

**Statement of SURS Annuity Status, must be completed by annuitant prior to each appointment.** The Illinois General Assembly enacted a “Return to Work” law, [40 ILCS 5/15-139.5](#), effective August 1, 2013, requiring state universities to ascertain the retirement status of current and prospective employees as related to coverage by the State Universities Retirement System (SURS). The University of Illinois is requesting the following information to comply with this law.

1. I, \_\_\_\_\_, retired from a SURS participating employer.

Yes. I retired from one of the following SURS participating employers:

No, I did not retire from a SURS participating employer. Please go to question 9.

2. As a retiree from a SURS employer, I received/am receiving my retirement in the following form:
- a. Self-Managed Plan\*
  - b. Lump Sum Payment\*
  - c. Monthly Annuity Payments (I am a SURS Annuitant)

\*If answered a or b, please go to question 9.

3. My current SURS annual gross annuity amount is:  
(Annual amount of payments from SURS to you)

4. I am a former University of Illinois employee.

Yes, my University ID Number (UIN) is:

No

5. I understand I am responsible to monitor my annual or monthly earnings limitation as determined by SURS, which is not the same as my 40% of highest annual rate of earnings limit as used for the “Return to Work” legislation. I understand that exceeding my SURS personal earnings limitation may result in a loss in, or reduction of, annuity payments. The University is not responsible for any reduction in annuity caused by exceeding my personal earnings limitation.

6. My highest annual rate of earnings earned prior to retirement, as provided by

SURS, is:

(This number must come from SURS; it cannot be estimated or derived from the highest salary year. Please request this number from SURS if it has not already been provided to you by SURS.)

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7. The SURS Academic Year begins September 1 each year. Since becoming a SURS annuitant, list all places of employment or anticipated employment at [SURS covered employers](#) beginning on or after the September 1st preceding your proposed appointment (list all employment within the SURS academic year of the proposed appointment). Because the criteria to become an affected annuitant in the "Return to Work" legislation is based on your combined employment at all SURS covered employers, it is important that we have this information. Please add an additional sheet if necessary.

Employer	Dates Worked	Gross Pay for that Job/Position	Position Vacation-Eligible?	
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No

8. I am an [Affected Annuitant](#) under Illinois law [40 ILCS 5/15-139.5](#). Yes No  
Please review the linked text to determine if you are affected. Not all SURS annuitants will be affected.
9. I am competent and an adult age 18 or over. Yes No

I certify that to the best of my knowledge the information provided to the University of Illinois in this form is true and complete as of this date. I understand that false answers, statements or omissions of any information requested here shall be sufficient grounds for disqualification from employment or immediate termination of employment.

I give the University of Illinois permission to investigate my SURS annuitant status, including earnings and employment status at other SURS covered employers. **If I accept additional employment with a SURS covered employer, I will notify the University of Illinois through another form within 10 days of accepting the new employment.**

Completing this form does not obligate the University of Illinois, the State Universities Civil Service System, or any institution or agency served by it, nor does it indicate that there are positions open.

Since the State Universities Retirement System (SURS) requires the University to use SSN when communicating with the system regarding the employment of SURS annuitants, you will be asked to provide your SSN if it is not already on file with the University of Illinois. If you feel your SSN has been misused please refer the matter to the SSN policy coordinators at [ssn@uillinois.edu](mailto:ssn@uillinois.edu) as well as SURS

\_\_\_\_\_  
Employee Name (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Signature

Please provide this completed form to your employing unit and retain a copy for your personal records.