

Statement of Applicant's SURS Annuity Status

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). Eastern Illinois University (EIU) needs this form completed and returned by prospective employees in order to comply with this law.

Are you a SURS annuitant (i.e., receiving monthly payments don your own retirement record (i.e., annuitant status is not be Yes No	
If yes, please attach a <i>Certification of Retirement Annuity State</i> (Contact SURS for this statement) and complete the LEFT por employment is rendered. If no, please complete the RIGHT p	tion below. Statement must be submitted before offer of
Please note: if you received your entire payment from SURS (SMP), you Will NOT become an affected annuitant under this	in a lump-sum, or if you retired under the Self-Managed Plans law. Does this status apply to you? Yes No
(If a SURS Annuitant, complete LEFT portion below.)	(If not a SURS Annuitant, complete RIGHT portion below.)
Please provide employee number.	Please read and complete the bottom of this form to affirm your compliance/understanding regarding SURS annuitant status.
2. If retired before age 60, Please provide your current monthly annuity amount.	
3. If employed by other SURS-covered employment beginning on or after August 1, 2013, identify below. Employer Name:	
Please read and complete the bottom of this form to affirm your compliance with this statement of your SURS annuitant status.	

I certify that, to the best of my knowledge, the information provided to Eastern Illinois University (EIU) on this form is true and complete as of the undersigned date. I authorize EIU to investigate my annuitant status via the State Universities Retirement System (SURS), including earnings and employment status at other SURS-covered employers. I understand that false answers, statements, or omissions of any/all information requested herein shall be considered sufficient grounds for disqualification for, and/or immediate termination of, employment. I acknowledge that I am legally competent and an adult over age 18. If I accept additional employment with a SURS-covered employer, or if I become a SURS annuitant, I will notify EIU Human Resources in writing within 15 calendar days of accepting said employment.

Completion of this form does not indicate any open position or positions at EIU, SURS, or any institution or agency served by either; nor does it constitute an offer of employment or obligate an institution or agency to offer such.



Please remember: If you are, or become an affected annuitant, you agree as a condition of employment to:

- 1. Resume status as an active SURS participant and forgo your annuity payment during the period of your reemployment (only available if you are a permanent or continuous (over nine months) employee); OR
- 2. Complete a salary deduction agreement to reimburse Eastern Illinois University for the amount of the employer contribution required to be paid for affected annuitants; OR
- 3. Voluntarily reduce your pay to less than 40% of your highest annual earnings calculations prior to becoming an affected annuitant; OR
- 4. Resign your employment prior to becoming an affected annuitant.

Name (please print)	Date
Signature	