1. Nine out of ten retirees remain in the same area they were last employed.
2. You can use your current home to supplement your retirement income. This can be done with a reverse mortgage offered by lending institutions.
3. Ten percent of people 65 years and older are institutionalized.

In planning your living arrangements, think about the following:
1. Your needs change during your lifetime.
2. Your physical arrangements influence how you live.
3. Your living arrangements should be compatible with your lifestyle.

STAY OR MOVE

Besides climate and taxes, there are other reasons for deciding whether to stay in your current home or move.

The questionnaire that follows should help you decide whether you should stay in your current home or consider moving. Check each item that most closely matches your current location.

Count the number of checks in each category to help you make a decision. Then review the items not checked to gain additional insight into your decision.

Remember that the checklist is just the beginning of the debate over staying or moving.

STAY

( ) 1. I live in a good neighborhood and know it will stay stable for a long time.
( ) 2. I know everybody here and I enjoy talking with my neighbors.
( ) 3. I want to stay close to long-time friends and associates.
( ) 4. I enjoy the climate.
( ) 5. I prefer familiar surroundings and want to continue to enjoy activities in this area.
( ) 6. I want to be close to my children and grandchildren.
( ) 7. My children are scattered, but I feel the family should have a home base to come to on holidays and family gatherings.
( ) 8. The medical facilities in this area are excellent.
( ) 9. I am satisfied with the security of my neighborhood and the local law enforcement agencies.
( ) 10. I enjoy the shopping and metropolitan areas which offer me and my family many opportunities for education and entertainment.
MOVE
( ) 1. My neighborhood is becoming run-down and unsafe.
( ) 2. Many of my friends have moved away and I would like to make new friends in a different environment.
( ) 3. I want a change of climate.
( ) 4. I want a new routine in life.
( ) 5. I want to move closer to my children or grandchildren, who no longer live in this area.
( ) 6. My children are grown and scattered, so there is no reason for me to stay here.
( ) 7. I would feel more comfortable in an area where there are more modern medical facilities.
( ) 8. I would like an area with lower taxes.
( ) 9. I would be more likely to find part-time work or other retirement activities in another area.
( ) 10. I would like to find an area where crime is not a big problem.
( ) 11. After I retire, I would like a new lifestyle in a more interesting environment.

The number of items marked in each category should tell you where your true feelings are. Whether you have decided to stay or move, an important consideration is money.

Could you afford to move even if you want to? Can you afford to stay in your present location? The issue of affordable housing in retirement is discussed later in this section.
<table>
<thead>
<tr>
<th>Home's Retirement Test</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is my home the right size for easy maintenance?</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Do windows have views I find interesting?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Is there a separate place for a hobby or part-time office?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Is an outdoor place ready for relaxing in good weather?</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

**Safety and Convenience**

- Is amperage adequate for all electrical appliances? | ☐ | ☐ |
- Are fuses accessible? | ☐ | ☐ |
- Do I have ample electric outlets to reduce extension cords? | ☐ | ☐ |
- Are outlets 3 feet above floor? | ☐ | ☐ |
- Is lighting bright enough throughout? | ☐ | ☐ |
- Do I have adequate night lights in hall and bathroom? | ☐ | ☐ |
- Are windows and doors well-insulated for winter? | ☐ | ☐ |
- Are most frequently used rooms close together? | ☐ | ☐ |
- Do floors have non-slip covering? No irregularities? | ☐ | ☐ |
- Are windows easy to open? | ☐ | ☐ |
- Are all-glass doors suitably marked for visibility? | ☐ | ☐ |
- If there's a porch or balcony, is it free from leaks? | ☐ | ☐ |

**Utilities**

- Is my heating & cooling system in good order? | ☐ | ☐ |
- Is the hot water heater adequate? | ☐ | ☐ |
- Has the plumbing been checked recently? | ☐ | ☐ |
- Are water cut-off valves accessible? | ☐ | ☐ |
- Do faucets operate easily? Would levers help? | ☐ | ☐ |
- Are outside hose attachments off the ground? | ☐ | ☐ |
- Would extension phones be useful? | ☐ | ☐ |

**Stairways**

- Are there handrails on both walls? | ☐ | ☐ |
- Are stairs well-lit? | ☐ | ☐ |
- Are treads non-skid? | ☐ | ☐ |

**Kitchen**

- Is the oven clear of doors, and windows? | ☐ | ☐ |
- Do I have adequate working surface on either side of the oven? | ☐ | ☐ |
- Are shelves and cabinets too high or low? | ☐ | ☐ |
- Would sliding cabinet doors be better? | ☐ | ☐ |
- Do I have low work surfaces for use when seated? | ☐ | ☐ |
- Are refrigerator shelves easily accessible? | ☐ | ☐ |
- Do I have adequate freezer space? | ☐ | ☐ |

**Bathroom**

- Is the tub flat-bottomed and nonslip? | ☐ | ☐ |
- Is the tub rim low enough? | ☐ | ☐ |
- Is there a grab bar or pole? | ☐ | ☐ |
- Are towel bars solid enough to grab in an emergency? | ☐ | ☐ |
- Are shower fixtures easy to adjust? | ☐ | ☐ |
- Does the door have a simple catch lock? | ☐ | ☐ |

**Bedroom**

- Is there adequate space around beds? | ☐ | ☐ |
- Are obstructions eliminated between bed and bathroom? | ☐ | ☐ |
- Are closet shelves easily accessible? | ☐ | ☐ |
- Is a flashlight within quick reach in case of a fire or power failure? | ☐ | ☐ |
If your income in retirement from investments, Social Security, pensions and other sources falls short of your expenses, you may have to tap into your home, usually your main asset, for extra cash.

Even if you can afford to stay in your home that is paid off, you still have the expense of property taxes, insurance and maintenance.

Choosing a reverse mortgage or trading down to a smaller home are options you should consider carefully, possibly with an attorney, since certain risks are involved.

Anyone who’s at least 62, has significant equity in a home, and has a mortgage that’s paid off (or nearly so) probably knows by now that they’re eligible for a reverse mortgage.

What most people don’t know is that reverse mortgages are complex and expensive. For some eligible homeowners, the loans are a costly means of tapping cash that could be accessed more prudently some other way.

For others—especially financially distressed homeowners in their 60s—a reverse mortgage will ease their money troubles in the short run, but could leave them in even worse shape when the cash runs out. For people in their 70s whose other assets are dwindling or who face long-term care or medical costs beyond their means, a reverse mortgage could be a solution.

How Reverse Mortgages Work
With a reverse mortgage, homeowners borrow part of the equity they have in their property, and the principal and accrued interest are repaid only after they die or move out.

Over time the owner’s equity diminishes while the amount of the loan increases—the opposite of a traditional mortgage.

Unless you fall behind on taxes or allow the house to slip into disrepair, the lender can’t foreclose on the property, even if you live many years beyond life expectations or the size of the debt surpasses the value of the house. In most cases, the proceeds of a reverse mortgage can be taken in a lump sum, an open line of credit, or as monthly payments.

Though reverse mortgages have been available for more than 25 years, they’ve become more widespread recently. In 2013, the Department of Housing and Urban Development insured upward of...
60,000 reverse mortgages, compared with less than 7,000 in 2000. HUD, through its many authorized lenders, is by far the largest reverse-mortgage provider, with almost 90 percent of the market.

Several factors have fueled that growth. For one thing, older long-time homeowners have a tremendous amount of home equity, thanks to the run-up in property values over the last few decades and the fact that they’ve paid down or paid off their mortgages.

On average, the home equity in a household headed by someone 62 or older was $225,000 in 2013, compared with $126,000 for the same period in 2000.

Moreover, as average life expectancies continue to rise, seniors need more money than ever before to get through their retirement years. They may also be less concerned about passing on large sums to their children, who are often middle-aged and financially settled by the time of their parents’ deaths.

Types of Reverse Mortgages
The most prevalent reverse mortgage is HUD’s Home Equity Conversion Mortgage. Under the HECM program, the size of the loan is determined by the homeowner’s age, the current interest rate, other loan fees, and the appraised value of the property.

The origination fee for a HECM loan is capped at 2% of the value of the property up to the first $200,000 and 1% of the value greater than $200,000. There is an overall cap on HECM origination fees of $6,000 and a minimum fee of $2,500. You can finance these costs as part of the mortgage.

For monthly adjustable-rate loans, HUD lenders generally tack about 1 to 1.5% onto that rate, a surcharge called a margin. Over the life of the loan, interest-rate resets are capped at 10 points.

Fixed-rate reverse mortgages are currently available with a reasonably low rate of about 6%. But there’s a catch: you must take your money as one up-front payment.

One nice feature of HECM loans is that the unused available balance will increase in value by the loan’s interest rate. This is an advantage to borrowers who take their equity out over a long period of time.

Fees Pile Up
As with other mortgages, many extra fees are tacked on to a reverse loan at the closing. There are the usual culprits: title searches and insurance, credit reports, recording documents, surveys, appraisals, couriers and inspections.

The origination fee, which pays the lender for setting up the loan, is the greater of $2,500 or two percent of the maximum claim amount of the mortgage, up to a maximum claim amount (MCA) of $200,000, plus one percent of any portion of the maximum claim amount that is greater than $200,000. Lenders may accept a lower origination
fee when appropriate. The total amount of the loan origination fee may not exceed $6,000.

Because of these substantial up-front costs, you should not contemplate a reverse mortgage if there is any possibility that you may move out of your home in the near future.

**Weigh Other Options**

If you’re younger (in your 60s) and facing financial difficulties, you should probably avoid taking out a reverse mortgage. Odds are that such a loan would quickly swallow up your credit line and sacrifice your home equity without being a long-term solution to your problems.

If you can afford the monthly payments, a home-equity loan is a less drastic alternative. Perhaps a family member could fund a personal reverse mortgage, in which he or she covers living expenses in exchange for a fair amount of equity in your house paid back when you die. Another option is to sell the home and use some of the proceeds to buy a smaller, cheaper one.

To avoid making a grievous mistake, talk first with a reverse-mortgage counselor (HUD maintains a list of agencies it has approved for housing counseling).

They will explain how the loan works, what the impact would be on your future finances, and look for alternative sources of money. HUD requires such counseling for an HECM loan, but it is not mandatory for other types of reverse mortgages.

Finding an honest reverse-mortgage lender is critical. Before doing business with any company, make sure that it is a member of the National Reverse Mortgage Lenders Association and that it adheres to its code of conduct.

Also check with your local Better Business Bureau for complaints against lenders. Compare the interest rates and terms offered by two or three reverse-mortgage lenders in your area. And most important, take your time before choosing a mortgage or a lender.

If buying a house was the biggest financial decision in your life up until now, then mortgaging it back to the bank shouldn’t be a smaller financial decision!
APPENDIX
Retirement wasn’t working for Dwayne. He spent 25 years with a Fortune 500 company. When he retired, Dwayne expected to fall easily into a life of leisure – rising late, doing what he wanted and traveling with his wife Mary.

Now, three months post-retirement, he finds his days endlessly boring. He doesn’t like golf, gardening is too hot, and Mary has her own activities which don’t include him.

As many retirees discover, leaving one life to begin another can be difficult. Multiple studies report 40% of retirees suffer from clinical depression, while 60% report a decline in health.

Even though most professionals look forward to retirement, the loss of a job can be traumatic. The key to a positive retirement is to ensure these benefits don’t get lost, but are simply experienced in a different way.

Remember & Reflect
Experience brings knowledge and wisdom. Without the burden of a daily job, you have time to collect and consider your memories. Retirement allows you to recognize your accomplishments and set a new course for the rest of your life.

Writing a personal memoir can be comforting, therapeutic, and a declaration of identity. Put your thoughts on paper and wrestle with their meaning.

Get and Stay Active
Retirees who take part in regular physical activity receive countless health benefits. You’d be hard-pressed to find any research suggesting the older you get, the less active you should be.

But being in shape doesn’t mean achieving wash-board abs or running marathons. It means being able take your grandkids to Disney World or being able to take care of daily household chores without experiencing exhaustion.

Volunteer Your Time and Expertise
Work is the way we find identity as individuals. As a consequence, retirement can be emotionally devastating. Instead of sitting around feeling sorry for yourself, volunteer your time to help fulfill your need for accomplishment and recognition.

There are thousands of organizations seeking volunteers. Start your search with one of these popular volunteer organizations:

Americorps Seniors Corps - Americorps Seniors Corps is a federally-sponsored organization that offers volunteers the opportunity to do everything from foster grandparenting to renovating homes.

Points of Light Foundation - Established by former President George H. W. Bush, the Points of Light Foundation has more than 250 HandsOn Volunteer Action Centers in 16 countries, all dedicated to connecting volunteers with the causes they love.

SCORE - As a nonprofit association, SCORE volunteers mentor small business owners in skills like finance, technology, and accounting.

American Association of Retired Persons (AARP) - Has many opportunities within a volunteer’s community, city and state. Some work can even be performed from home.

VolunteerMatch - VolunteerMatch is a website designed to match volunteers with more than 90,000 nonprofit organizations around the world.

If you’d prefer to volunteer with an organization you already feel connected to, ask your local civic organization or church how you can help; most are always on the lookout for willing volunteers.

Conclusion
The average person has roughly 20 years of life remaining after retirement – time enough to write a masterpiece, run a marathon, or mentor hundreds of youth. There’s even time to do nothing, discover the beauty of grandkids, or rekindle the romance of a long relationship. Tomorrow can be the beginning of new adventures, new joys, and greater successes – how you spend it is up to you!
TELEPHONE CONTACTS

SERS CONTACTS
Springfield Fax: 217-785-7019
Pension: 217-785-7343
Death: 217-785-7366
Vouchering: 217-524-8806
Disability: 217-785-7318
Group Insurance (Social Security number ending in)
  00 - 32: 217-785-7145
  33 - 66: 217-785-7150
  67 - 99: 217-785-7138
Chicago Office: 312-814-5853
Chicago Fax: 312-814-5805

CENTRAL MANAGEMENT SERVICES
CMS Group Insurance Division: 800-442-1300
CMS Deferred Compensation: 800-442-1300

SOCIAL SECURITY ADMINISTRATION
Social Security Administration: 800-772-1213
Medicare Part A & B: 800-633-4227

HEALTH PLAN ADMINISTRATORS
BlueAdvantage HMO: 800-868-9520
Coventry Health Care HMO (formerly PersonalCare OAP): 800-431-1211
Coventry Health Care OAP (formerly PersonalCare OAP): 800-431-1211
Health Alliance HMO: 800-851-3379
HealthLink OAP: 800-624-2356
HMO Illinois: 800-868-9520
Quality Care Health Plan-Cigna: 800-962-0051
Express Scripts (formerly Medco for QCHP, Coventry OAP, HealthLink): 800-899-2587
Eyemed: 866-723-0512
Delta Dental: 800-323-1743
Minnesota Life: 888-202-5525
United Health Care: 888-223-1092
Coventry Advanta HMO: 855-223-4807
Humana Medicare Employer HMO: 800-951-0125
Which State’s Tax Laws Are Best if You Are Retired?

If you plan to move to another state when you retire, you should examine the tax burden you’ll face when you arrive. State taxes are important to everyone, but retirees have extra cause for concern since their income may be fixed. Many people planning to retire use the presence or absence of a state income tax as a litmus test for a retirement destination. This is a serious miscalculation, since higher sales and property taxes can more than offset the lack of a state income tax.

The following information pertains to the taxation of a SERS retirement pension in each of the 50 states and D.C. For definitive tax laws, you should consult a tax professional. For more information on the Web, go to www.retirementliving.com

<table>
<thead>
<tr>
<th>States with little or no personal income tax and therefore no state tax on SERS pensions</th>
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<tbody>
<tr>
<td>Alaska</td>
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<td>Florida</td>
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<td>Nevada</td>
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<td>New Hampshire</td>
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<tr>
<th>SERS pensions are exempt from state income taxes</th>
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<tr>
<td>Alabama</td>
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<td>Hawaii</td>
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<td>Illinois</td>
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<td>Massachusetts</td>
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<tr>
<th>SERS pensions are fully taxed for state income tax purposes</th>
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<tr>
<td>Arizona</td>
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<td>California</td>
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<td>Indiana</td>
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<td>Kansas</td>
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<td>Maryland</td>
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<table>
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<tr>
<th>States that tax SERS pensions, if the pension amount exceeds certain limits. Consult with a tax professional for particulars</th>
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<tbody>
<tr>
<td>Arkansas</td>
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<td>Colorado</td>
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<td>Missouri</td>
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<td>New Jersey</td>
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To help improve our program, we would appreciate you completing this evaluation form.

Please circle the appropriate response for each of the following:

Was your goal for the workshop realized?  Yes  No

Have you attended a preretirement workshop sponsored by SRS?  Yes  No

Which ones?  IYF  ETC  CDR

Select an overall rating for today’s workshop  Excellent  Good  Fair

Number of sessions  Too many  Just right  Too few

Length of individual session  Too long  Just right  Too short

Opinion of usable information in program  Excellent  Good  Fair

Comfort level of audience group size  Too large  Just right

Rate each item as follows:

<table>
<thead>
<tr>
<th>A=Excellent</th>
<th>B=Good</th>
<th>C=Average</th>
<th>D=Below average</th>
<th>F=Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRS Retirement Benefits/Group Insurance</td>
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<td>Secretary of State’s Office</td>
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<td>Attorney General’s Office</td>
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<tr>
<td>Financial Strategies/Estate Planning</td>
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Speaker’s Knowledge of Topic

Clarity of Information Provided

Value of Topic to Me

Please Comment on the Following:

What information would have been important to know prior to retirement ____________________________
________________________________________________________________________________________

Would you add any other topics to the program ________________________________________________
________________________________________________________________________________________

How long have you been retired __________ How many MRR workshops have you attended _________
________________________________________________________________________________________

What have you been doing since retiring _________________________________________________________
________________________________________________________________________________________

Any advice you would pass on about retirement __________________________________________________
________________________________________________________________________________________

Additional Comments ________________________________________________________________________
________________________________________________________________________________________