

Office of Human Resources | Box 1040 | Edwardsville, IL 62026 | Phone: 618.650.2190 | Fax: 618.650.2696

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). Southern Illinois University Edwardsville is requesting the following information to comply with this law.

1. I am a SURS annuitant based on my own retirement record (annuitant status is not based on SURS survivor benefits or SURS disability benefits).  Yes  No **If yes, go to question 2. If no, go to question 9.**

2. My SURS member number or last 4 digits of my SSN is: \_\_\_\_\_

3. As a SURS annuitant, I received/am receiving my annuity in the following form:

- a. Self-Managed Plan\*
- b. Lump Sum Payment\*
- c. Monthly Annuity Payments

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

4. I am a former Southern Illinois University Edwardsville employee.  Yes  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.

6. My highest annual rate of earnings earned prior to retirement, as provided by SURS, is: \$ \_\_\_\_\_.

**(Please provide a copy of the SURS Highest Annual Earnings Letter you received at retirement.)**

7. Since becoming a SURS annuitant, list all places of employment or anticipated employment at [SURS covered employers](#) beginning on or after August 1, 20XX. 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.

Employer	Number of Weeks Worked	Dates Worked	Gross Pay for that Job/Position

Please add an additional sheet if necessary.

8. I am an [Affected Annuitant](#) under Illinois law [40 ILCS 5/15-139.5](#).

Yes  No

9. I am competent and an adult over 18 years of age.

Yes  No

I certify that to the best of my knowledge the information provided 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 Southern Illinois University Edwardsville 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 Southern Illinois University Edwardsville through another form within 10 days of accepting the new employment.**

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

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

\_\_\_\_\_  
 Banner ID or last 4 digits of SSN

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

\_\_\_\_\_  
 Date