

6% Liability Validation/Appeal Form

Employee Name:

University Identification Number (UIN):

Tracking Number:

University or System Office Unit  
Being Assessed Liability:

---

SURS has notified the University that a 6% Rule liability exists for the above employee. The attached notice provides detail regarding the Employer Cost calculated by SURS and the earnings from which the Employer Cost was derived.

The employer contributions may be paid in the form of a lump sum within 90 days after receipt of the bill. If the employer contributions are not paid within 90 days after receipt of the bill, interest will be charged at a rate equal to SURS' annual actuarially assumed rate of return on investment compounded annually from the 91st day after receipt of the bill. Payments must be concluded within 3 years after the employer's receipt of the bill.

Provisions are contained within statute and associated administrative rules for appeal of liability calculations. The University has **30 days from the date of the service of the billing letter** (service is complete four days after mailing) during which it may contest the earnings stated in the bill. If the employer disputes the amount of the pending bill, it may, within 30 days following the date of service of the billing letter, apply to SURS for a recalculation by completing a form entitled Application for Recalculation of Employer Cost. This form requires the employer to specify the grounds of the dispute and, if the employer asserts the calculation is subject to 40 ILCS 5/15-155(h) or 40 ILCS 5/15-155(i), includes an affidavit setting forth and attesting to all facts within the employer's knowledge that are pertinent to the applicability of 40 ILCS 5/15-155(h) or 40 ILCS 5/15-155(i). This form must be signed and notarized and documentation attached, if required, by a duly authorized official who has knowledge of the facts being represented.

Upon receiving a timely application for recalculation, SURS will review the application and, if appropriate, recalculate the amount. After a non-favorable appeal decision, the employer should pay any contested amount within 90 days of the **original receipt** of the bill. If the employer contributions are not paid within 90 days after receipt of the bill, interest will be charged at a rate equal to SURS' annual actuarially assumed rate of return on investment compounded annually from the 91st day after receipt of the bill. Payments must be concluded within 3 years after the employer's receipt of the bill."

Complete and return the 6% Liability Validation/Appeal Form to System Human Resource Services within 10 business days of receipt at the address below. Questions regarding procedures should be addressed to Lori Jones at 217-244-2039 or [lmjone@uillinois.edu](mailto:lmjone@uillinois.edu).

Lori Jones  
440 Illini Union Bookstore, MC-312  
807 South Wright Street  
Champaign, Illinois 61820

**TO BE COMPLETED BY UNIVERSITY BUDGET OFFICER (or designee):**

\_\_\_\_\_ University has reviewed the notice and associated facts and **agrees** with the calculation.

\_\_\_\_\_ University has reviewed the notice and associated facts and **appeals** the calculation.

Please complete this form and return to System Human Resource Services (Campus Mail: 440 IUB, MC-312; U.S. Mail: 807 South Wright Street, Suite 440, Champaign, Illinois 61820; FAX: 217-333-2789).

**SIGNATURE OF UNIVERSITY BUDGET OFFICER (or designee):**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date