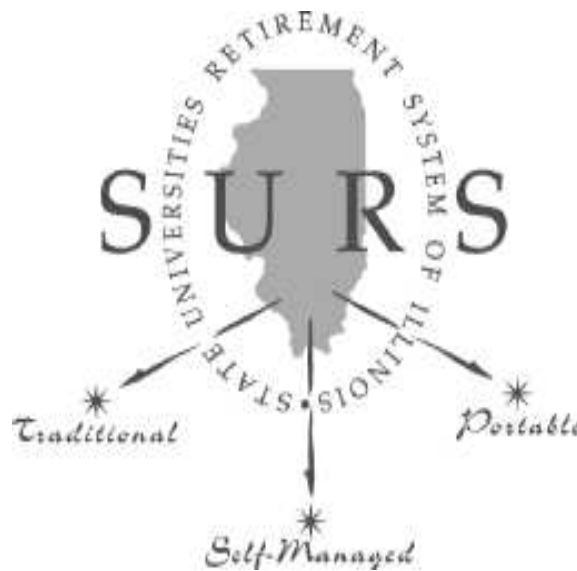


APPLYING FOR RETIREMENT

under the

Self-Managed Plan (SMP)



For assistance completing this application, view the SMP Retirement Application video at www.surs.org. Click on the Videos tab at the top and then select from the SMP videos available.

State Universities Retirement System of Illinois
Information and Applications



State Universities Retirement System of Illinois

Serving Illinois Community Colleges and Universities 1901 Fox Drive • Champaign, IL 61820

1-800-ASK SURS

(217) 378-9800 (FAX)

(217) 378-8800 (C-U)

Dear SURS Member:

This packet has been prepared to assist you with obtaining benefits and contains the necessary forms and information pertinent to you as a member of this System. We realize the importance of understanding your benefits and we are committed to making the SURS distribution processes simple and yet as informative as possible.

Please read the instructions carefully and completely. Remove and mail *only* the forms which apply to your individual situation.

The SURS staff is here to help you make decisions with respect to obtaining your benefits; the staff strives to provide fast, friendly, and timely service. If you have any questions regarding the application process, please do not hesitate to call your SURS Office.

William E. Mabe
Executive Director

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General Instructions

Follow the steps in this guide to receive SURS benefits.

Read all the information carefully. If you have not already sent the following documents to SURS, include them with your application(s):

- A copy of your birth certificate.
- If married, copies of your marriage/civil union certificate and your spouse's/civil union partner's birth certificate.
- A copy of your primary beneficiary's birth certificate.

For more information or assistance in completing this application, contact a Benefits Counselor at 1-800-ASK SURS or 378-8800 (in C-U area).

This packet is intended to serve only as a brief summary of the provisions of the law governing the State Universities Retirement System. It should not be considered a substitute for the provisions of the law which are set forth in Chapter 40, Act 5, Articles 1, 15, and 20 of the Illinois Compiled Statutes.

General Information

Important — Read All Directions

Before completing your application, please review each of the following sections. If you find something that might affect your SURS benefit that you have not discussed with a SURS representative, you should contact SURS right away.

If you will be receiving Social Security benefits, note that certain restrictions may apply to your Social Security income if you receive both Social Security benefits and a benefit from SURS. You should contact the Social Security Administration for information on these provisions.

Service Credit

You must have eight years of service credit to retire at age 55 or five years to retire at age 62. You may retire at any age with 30 or more years of service credit. If you have had previous employment/service, you may be eligible to purchase additional credit to increase your benefit. **You must be an "active" member to purchase.** More information regarding service credit can be found in the Member Guide at www.surs.org under SMP.

Sick Leave

You will receive additional service credit for unused and unpaid sick leave earned in accordance with an employer's generally applicable sick leave policy if your retirement annuity begins within 60 days after you terminate your employment covered by SURS or one of the other systems subject to the Illinois Retirement Systems Reciprocal Act.

Your employer may pay you for a portion of your unused sick leave when you terminate employment. If so, you will receive additional service credit only for any unpaid portion.

Choosing a Distribution Option

Important Information

Contact TIAA-CREF or Principal to obtain a Retirement Income Illustration prior to making your annuity choice.

You must choose a Joint & Survivor Annuity for your spouse/civil union partner or eligible survivor to remain eligible for insurance at your death.

Normal Forms of Distribution

- If you are single, the normal form of distribution is a Single Life Annuity that provides monthly payments for life. **This form of payment does not provide any survivor benefits.**
- If you are married, the normal form of distribution is a 50% Joint & Survivor Annuity. This provides monthly payments for life. After you die, your surviving spouse/civil union partner may be eligible to receive continued monthly payments for life.

Optional Forms of Distribution

You may choose one of the following optional forms of payment:

- *Single Life Annuity*—You receive monthly payments for life. This is an optional form for married participants. **Payment will end at your death.**
- *Single Life Annuity with a Guaranteed Period*—You receive monthly payments for life. If you die before the end of your chosen guaranteed period of 10, 15, or 20 years, monthly payments will continue to your designated beneficiary until the end of the guaranteed period.
- *50% or 100% Joint & Survivor Annuity*—You receive monthly payments for life, with continued monthly payments to your designated beneficiary for life in an amount equal to either 50% or 100% of your monthly benefit. **Payment will end at the death of you and your beneficiary.**

- *50% or 100% Joint & Survivor Annuity with a Guaranteed Period*

As with the Normal Joint & Survivor Annuity, you receive monthly payments for life. After you die, monthly payments will continue to your designated beneficiary for life in an amount equal to either 50% or 100% of your monthly benefit. If both you and your primary beneficiary die before the end of your chosen guaranteed period of 10, 15, or 20 years, monthly payments will continue to your contingent beneficiary in an amount equal to 50% or 100% of your monthly benefit until the end of the guaranteed period.

- *Lump-Sum or Direct Rollover of a Lump Sum*

You can receive your account balance in a lump sum. However, if any portion of your account is invested in a deferred annuity contract that does not permit lump-sum distributions, or imposes a penalty for them, you may elect to receive the alternate distribution method selected by SURS and your annuity provider.

With the election of the lump-sum benefit, you forfeit eligibility for any insurance coverage under either the State of Illinois Group Health Plan (if you have qualified service with a State agency), or the College Insurance Program (if you have qualified service with a community college).

A lump-sum benefit that is not rolled over to another qualified plan will have federal income tax withheld at the rate required by law, currently 20%.

Electing an Optional Form of Payment

To choose an optional form of payment, you must file a written election with SURS during the 90-day election period before your distribution date. You may revoke any previous election for an optional form of payment and reinstate the normal form of payment at any time during this 90-day period.

If you are married and wish to choose an optional form of payment, your spouse/civil union partner must consent to this in writing. Your spouse's/civil union partner's consent must acknowledge the effect of your election and must be witnessed by a Notary Public. Spousal consent is not required if:

- You and your spouse/civil union partner are legally separated or you have been abandoned (within the meaning of local law) and you have a court order to that effect;
- You provide satisfactory proof that the spouse's/civil union partner's consent cannot be obtained because there is no spouse/civil union partner, or because your spouse/civil union partner cannot be located, or because of some other approved circumstance.

Your spouse's/civil union partner's consent to one of the optional forms of payment described above is irrevocable.

Transferring to Another Provider

You may consolidate or transfer your account prior to electing your form of distribution. Fidelity Investments is not an insurance company and cannot pay a Lifetime Annuity; therefore, to accommodate their participants, they have partnered with an insurance company, Principal Financial.

- If you have an account with Fidelity Investments and wish to receive a monthly annuity, the account must be transferred to either Principal Financial or TIAA-CREF.
- If you have an account with TIAA-CREF, they can pay the annuity or you may also transfer your account to Principal Financial via Fidelity investments.

To transfer from one Provider to another, you must complete the appropriate Provider-to-Provider Transfer form found on pages 19-28.

Contacting the Fund Providers

Fidelity Investments
P.O. Box 770002 • Cincinnati, OH 45277
Tel. 1-800-343-0860
www.fidelity.com/atwork

TIAA-CREF
370 Seventeenth Street • Denver, CO 80202
Tel. 1-800-842-2776
www.tiaa-cref.org/illinois

Principal Financial Group
(provider of monthly annuities for
Fidelity Investments)
P.O. Box 10478 • Des Moines, IA 50306-9906
Tel. 1-877-210-5565 ext. 202

Filing for Retirement

If you are electing the *normal form of distribution*, SURS would like to receive your application 90 days prior to your effective retirement date. If you are electing an *optional form of distribution*, you may not make this election before the 90-day period prior to the effective date of your annuity.

When SURS receives your application, it will be forwarded to your Provider(s).

If you have established at least one year of service credit with any of the other 12 reciprocal systems, it is necessary for you to contact the individual system(s) to request an application for their portion of the benefit. You will receive a benefit payment from each system and Provider(s).

If you are eligible for either the State of Illinois Group Insurance Plan or the College Insurance Plan, your insurance will start on your annuity begin date. You will be billed on a monthly basis for any premiums you may owe.

Employment After Retirement

If you return to work with an employer covered by SURS, there is no limitation on earnings.

If you are receiving an annuity from one of the other 12 reciprocal systems, please contact that system for their earnings limitation.

RECIPROCAL SYSTEMS

County Employees' Annuity & Benefit Fund of Cook County
33 North Dearborn Street, Suite 1100
Chicago, IL 60602-3116
Tel. (312) 603-1200 Fax (312) 603-9760

Forest Preserve District Employees' Annuity & Benefit Fund
of Cook County
33 North Dearborn Street, Suite 1100
Chicago, IL 60602-3116
Tel. (312) 603-1200 Fax (312) 603-9760

General Assembly Retirement System
2101 South Veterans Parkway – P.O. Box 19255
Springfield, IL 62794-9255
Tel. (217) 782-8500 Fax (217) 557-5154
www.state.il.us/srs

Illinois Municipal Retirement Fund
2211 York Road, Suite 500
Oak Brook, IL 60523-2337
Tel. 800-275-4673 Fax (630) 368-5399
www.imrf.org

Judges' Retirement System
2101 South Veterans Parkway – P.O. Box 19255
Springfield, IL 62794-9255
Tel. (217) 782-8500 Fax (217) 557-5154
www.state.il.us/srs

Laborers' Annuity & Benefit Fund of Chicago
321 North Clark Street, Suite 1300
Chicago, IL 60654-4739
Tel. (312) 236-2065 Fax (312) 236-0574
www.labfchicago.org

Metropolitan Water Reclamation District Retirement Fund
111 East Erie, Suite 330
Chicago, IL 60611-2898
Tel. (312) 751-3222 Fax (312) 751-5699
www.mwrd.org

Municipal Employees' Annuity & Benefit Fund of Chicago
321 North Clark Street, Suite 700
Chicago, IL 60654-4767
Tel. (312) 236-4700 Fax (312) 527-0192
www.meabf.org

Park Employees' Annuity & Benefit Fund of Chicago
55 East Monroe Street, Suite 2720
Chicago, IL 60603-5713
Tel. (312) 553-9265 Fax (312) 553-9114
www.chicagoparkpension.org

Public School Teachers' Pension & Retirement Fund of Chicago
203 N. La Salle Street, Suite 2600
Chicago, IL 60601-1267
Tel. (312) 641-4464 Fax (312) 641-7185
www.ctpf.org

State Employees' Retirement System of Illinois
2101 South Veterans Parkway – P.O. Box 19255
Springfield, IL 62794-9255
Tel. (217) 785-7444 Fax (217) 524-2293
www.state.il.us/srs/sers.home_sers.htm

Teachers' Retirement System
2815 West Washington Street – P.O. Box 19253
Springfield, IL 62794-9253
Tel. 800-877-7896 Fax (217) 753-0394
www.trs.illinois.gov

Retirement Application Instructions

PART 1 — Personal Information

Provide SURS with verification of your personal information.

Termination Date*

This is the later of (1) the last day you work, or (2) the last day you earn pay. Please contact your Personnel or Human Resource department.

Distribution or Annuity Begin Date*

You must terminate all SURS-covered employment before you can be eligible for an annuity. Your annuity payments will begin when SURS has received, processed, and sent your Provider(s) your application and employer-provided termination summary information.

**These cannot be the same date.*

Citizenship Status

This must be completed regardless of mailing address. Resident Aliens hold a permanent immigration visa (green card), or have established residency by meeting the substantial presence test. Nonresident aliens are not citizens or permanent residents of the U.S. and are subject to the general 30% withholding rates, or the lower tax treaty rates and must complete a W-8 form. You may contact the SURS office for this form or obtain it from the SURS website at www.surs.org.

If you are a resident alien, nonresident alien, or a U.S. citizen residing outside of the U.S., please consult your Provider(s) for additional tax information.

PART 2 — Retirement Systems Reciprocal Act

If you have service and earnings credit of 1 year or more in an Illinois public retirement system other than SURS, you may wish to retire under the Retirement Systems Reciprocal Act. Note that you must also file an application with that other system. Regardless of your election for either the recurring monthly annuity or lump-sum retirement benefit, the reciprocal system will consider SURS service and earnings credit in the calculation of their recurring monthly annuity.

PART 3 — Choosing your Distribution Option

Please review ALL options on page 4 under General Information.

You must provide proof of birth date for your spouse or primary beneficiary. If you are married, you must provide a copy of your marriage certificate. You may revoke your election at any time prior to your annuity begin date, provided SURS receives written notification. If you name someone other than your spouse as contingent beneficiary, or if you are married and elect the lump-sum retirement benefit, spousal consent is required. The spouse's consent must be notarized.

PART 4 — Direct Rollover of a Lump Sum Distribution

If you wish to authorize a direct rollover of your eligible distribution, please provide financial institution information, including name, address, and account number. The previously taxed portion of your distribution, if any, will not be eligible for rollover and will be sent to the address on record.

PART 5 — Authorization of Recurring Payments

PART 6 — Signature

Read the statements, then sign and date the application. **Your signature must be notarized.**

PART 7 — SURS use only.

- First, read all information carefully.
- Then complete all appropriate parts.
- You will be directed to skip some steps if they do not apply to you.
- If you need assistance, please contact our office.
- Sign and date all forms in ink.
- Some forms may require your signature to be notarized.

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STATE UNIVERSITIES RETIREMENT SYSTEM
1901 Fox Drive
Champaign, IL 61820
Telephone 1 (800) 275-7877 or (217) 378-8800 (C-U Area)

RETIREMENT ELIGIBLE APPLICATION Self-Managed Plan (SMP)

Print or type using blue or black ink. Answer all questions. Failure to do so will cause your application to be returned. Instructions for each section can be found on the page provided.

PART 1 - Personal Information

Name (Last, First, Middle Initial)		Social Security Number		Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Civil Union <input type="checkbox"/> Never married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
Home Address (physical location needed due to HIPAA Act)							
Mailing Address (can be a P.O. Box #)				Home Phone (include area code) <div style="border: 1px solid black; width: 100%; height: 20px; position: relative;"> </div>			
Date of Birth (M/D/Y) <div style="border: 1px solid black; width: 100%; height: 20px; position: relative;"> </div>		Termination Date <div style="border: 1px solid black; width: 100%; height: 20px; position: relative;"> </div>		Distribution or Annuity Date <div style="border: 1px solid black; width: 100%; height: 20px; position: relative;"> </div>		Daytime Phone (include area code) <div style="border: 1px solid black; width: 100%; height: 20px; position: relative;"> </div>	
Your SURS-Covered Employer			Your Job Title		E-mail Address After Retirement		
Citizenship Status (check one) <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/> Nonresident Alien (name of country) _____							
If you have not already sent the following documents to SURS, you must include copies of them with this application: 1) Copy of your birth certificate. 2) If married, copy of your marriage/civil union certificate. 3) Copy of birth certificate for any beneficiary listed in Part 3 of this application. 4) Copy of your and your dependent's Medicare card or letter of Ineligibility. 5) W4-P, if taking monthly annuity.							

PART 2 - Retirement Systems Reciprocal Act

Service in the Illinois public retirement systems listed below may be considered together at retirement to determine your eligibility for retirement benefits.	
<input type="checkbox"/> All of my service is with SURS. Skip to Part 3.	
<input type="checkbox"/> I participated in the following other systems (check all boxes that apply and insert participation dates).	
Reciprocal Systems	Dates of Participation
<input type="checkbox"/> County Employees' Annuity & Benefit Fund of Cook County	
<input type="checkbox"/> Forest Preserve District Employees' Annuity & Benefit Fund of Cook County	
<input type="checkbox"/> General Assembly Retirement System	
<input type="checkbox"/> Illinois Municipal Retirement Fund	
<input type="checkbox"/> Judges' Retirement System	
<input type="checkbox"/> Laborers' Annuity & Benefit Fund	
<input type="checkbox"/> Metropolitan Water Reclamation District Retirement Fund	
<input type="checkbox"/> Municipal Employees' Annuity & Benefit Fund of Chicago	
<input type="checkbox"/> Park Employees' Annuity & Benefit Fund of Chicago	
<input type="checkbox"/> Public School Teachers' Pension & Retirement Fund of Chicago	
<input type="checkbox"/> State Retirement Systems of Illinois	
<input type="checkbox"/> State Teachers' Retirement System	
(check one box) <input type="checkbox"/> I DO NOT ELECT to have my retirement benefits computed using the Reciprocal Act. <input type="checkbox"/> I ELECT to have my retirement benefit computed using the Reciprocal Act. Note: You will need to file an application with the other system(s); see page 6 for address and phone.	

Contact your fund provider(s), page 5, to obtain an illustration of distribution options and amounts.

MARRIED SECTION			
<input type="checkbox"/> Option 1: I certify I am married and elect the Normal Form of Distribution (a 50% Joint and Survivor Annuity). Payment will end upon the death of you and your spouse/civil union partner. Spouse/civil union partner: Name _____ SSN _____ Birth Date _____ <hr style="border-top: 1px dashed black;"/> OR <hr style="border-top: 1px dashed black;"/> I certify I am married and elect an Optional Form of Distribution. I elect (check one option):			
<input type="checkbox"/> Option 2 – Lump Sum Distribution (will be sent to mailing address in Part 1) <input type="checkbox"/> Option 3 – Direct Rollover of Lump Sum Distribution (complete Part 4) <input type="checkbox"/> Option 4 – Single Life Annuity (payment ends at your death) <input type="checkbox"/> Option 5 – Single Life Annuity with a Guaranteed Period of: <input type="checkbox"/> 10 yrs. <input type="checkbox"/> 15 yrs. <input type="checkbox"/> 20 yrs.			
Primary beneficiary: _____			
(Name)	(Relationship)	(SSN)	(Birth Date)
Contingent beneficiary: _____			
(Name)	(Relationship)	(SSN)	(Birth Date)
<input type="checkbox"/> Option 6 – Joint & Survivor Annuity of (check one): <input type="checkbox"/> 50% <input type="checkbox"/> 100% (payment ends at the death of you and your beneficiary)			
Beneficiary is: _____			
(Name)	(SSN)	(Birth Date)	
<input type="checkbox"/> Option 7 – Joint & Survivor Annuity of (check one): <input type="checkbox"/> 50% <input type="checkbox"/> 100% with a Guaranteed Period of <input type="checkbox"/> 10 yrs. <input type="checkbox"/> 15 yrs. <input type="checkbox"/> 20 yrs.			
Primary beneficiary: _____			
(Name)	(Relationship)	(SSN)	(Birth Date)
Contingent beneficiary: _____			
(Name)	(Relationship)	(SSN)	(Birth Date)
If you elected an Optional Form of Distribution, your spouse/civil union partner must consent to this election. A Notary Public must witness your spouse's/civil union partner's consent.			
Spouse/Civil Union Partner Consent - I hereby acknowledge the effect of and consent to the election made by my spouse/civil union partner regarding the Optional Form of Distribution. I understand that this consent is irrevocable unless my spouse/civil union partner revokes his or her election prior to the date his or her distribution commences or the lump sum benefit is paid.			
Signature of Member's Spouse/Civil Union Partner _____ Date _____			
To Be Completed By A Notary Public			
I, a Notary Public, in and for the County of _____, State of _____, hereby certify that on this date, _____ personally appeared before me, who being first duly sworn, declared that (s)he is <i>(spouse's/civil union partner's name)</i>			
the spouse/civil union partner of _____, and that (s)he signed the above consent as his or her voluntary act and deed. <i>(member's name)</i>			
Signature of Notary Public _____	Date _____	My Commission Expires _____	NOTARIAL SEAL

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UNMARRIED SECTION			
<input type="checkbox"/> Option 1: I certify I am unmarried and elect the Normal Form of Distribution (a Single-Life Annuity). The payment will end at your death.			
<div style="border-top: 1px dashed black; display: inline-block; width: 100%;">OR</div>			
I certify I am unmarried and elect an Optional Form of Distribution. I elect (check one option):			
<input type="checkbox"/> Option 2 – Lump Sum Distribution (will be sent to mailing address in Part 1)			
<input type="checkbox"/> Option 3 – Direct Rollover of Lump Sum Distribution (complete Part 4)			
<input type="checkbox"/> Option 4 – Single Life Annuity with a Guaranteed Period of: <input type="checkbox"/> 10 yrs. <input type="checkbox"/> 15 yrs. <input type="checkbox"/> 20 yrs.			
Primary beneficiary: _____			
(Name)	(Relationship)	(SSN)	(Birth Date)
Contingent beneficiary: _____			
(Name)	(Relationship)	(SSN)	(Birth Date)
<input type="checkbox"/> Option 5 – Joint & Survivor Annuity of (check one): <input type="checkbox"/> 50% <input type="checkbox"/> 100% (payment ends at the death of you and your beneficiary)			
Beneficiary: _____			
(Name)	(Relationship)	(SSN)	(Birth Date)
<input type="checkbox"/> Option 6 – Joint & Survivor Annuity of (check one): <input type="checkbox"/> 50% <input type="checkbox"/> 100% with a Guaranteed Period of <input type="checkbox"/> 10 yrs. <input type="checkbox"/> 15 yrs. <input type="checkbox"/> 20 yrs.			
Primary beneficiary: _____			
(Name)	(Relationship)	(SSN)	(Birth Date)
Contingent beneficiary: _____			
(Name)	(Relationship)	(SSN)	(Birth Date)

If you wish to authorize a direct rollover of an eligible rollover distribution, complete this section. Failure to complete all information could delay the transaction.

Name of Institution _____

Street Address _____

City/State/Zip Code _____

Check one: ☐ Qualified Retirement Plan, Account # _____

☐ Traditional IRA, Account # _____

☐ 403(b) Tax Sheltered Annuity, Account # _____

☐ Governmental Plan 457, Account # _____

☐ Roth IRA, Account # _____

NOTE: If you have attained age 70 ½, a minimum distribution must be paid to you as a lump sum prior to rolling over the balance of your account. Federal income tax will be withheld from the Minimum Required Distribution (MRD) at the rate required by law. Contact your fund provider to determine the amount of the Minimum Required Distribution.

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PART 5 – Authorization of Payment

I hereby authorize that recurring payments be directed to my account indicated at the financial institution designated below, and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account. This authorization is not an assignment of my right to receive payment. I understand that the financial institution designated reserves the right to cancel this agreement by notice to me. Note: If no financial institution is provided, or your information is incomplete, your check will be sent to your home.

Name of Financial Institution

Phone (include area code)

Complete Street Address

City, State, Zip Code

Routing #

Check **one** box: ☐ Checking Account # _____ ☐ Money Manager Account # _____ *☐ Savings Account # _____ ***NOTE: If checking is marked, tape a voided check here.**

* If you are annuitizing with TIAA-CREF and you marked Money Manager Account or Savings Account, you must obtain a **Letter of Authorization with a Bank Signature Guarantee** from your financial institution.

PART 6 – Member Signature **Note:** Your signature must be notarized.

I hereby certify that the statements contained in this application are correct to the best of my knowledge and belief and I have read and understand all general information pertaining to my distribution.

In witness whereof, this Application for Benefit is voluntarily executed by me.

Member Signature _____ Date _____

To Be Completed by a Notary Public

Subscribed and sworn to before me, a Notary Public, in and for the County of _____, State of _____.

Signature of _____ Date _____ My Commission Expires _____ NOTARIAL SEAL

PART 7**For SURS
Use Only**

SURS Authorized Signature _____

Date _____

Phone Number _____

Please complete and return this application to SURS • 1901 Fox Dr. • Champaign, IL 61820-7333 • 1-800-275-7877
Faxes will NOT be accepted.



TIAA-CREF Annuity Authorization

Complete ONLY if taking an annuity with TIAA-CREF

Instructions: Contact TIAA-CREF to discuss the following methods and to obtain illustrations.

TIAA-CREF Variable Annuity Accounts:

How often can my retirement annuity change?

When you choose to receive lifetime retirement income from TIAA and CREF variable annuity account accumulations, this income will increase or decrease based on the investment experience of the accounts. You can choose to have your income revalued monthly or annually.

When making this decision, note that you can have all of your income revalued annually or monthly, or a portion revalued annually and a portion monthly. Just provide TIAA-CREF written instructions along with your completed application.

What is the annual valuation method?

If you receive variable income that changes annually, your income is revalued once a year on March 31 (with payments changing on May 1). This option may be suitable if:

- you prefer to have a consistent income stream for a one-year period; and/or
- you don't mind waiting until the end of the year to receive an increase in income if performance is above the 4% Assumed Interest Rate (AIR).

What is the monthly valuation method?

If you receive variable income that changes monthly, your income is revalued on the 20th of each month (or the previous business day if the 20th is not a business day). This option is suitable if:

- you prefer to see changes in income (up or down) immediately, rather than waiting until the following May 1; and/or
- you don't mind fluctuations in your income level each month.

Can I change from one valuation method to another?

Yes, you can switch from annual to monthly valuations, and vice versa, once a year effective on March 31.

Valuation Method: *Please choose one option*

Based on investment performance, I want my TIAA and CREF variable income to change: ☐ Monthly **OR** ☐ Annually

TIAA Traditional Payment Method:

Standard Payment Method—Lifetime income is based on the total TIAA interest rate (guarantee of 2.5% plus additional amounts, which represent interest earned in excess of the guaranteed rate) and is paid to you on a current basis with each payment. You receive the same level of income until there is a change in the level of additional amounts; any such change would take effect as of the beginning of the calendar year.

Graded Payment Method—Initial income is based on a 4% interest rate (2.5% guaranteed plus 1.5% from additional amounts). If the total payout interest rate exceeds 4%, any remaining additional amounts, over and above the amount needed to bring the initial income to a level based on a 4% interest rate, are reinvested and used to buy you additional future income. The result is that your payments are likely to increase throughout your retirement to help protect you against inflation. You receive the initial amount from your retirement start date through December of that year. Your income changes are effective on January 1. As long as the guaranteed interest plus the additional amount exceed 4%, your income will increase the following year. If the guaranteed interest plus the additional amount is less than 4%, your income could decrease.

I want income from the TIAA Traditional paid as follows:

_____ % Standard Payment Method

_____ % Graded Payment Method*

***NOTE:** If you elect TIAA's Graded Method, keep in mind that this method is only available for vintages with payouts based on an interest rate of 4% or more. If, on your income starting date, the interest rate for a particular vintage is less than 4%, your initial payment and all future payments for the portion of your accumulation in that vintage will be made under TIAA's Standard Method. For information on TIAA's current payout rates, please visit online at www.tiaa-cref.org or call us at 800-842-2776.

Your Authorization & Signature:

By signing below, you agree to the following regarding your Lifetime Annuity Income:

- your retirement income starting date cannot be prior to the receipt of all necessary papers;
- you can't change your annuity income option, guaranteed payment period, or your annuity partner after lifetime income payments begin;
- you understand that you may be issued separate TIAA and/or CREF annuities for accumulations attributable to retirement plans covered by different sections of the Internal Revenue Code, and that the beneficiaries you name and any spousal waiver that is completed will apply to all contracts issued to you;
- you acknowledge that you have received a retirement income illustration and information about the income options available to you, and you have reviewed the illustration's comparison of TIAA income under the Graded Method and the Standard Method.

If you completed Part 5-Authorization of payment:

You also authorized your bank to charge your account for this service, if there is a charge, and to refund any overpayments to TIAA and/or CREF. Your bank is released from any liability to TIAA and/or CREF for overpayments above the amount of funds available in your account at the time TIAA and/or CREF requests a refund.

Under penalties of perjury, you certify that the taxpayer identification number shown on this form is your correct Social Security number; and you are not subject to backup withholding due to a failure to report interest or dividend income; and you are a U.S. person (this includes all U.S. citizens and resident aliens).*

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature

Date

*Check this box if you are subject to backup withholding ☐

Check this box if you are not a citizen of the United States ☐

Questions?

Contact TIAA-CREF at :

www.tiaa-cref.org/illinois - Available 24/7 for access to your accounts and other features.

888-219-8310 – Monday to Friday from 8 a.m. to 10 p.m. and Saturdays from 9 a.m. to 6 p.m. (ET)



FINANCIAL SERVICES
FOR THE GREATER GOOD®

FRAUD NOTICE

For your protection, some states and the District of Columbia require a warning against fraud to appear on this form. These states, including but not limited to Alaska, Arizona, Arkansas, California, Delaware, Indiana, Kentucky, Louisiana, Maine, Minnesota, New Hampshire, New Mexico, Ohio, Oklahoma, Pennsylvania, Tennessee and Virginia require a warning substantially similar to the following.

People who file applications for insurance or statements of claim commit a fraudulent insurance act if they knowingly do so with intent to injure, defraud or deceive any insurance company or another person; and/or knowingly include in their application or statement of claim any materially false or misleading information; and/or knowingly conceal information, for the purpose of misleading, concerning any fact material to the application or claim.

A fraudulent insurance act is a crime, and penalties may include imprisonment, fines, denial of insurance and civil damages.

New York residents, please note: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.

Colorado residents, please note: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Florida residents, please note: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information, is guilty of a felony of the third degree.

New Jersey residents, please note: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

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Provider to Provider Transfer Forms

You may consolidate or transfer your account prior to electing your form of distribution. Fidelity Investments is not an insurance company and cannot pay a Lifetime Annuity; therefore to accommodate their participants, they have partnered with an insurance company, Principal Financial.

- If you have an account with Fidelity Investments and wish to receive a monthly annuity , the account must be transferred to either Principal Financial or TIAA-CREF.
- If you have an account with TIAA-CREF, they can pay the annuity or you may also transfer your account to Principal Financial via Fidelity investments.

If you wish to consolidate or transfer your account balance, or any portion of your account balance, to another Provider, please complete the following appropriate transfer form.

Fidelity to Principal.....page 19

Fidelity-to-TIAA-CREF.....page 23

TIAA-CREF-to-Fidelity.....page 27

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STATE UNIVERSITIES RETIREMENT SYSTEM of Illinois
 Fidelity-to-Principal Life Insurance Company Transfer Form for
 Annuity Purchase
Principal Life Insurance Company annuity contract number 2-19435
FIDELITY 71056

1 Participant	Name:	SSN:	Daytime Phone#:
2 Funds to be Transferred TO Principal Life Insurance Company:	<p>I would like to purchase a Single Premium Immediate Payout Annuity with Principal Life Insurance Company.* Please transfer <u>100%</u> of my retirement plan funds to Principal Life.</p> <p>Transfers will be based on the closing market price at 4:00 p.m. Eastern Time on the day your request is received by Fidelity. If your request is received after 4:00 p.m., the amount will be based on the closing prices the next business day.</p>		
3 Participant Signature	<p>I acknowledge that I have received a Defined Contribution Annuity Illustration and I have reviewed the illustration's comparisons.*</p> <p>You must sign and date the form to have your transfer instructions carried out.</p> <p>_____ Participant Signature Date</p> <p>SUBMIT FORM WITH SMP RETIREMENT APPLICATION TO:</p> <p>SURS P.O. Box 2710 Champaign, IL 61825-2710</p>		

* To obtain an annuity illustration, please call:

- (1) Fidelity at 1-800-343-0860 for your current account value, then
- (2) Principal Financial Group at 1-877-210-5565 ext. 202 for your estimated monthly benefit.

<p>For Fidelity Use Only:</p> <p>Principal Financial Group APS H338 FBO (member name) – Annuity Contract 2-19435 PO BOX 10478 DES MOINES, IA 50306</p>
--

For SURS Use Only	_____ SURS Authorized Signature	_____ Date
	_____ Termination Date	_____ Annuity Begin Date

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Instructions for Completing the SURS Fidelity-to-TIAA-CREF Transfer Form

1. Participant Information

In the space provided, write your name, Social Security number, and phone number where you can be reached during the day.

2. Funds to be transferred FROM:

In the spaces provided, write the name of the funds from which you would like to move accumulations. You can identify either a dollar amount within a specific fund, "all" of your accumulations within a specific fund, or your entire account balance.

Transfers will be based on the closing market price at 4:00 p.m. Eastern Time on the day your request is received. If your request is received after 4:00 p.m., the amount will be based on the closing prices the next business day.

3. Funds to be transferred TO:

In this section, please allocate the transfer dollars listed in Section 2 among the TIAA-CREF funds or sample portfolios. Please express the amount to be transferred to each fund in whole number percentages, and be sure that the percentages add up to 100.

***NOTE:** Because of the guarantees and liquidity restriction of the TIAA Traditional Annuity, transfers from this account are made monthly over 84 months. (If your total accumulation in TIAA Traditional is \$5,000 or less, the total amount can be transferred immediately.) When you request a transfer from TIAA Traditional, the amount you request will be placed in a Transfer Payout Annuity (TPA). Once you submit this form, TIAA-CREF will send you a TPA kit with a form to complete; you can also request the TPA kit by calling TIAA-CREF at 1-888-219-8310.

****** These funds are NOT available to participants without a current United States address of record.

4. Signature and mailing instructions:

This form will not change which Provider(s) will receive future contributions from your earnings. To change the allocation of future contributions, call SURS at 1-800-275-7877.

You must sign and date the form to have your transfer instructions carried out. Then, mail the signed form to Fidelity at the address listed in Section 2.

For Fidelity Use Only:

Wiring Instructions:

TIAA-CREF
Chase Manhattan Bank
New York, New York
ABA 021000021
Account of Teacher Insurance and
Annuity Association
Routing #910-2-754315
AC25

Mailing Instructions:

TIAA-CREF
Transfer Department
8500 Andrew Carnegie Blvd.
Charlotte, NC 28262

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STATE UNIVERSITIES RETIREMENT SYSTEM of Illinois
 Fidelity-to-TIAA-CREF Transfer Form
FIDELITY 71056
TIAA-CREF 100825

1 Participant	Name:	SSN:	Daytime Phone#:
2 Funds to be Transferred FROM Fidelity:	<p>Circle ONLY One <u>Entire Account Balance</u> – to transfer account balances for all Fidelity funds (If selected, proceed to Section 3) Or <u>Specific Fund(s)</u> (If selected specify the dollar amount, or All, to be transferred from the following Fidelity fund(s).)</p>		<p>SEND FORM TO: Fidelity Investments P.O. Box 770002 Cincinnati, OH 45277-0090</p>
	Managed Income Portfolio (632) \$ <input style="width: 150px;" type="text"/>	Spartan Total Market Index Fund - Institutional Class (397) \$ <input style="width: 150px;" type="text"/>	Low-Priced Stock Fund - Class K (316) \$ <input style="width: 150px;" type="text"/>
	Spartan U.S. Bond Index Fund – Institutional Class (651) \$ <input style="width: 150px;" type="text"/>	Contrafund – Class K (022) \$ <input style="width: 150px;" type="text"/>	Spartan International Index Fund – Institutional Class (399) \$ <input style="width: 150px;" type="text"/>
	PIMCO Total Return Fund Inst. (474) \$ <input style="width: 150px;" type="text"/>	Ariel Fund (884) \$ <input style="width: 150px;" type="text"/>	Diversified International Fund - Class K (325) \$ <input style="width: 150px;" type="text"/>
	Four-in-One Index Fund (355) \$ <input style="width: 150px;" type="text"/>	Spartan Extended Market Index Fund – Fidelity Advantage Class (398) \$ <input style="width: 150px;" type="text"/>	Worldwide Fund (318) \$ <input style="width: 150px;" type="text"/>
	Puritan Fund – Class K (004) \$ <input style="width: 150px;" type="text"/>	Growth Company Fund - Class K (025) \$ <input style="width: 150px;" type="text"/>	American Beacon Large Cap Value Fund Institutional (882) \$ <input style="width: 150px;" type="text"/>
	Spartan 500 Index Fund – Institutional Class (650) \$ <input style="width: 150px;" type="text"/>		Buffalo Small Cap Fund (886) \$ <input style="width: 150px;" type="text"/>
	Real Estate Investment Portfolio Fund (675) \$ <input style="width: 150px;" type="text"/>		Hartford Capital Appreciation Y Fund (889) \$ <input style="width: 150px;" type="text"/>
	Life Cycle Funds		
	Freedom 2000 K Fund (370) \$ <input style="width: 150px;" type="text"/>	Freedom 2020 K Fund (372) \$ <input style="width: 150px;" type="text"/>	Freedom 2040 K Fund (718) \$ <input style="width: 150px;" type="text"/>
	Freedom 2005 K Fund (312) \$ <input style="width: 150px;" type="text"/>	Freedom 2025 K Fund (314) \$ <input style="width: 150px;" type="text"/>	Freedom 2045 K Fund (317) \$ <input style="width: 150px;" type="text"/>
	Freedom 2010 K Fund (371) \$ <input style="width: 150px;" type="text"/>	Freedom 2030 K Fund (373) \$ <input style="width: 150px;" type="text"/>	Freedom 2050 K Fund (374) \$ <input style="width: 150px;" type="text"/>
	Freedom 2015 K Fund (313) \$ <input style="width: 150px;" type="text"/>	Freedom 2035 K Fund (315) \$ <input style="width: 150px;" type="text"/>	Freedom 2055 K Fund (375) \$ <input style="width: 150px;" type="text"/>
	Freedom Income K Fund (369) \$ <input style="width: 150px;" type="text"/>		
See reverse side for TIAA-CREF funds.			

3
**Funds to be
Transferred
TO TIAA-
CREF:**

Please note that all “to” funds must be in terms of a percentage. **If you wish to transfer funds WITHIN a particular Provider, please call that Provider directly and DO NOT use this form.**

TIAA-CREF

TIAA Traditional Annuity*	CREF Social Choice Acct.	CREF Equity Index Acct.
<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
CREF Stock Acct.	CREF Bond Market Acct.	CREF Inflation-Linked Bond Acct
<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
CREF Money Market Acct.	CREF Global Equities	TIAA-CREF Lg-Cap Growth Index**
<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
TIAA Real Estate Acct.		
<input type="text"/> %		

Life Cycle Funds

2010 Fund Premier **	2030 Fund Premier **	2050 Fund Premier **
<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
2015 Fund Premier **	2035 Fund Premier **	2055 Fund Premier **
<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
2020 Fund Premier **	2040 Fund Premier **	Retirement Income Fund Premier **
<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
2025 Fund Premier **	2045 Fund Premier **	
<input type="text"/> %	<input type="text"/> %	

Total TIAA-CREF Percentage = **100%**

Portfolio rebalancing is available by contacting TIAA-CREF at (888)219-8310.

4
**Participant
Signature**

**If you wish to reallocate future contributions, please call SURS at 1-800-ASK-SURS.
You must sign and date the form to have your transfer instructions carried out.**

Participant Signature _____ Date _____

06/20/12 POMT

Instructions for Completing the SURS TIAA-CREF-to-Fidelity Transfer Form

1. Participant Information

In the space provided, write your name, Social Security number, and phone number where you can be reached during the day.

2. Funds to be transferred FROM:

In the spaces provided, identify either a dollar amount, within a specific fund and contract number (GRA or RC), “ALL” of your accumulations within a specific fund, or your entire TIAA-CREF account balance.

Transfers will be based on the closing market price at 4:00 p.m. Eastern Time on the day your request is received. If your request is received after 4:00 p.m., the amount will be based on the closing prices the next business day.

*NOTE:

Group Retirement Annuity (GRA) contracts:

Because of the guarantees and liquidity restriction of the GRA TIAA Traditional Annuity, transfers from this account are made gradually over a 9-year period. (If your total accumulation in TIAA Traditional is \$5,000 or less, the total amount can be transferred immediately.) When you request a transfer from TIAA Traditional, the amount you request will be placed in a Transfer Payout Annuity (TPA), and 10% of the amount will be transferred immediately. Over a 9-year period the remainder will be transferred each year exactly 12 months from the date your Transfer Payout Annuity is issued. Once you submit this form, TIAA-CREF will send you a TPA kit with a form to complete; you can also request the TPA kit by calling TIAA-CREF at 1-888-219-8310.

Retirement Choice (RC) contracts:

Because of the guarantees and liquidity restriction of the RC TIAA Traditional Annuity, transfers from this account are made monthly over 84 months. (If your total accumulation in TIAA Traditional is \$5,000 or less, the total amount can be transferred immediately.) When you request a transfer from TIAA Traditional, the amount you request will be placed in a Transfer Payout Annuity (TPA). Once you submit this form, TIAA-CREF will send you a TPA kit with a form to complete; you can also request the TPA kit by calling TIAA-CREF at 1-888-219-8310.

3. Funds to be transferred TO:

In this section, please allocate the transfer dollars listed in Section 2 among the Fidelity funds. Please express the amount to be transferred to each fund in whole number percentages, and be sure that the percentages add up to 100.

4. Signature and mailing instructions:

This form will not change which Provider(s) will receive future contributions from your earnings. To change the allocation of future contributions, call SURS at 1-800-275-7877.

You must sign and date the form to have your transfer instructions carried out. Then, mail the signed form to TIAA-CREF at the address listed in Section 2.

For TIAA-CREF Use Only Wiring Instructions:

Fidelity Investments
P.O. Box 770002
Cincinnati, OH 45277-0090

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STATE UNIVERSITIES RETIREMENT SYSTEM of Illinois

TIAA-CREF-to-Fidelity Transfer Form

FIDELITY 71056

TIAA-CREF GRA contract number: _____

TIAA-CREF RC contract number: _____

1	Participant																																								
2	Funds to be Transferred FROM TIAA-CREF:		SEND FORM TO: TIAA-CREF P.O. Box 1268 Charlotte, NC 28201-1268																																						
	Name: _____	SSN: _____	Daytime Phone#: _____																																						
	<p>Circle ONLY One <u>Entire Account Balance</u> – to transfer account balances for all TIAA-CREF funds, including GRA and RC contracts. (If selected, proceed to Section 3)</p> <p>Or</p> <p><u>Specific Fund(s)</u> (If selected, specify the dollar amount, or write “ALL”, to be transferred from the following TIAA-CREF fund(s).)</p>																																								
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See reverse side for FIDELITY funds.

3
**Funds to be
Transferred
TO Fidelity:**

Please note that all “to” funds must be in terms of a percentage. **If you wish to transfer funds WITHIN a particular Provider, please call that Provider directly and DO NOT use this form.**

Managed Income Portfolio (632)	Spartan Total Market Index Fund – Institutional Class (397)	Spartan Extended Market Index Fund – Fidelity Advantage Class (398)
<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Spartan U.S. Bond Index Fund – Institutional Class (651)	Buffalo Small Cap Fund (886)	Low-Priced Stock Fund - Class K (316)
<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
PIMCO Total Return Fund Inst. (474)	Contrafund – Class K (022)	Spartan International Index Fund – Institutional Class (399)
<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Four-in-One Index Fund (355)	Ariel Fund (884)	Diversified International Fund - Class K (325)
<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Puritan Fund – Class K (004)	Growth Company Fund- Class K (025)	Worldwide Fund (318)
<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Spartan 500 Index Fund – Institutional Class (650)	American Beacon Large Cap Value Fund Institutional (882)	Hartford Capital Appreciation Y Fund (889)
<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Real Estate Investment Portfolio Fund (675)		
<input type="text"/> %		

Life Cycle Funds

Freedom 2000 K Fund (370)	Freedom 2020 K Fund (372)	Freedom 2040 K Fund (718)
<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Freedom 2005 K Fund (312)	Freedom 2025 K Fund (314)	Freedom 2045 K Fund (317)
<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Freedom 2010 K Fund (371)	Freedom 2030 K Fund (373)	Freedom 2050 K Fund (374)
<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Freedom 2015 K Fund (313)	Freedom 2035 K Fund (315)	Freedom 2055 K Fund (375)
<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Freedom Income K Fund (369)		
<input type="text"/> %		

Total Fidelity Percentage = 100%

4
**Participant
Signature**

If I have a balance of \$5,000 or less in a TIAA Traditional account, I authorize the transfer of any eligible accumulation into the CREF Money Market account for the purposes of this withdrawal request.

**If you wish to reallocate future contributions, please call SURS at 1-800-ASK-SURS.
You must sign and date the form to have your transfer instructions carried out.**

Participant Signature

Date

06/20/12 POMT2

SPECIAL TAX NOTICE REGARDING YOUR ROLLOVER OPTIONS UNDER A GOVERNMENTAL 401(a) PLAN

You are receiving this notice because all or a portion of a payment you are receiving from the State Universities Retirement System (the “Plan”) is eligible to be rolled over to an IRA or an employer plan. This notice is intended to help you decide whether to do such a rollover.

Rules that apply to most payments from a plan are described in the “General Information About Rollovers” section. Special rules that only apply in certain circumstances are described in the “Special Rules and Options” section.

GENERAL INFORMATION ABOUT ROLLOVERS

How can a rollover affect my taxes?

You will be taxed on a payment from the Plan if you do not roll it over. If you are under age 59½ and do not do a rollover, you will also have to pay a 10% additional income tax on early distributions (unless an exception applies).

If you do a rollover to a traditional IRA or an eligible employer plan, you will not have to pay tax until you receive payments later from the IRA or plan, and the 10% additional income tax will not apply if those payments are made after you are age 59½ (or if an exception applies).

If you do a rollover to a Roth IRA, you will be taxed on the amount rolled over (reduced by any after-tax amount). However, if you are under age 59½ at the time of the rollover, the 10% additional income tax will not apply. See the section below titled “If you roll over your payment to a Roth IRA” for more details.

Where may I roll over the payment?

You may roll over the payment to either an IRA (an individual retirement account or individual retirement annuity) or an employer plan (a tax-qualified section 401(a) plan, section 403(b) plan, or governmental section 457(b) deferred compensation plan) that will accept the rollover. The rules of the IRA or employer plan that holds the rollover will determine your investment options, fees, and rights to payment of the rolled over amount in the future. Further, the amount rolled over will become subject to the tax rules that apply to the IRA or employer plan.

How do I do a rollover?

There are two ways to do a rollover. You can do either a direct rollover or a 60-day rollover.

If you do a direct rollover, the Plan will make the payment directly to your IRA or an employer plan. You should contact the IRA sponsor or the administrator of the employer plan for information on how to do a direct rollover.

If you do not do a direct rollover, the Plan is required to withhold 20% of the payment for federal income taxes. If you do not do a direct rollover, you may still do a rollover by making a deposit into an IRA or eligible employer plan that will accept it. You will have 60 days after you receive the payment to make the deposit. This means that, in order to roll over the entire payment in a 60-day rollover, you must use other funds to make up for the 20% withheld. If you do not roll over the entire amount of the payment, the portion not rolled over will be taxed and will be subject to the 10% additional income tax on early distributions if you are under age 59½ (unless an exception applies).

How much may I roll over?

If you wish to do a rollover, you may roll over all or part of the amount eligible for rollover. Any payment from the Plan is eligible for rollover, except:

- Certain payments spread over a period of at least 10 years or over your life or life expectancy (or the lives or joint life expectancy of you and your beneficiary) (This means that your lifetime monthly benefits are not eligible for rollover.)
- Required minimum distributions after age 70½ ; (or after death)

The Plan administrator or the payor can tell you what portion of a payment is eligible for rollover.

If any portion of your payment is taxable but cannot be rolled over, the mandatory withholding rules described above do not apply. In this case, you may elect not to have withholding apply to that portion. If you do nothing, an amount will be taken out of this portion of your payment for federal income tax withholding. To elect out of withholding, ask the Plan administrator for the election form and related information.

If I don't do a rollover, will I have to pay the 10% additional income tax on early distributions?

If you are under age 59½ , you will have to pay the 10% additional income tax on early distributions for any payment from the Plan (including amounts withheld for income tax) that you do not roll over, unless one of the exceptions listed below applies. This tax is in addition to the regular income tax on the payment not rolled over.

The 10% additional income tax does not apply to the following payments from the Plan:

- Payments made after you separate from service if you will be at least age 55 in the year of the separation
- Payments that start after you separate from service if paid at least annually in equal or close to equal amounts over your life or life expectancy (or the lives or joint life expectancy of you and your beneficiary)
- Payments from a governmental defined benefit pension plan made after you separate from service if you are a public safety employee and you are at least age 50 in the year of the separation
- Payments made due to disability
- Payments after your death
- Payments made directly to the government to satisfy a federal tax levy
- Payments made under a qualified Illinois domestic relations order (QILDRO)
- Payments up to the amount of your deductible medical expenses

If I do a rollover to an IRA, will the 10% additional income tax apply to early distributions from the IRA?

If you receive a payment from an IRA when you are under age 59½, you will have to pay the 10% additional income tax on early distributions from the IRA, unless an exception applies. In general, the exceptions to the 10% additional income tax for early distributions from an IRA are the same as the exceptions listed above for early distributions from a plan. However, there are a few differences for payments from an IRA, including:

- There is no exception for payments after separation from service that are made after age 55.
- The exception for qualified Illinois domestic relations orders (QILDROs) does not apply (although a special rule applies under which, as part of a divorce or separation agreement, a tax-free transfer may be made directly to an IRA of a spouse or former spouse).
- The exception for payments made at least annually in equal or close to equal amounts over a specified period applies without regard to whether you have had a separation from service.
- There are additional exceptions for (1) payments for qualified higher education expenses, (2) payments up to \$10,000 used in a qualified first-time home purchase, and (3)

payments after you have received unemployment compensation for 12 consecutive weeks (or would have been eligible to receive unemployment compensation but for self-employed status).

Will I owe State income taxes?

This notice does not describe any State or local income tax rules (including withholding rules).

SPECIAL RULES AND OPTIONS

If your payment includes after-tax contributions

After-tax contributions included in a payment are not taxed. If a payment is only part of your benefit, an allocable portion of your after-tax contributions is generally included in the payment. If you have pre-1987 after-tax contributions maintained in a separate account, a special rule may apply to determine whether the after-tax contributions are included in a payment.

You may roll over to an IRA a payment that includes after-tax contributions through either a direct rollover or a 60-day rollover. You must keep track of the aggregate amount of the after-tax contributions in all of your IRAs (in order to determine your taxable income for later payments from the IRAs). If you do a 60-day rollover to an IRA of only a portion of the payment made to you, the after-tax contributions are treated as rolled over last. For example, assume you are receiving a complete distribution of your benefit which totals \$12,000, of which \$2,000 is after-tax contributions. In this case, if you roll over \$10,000 to an IRA in a 60-day rollover, no amount is taxable because the \$2,000 amount not rolled over is treated as being after-tax contributions.

You may roll over to an employer plan all of a payment that includes after-tax contributions, but only through a direct rollover (and only if the receiving plan separately accounts for after-tax contributions and is not a governmental section 457(b) plan). You can do a 60-day rollover to an employer plan of part of a payment that includes after-tax contributions, but only up to the amount of the payment that would be taxable if not rolled over.

If you miss the 60-day rollover deadline

Generally, the 60-day rollover deadline cannot be extended. However, the IRS has the limited authority to waive the deadline under certain extraordinary circumstances, such as when external events prevented you from completing the rollover by the 60-day rollover deadline. To apply for a waiver, you must file a private letter ruling request with the IRS. Private letter ruling requests require the payment of a nonrefundable user fee. For more information, see IRS Publication 590, Individual Retirement Arrangements (IRAs).

If you were born on or before January 1, 1936

If you were born on or before January 1, 1936 and receive a lump sum distribution that you do not roll over, special rules for calculating the amount of the tax on the payment might apply to you. For more information, see IRS Publication 575, Pension and Annuity Income.

If you roll over your payment to a Roth IRA

You can roll over a payment from the Plan made before January 1, 2010 to a Roth IRA only if your modified adjusted gross income is not more than \$100,000 for the year the payment is made to you and, if married, you file a joint return. These limitations do not apply to payments made to you from the Plan after 2009. If you wish to roll over the payment to a Roth IRA, but you are not eligible to do a rollover to a Roth IRA until after 2009, you can do a rollover to a traditional IRA and then, after 2009, elect to convert the traditional IRA into a Roth IRA. The Plan administrator is not responsible for verifying your eligibility to make a rollover to a Roth IRA. (IRS Notice 2008-30)

If you roll over the payment to a Roth IRA, a special rule applies under which the amount of the payment rolled over (reduced by any after-tax amounts) will be taxed. However, the 10% additional income tax on early distributions will not apply (unless you take the amount rolled over out of the Roth IRA within 5

years, counting from January 1 of the year of the rollover). For payments from the Plan during 2010 that are rolled over to a Roth IRA, the taxable amount can be spread over a 2-year period starting in 2011.

If you roll over the payment to a Roth IRA, later payments from the Roth IRA that are qualified distributions will not be taxed (including earnings after the rollover). A qualified distribution from a Roth IRA is a payment made after you are age 59½ (or after your death or disability, or as a qualified first-time homebuyer distribution of up to \$10,000) and after you have had a Roth IRA for at least 5 years. In applying this 5-year rule, you count from January 1 of the year for which your first contribution was made to a Roth IRA. Payments from the Roth IRA that are not qualified distributions will be taxed to the extent of earnings after the rollover, including the 10% additional income tax on early distributions (unless an exception applies). You do not have to take required minimum distributions from a Roth IRA during your lifetime.

You cannot roll over a payment from the Plan to a designated Roth account in an employer plan.

For more information, see IRS Publication 590, Individual Retirement Arrangements (IRAs). You should consult your tax advisor if you are interested in rolling over your distribution to a Roth IRA.

If you are an eligible retired public safety officer and your pension payment is used to pay for health coverage or qualified long-term care insurance

If you retired as a public safety officer and your retirement was by reason of disability or was after normal retirement age, you can exclude from your taxable income plan payments paid directly as premiums to an accident or health plan (or a qualified long-term care insurance contract) that your employer maintains for you, your spouse, or your dependents, up to a maximum of \$3,000 annually. For this purpose, a public safety officer is a law enforcement officer, firefighter, chaplain, or member of a rescue squad or ambulance crew.

If you are not a plan member

Payments after death of the member. If you receive a distribution after the member's death that you do not roll over, the distribution will generally be taxed in the same manner described elsewhere in this notice. However, the 10% additional income tax on early distributions and the special rules for public safety officers do not apply, and the special rule described under the section "If you were born on or before January 1, 1936" applies only if the member was born on or before January 1, 1936.

If you are a surviving spouse. If you receive a payment from the Plan as the surviving spouse of a deceased member, you have the same rollover options that the member would have had, as described elsewhere in this notice. In addition, if you choose to do a rollover to an IRA, you may treat the IRA as your own or as an inherited IRA.

An IRA you treat as your own is treated like any other IRA of yours, so that payments made to you before you are age 59½ will be subject to the 10% additional income tax on early distributions (unless an exception applies) and required minimum distributions from your IRA do not have to start until after you are age 70½.

If you treat the IRA as an inherited IRA, payments from the IRA will not be subject to the 10% additional income tax on early distributions. However, if the member had started taking required minimum distributions, you will have to receive required minimum distributions from the inherited IRA. If the member had not started taking required minimum distributions from the Plan, you will not have to start receiving required minimum distributions from the inherited IRA until the year the member would have been age 70½.

If you are a surviving beneficiary other than a spouse. Effective July 1, 2010, if you receive a payment from the Plan because of the member's death and you are a designated beneficiary other than a surviving spouse, the only rollover option you have is to do a direct rollover to an inherited

IRA. Payments from the inherited IRA will not be subject to the 10% additional income tax on early distributions. You will have to receive required minimum distributions from the inherited IRA.

Payments under a qualified Illinois domestic relations order. If you are the spouse or former spouse of the member who receives a payment from the Plan under a qualified Illinois domestic relations order (QILDRO), you generally have the same options the member would have (for example, you may roll over the payment to your own IRA or an eligible employer plan that will accept it). If you are an alternate payee other than the spouse or former spouse of the member, you generally have the same options as a surviving beneficiary other than the spouse, so that the only rollover option you have is to do a direct rollover to an inherited IRA. Payments under the QILDRO will not be subject to the 10% additional income tax on early distributions.

If you are a nonresident alien

If you are a nonresident alien and you do not do a direct rollover to a U.S. IRA or U.S. employer plan, instead of withholding 20%, the Plan is generally required to withhold 30% of the payment for federal income taxes. If the amount withheld exceeds the amount of tax you owe (as may happen if you do a 60-day rollover), you may request an income tax refund by filing Form 1040NR and attaching your Form 1042-S. See Form W-8BEN for claiming that you are entitled to a reduced rate of withholding under an income tax treaty. For more information, see also IRS Publication 519, U.S. Tax Guide for Aliens, and IRS Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities.

Other special rules

If your payments for the year are less than \$200, the Plan is not required to allow you to do a direct rollover and is not required to withhold for federal income taxes. However, you may do a 60-day rollover.

You may have special rollover rights if you recently served in the U.S. Armed Forces. For more information, see IRS Publication 3, Armed Forces' Tax Guide.

NOTICE PERIOD

Generally, payment cannot be made from the Plan until at least 30 days after you receive this notice. Thus, you have at least 30 days to consider whether or not to have your payment rolled over. If you do not wish to wait until this 30-day notice period ends before your election is processed, you may waive the notice period by making an affirmative election indicating whether or not you wish to make a direct rollover. Your payment will then be processed in accordance with your election as soon as practical after it is received by the Plan administrator.

FOR MORE INFORMATION

You may wish to consult with the Plan administrator or payor, or a professional tax advisor, before taking a payment from the Plan. Also, you can find more detailed information on the federal tax treatment of payments from employer plans in: IRS Publication 575, Pension and Annuity Income; IRS Publication 590, Individual Retirement Arrangements (IRAs); and IRS Publication 571, Tax-Sheltered Annuity Plans (403(b) Plans). These publications are available from a local IRS office, on the web at www.irs.gov, or by calling 1-800-TAX-FORM.

Withholding Certificate for Pension or Annuity Payments

OMB No. 1545-0074

2012

Purpose. Form W-4P is for U.S. citizens, resident aliens, or their estates who are recipients of pensions, annuities (including commercial annuities), and certain other deferred compensation. Use Form W-4P to tell payers the correct amount of federal income tax to withhold from your payment(s). You also may use Form W-4P to choose (a) not to have any federal income tax withheld from the payment (except for eligible rollover distributions or payments to U.S. citizens delivered outside the United States or its possessions) or (b) to have an additional amount of tax withheld.

Your options depend on whether the payment is periodic, nonperiodic, or an eligible rollover distribution, as explained on pages 3 and 4. Your previously filed Form W-4P will remain in effect if you do not file a Form W-4P for 2012.

What do I need to do? Complete lines **A** through **G** of the **Personal Allowances Worksheet**. Use the additional worksheets on page 2 to further adjust your withholding allowances for itemized deductions, adjustments to income, any additional standard deduction, certain credits, or multiple pensions/more-than-one-income situations. If you do not want any federal income tax withheld (see *Purpose*, earlier), you can skip the worksheets and go directly to the Form W-4P below.

Sign this form. Form W-4P is not valid unless you sign it.

Future developments. The IRS has created a page on www.irs.gov/w4p for information about Form W-4P and its instructions, at www.irs.gov/w4p. Information about any future developments affecting Form W-4P (such as legislation enacted after we release it) will be posted on that page.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____
B	Enter "1" if: <div style="display: inline-block; vertical-align: middle;"> <ul style="list-style-type: none"> • You are single and have only one pension; or • You are married, have only one pension, and your spouse has no income subject to withholding; or • Your income from a second pension or a job or your spouse's pension or wages (or the total of all) is \$1,500 or less. </div>	B _____
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a spouse who has income subject to withholding or more than one source of income subject to withholding. (Entering "-0-" may help you avoid having too little tax withheld.)	C _____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____
E	Enter "1" if you will file as head of household on your tax return	E _____
F	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three to seven eligible children or less "2" if you have eight or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child 	F _____
G	Add lines A through F and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ►	G _____

For accuracy, complete all worksheets that apply.

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are **single and have more than one source of income subject to withholding** or are **married and you and your spouse both have income subject to withholding** and your combined income from all sources exceeds \$40,000 (\$10,000 if married), see the **Multiple Pensions/More-Than-One-Income Worksheet** on page 2 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line G on line 2 of Form W-4P below.

----- Separate here and give Form W-4P to the payer of your pension or annuity. Keep the top part for your records. -----

Withholding Certificate for Pension or Annuity Payments

OMB No. 1545-0074

2012

► For Privacy Act and Paperwork Reduction Act Notice, see page 4.

Your first name and middle initial	Last name	Your social security number
Home address (number and street or rural route)		Claim or identification number (if any) of your pension or annuity contract
City or town, state, and ZIP code		

Complete the following applicable lines.

1 Check here if you do not want any federal income tax withheld from your pension or annuity. (Do not complete line 2 or 3.) ►	<input type="checkbox"/>
2 Total number of allowances and marital status you are claiming for withholding from each periodic pension or annuity payment. (You also may designate an additional dollar amount on line 3.) ►	
Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate	(Enter number of allowances.)
3 Additional amount, if any, you want withheld from each pension or annuity payment. (Note. For periodic payments, you cannot enter an amount here without entering the number (including zero) of allowances on line 2.) ►	\$

Your signature ►

Date ►

Deductions and Adjustments Worksheet**Note.** Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

- 1** Enter an estimate of your 2012 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions **1** \$ _____
- 2** Enter: $\left\{ \begin{array}{l} \$11,900 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,700 \text{ if head of household} \\ \$5,950 \text{ if single or married filing separately} \end{array} \right\}$ **2** \$ _____
- 3** **Subtract** line 2 from line 1. If zero or less, enter “-0-” **3** \$ _____
- 4** Enter an estimate of your 2012 adjustments to income and any additional standard deduction (see Pub. 505) **4** \$ _____
- 5** **Add** lines 3 and 4 and enter the total. (Include any credit amounts from the *Converting Credits to Withholding Allowances for 2012 Form W-4* worksheet in Pub. 505.) **5** \$ _____
- 6** Enter an estimate of your 2012 income not subject to withholding (such as dividends or interest) **6** \$ _____
- 7** **Subtract** line 6 from line 5. If zero or less, enter “-0-” **7** \$ _____
- 8** **Divide** the amount on line 7 by \$3,800 and enter the result here. Drop any fraction **8** _____
- 9** Enter the number from the **Personal Allowances Worksheet**, line G, page 1 **9** _____
- 10** **Add** lines 8 and 9 and enter the total here. If you use the **Multiple Pensions/More-Than-One-Income Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4P, line 2, page 1 **10** _____

Multiple Pensions/More-Than-One-Income Worksheet**Note.** Complete *only* if the instructions under line G, page 1, direct you here. This applies if you (and your spouse if married filing jointly) have more than one source of income subject to withholding (such as more than one pension, or a pension and a job, or you have a pension and your spouse works).

- 1** Enter the number from line G, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) **1** _____
- 2** Find the number in **Table 1** below that applies to the **LOWEST** paying pension or job and enter it here. **However**, if you are married filing jointly and the amount from the highest paying pension or job is \$65,000 or less, do not enter more than “3” **2** _____
- 3** If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter “-0-”) and on Form W-4P, line 2, page 1. **Do not** use the rest of this worksheet **3** _____

Note. If line 1 is **less than** line 2, enter “-0-” on Form W-4P, line 2, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

- 4** Enter the number from line 2 of this worksheet **4** _____
- 5** Enter the number from line 1 of this worksheet **5** _____
- 6** **Subtract** line 5 from line 4 **6** _____
- 7** Find the amount in **Table 2** below that applies to the **HIGHEST** paying pension or job and enter it here **7** \$ _____
- 8** **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed **8** \$ _____
- 9** **Divide** line 8 by the number of pay periods remaining in 2012. For example, divide by 12 if you are paid every month and you complete this form in December 2011. Enter the result here and on Form W-4P, line 3, page 1. This is the additional amount to be withheld from each payment **9** \$ _____

Table 1**Table 2**

Married Filing Jointly				All Others			
If wages from LOWEST paying job or pension are—		Enter on line 2 above		If wages from LOWEST paying job or pension are—		Enter on line 2 above	
\$0 - \$5,000		0		\$0 - \$8,000		0	
5,001 - 12,000		1		8,001 - 15,000		1	
12,001 - 22,000		2		15,001 - 25,000		2	
22,001 - 25,000		3		25,001 - 30,000		3	
25,001 - 30,000		4		30,001 - 40,000		4	
30,001 - 40,000		5		40,001 - 50,000		5	
40,001 - 48,000		6		50,001 - 65,000		6	
48,001 - 55,000		7		65,001 - 80,000		7	
55,001 - 65,000		8		80,001 - 95,000		8	
65,001 - 72,000		9		95,001 - 120,000		9	
72,001 - 85,000		10		120,001 and over		10	
85,001 - 97,000		11					
97,001 - 110,000		12					
110,001 - 120,000		13					
120,001 - 135,000		14					
135,001 and over		15					

Married Filing Jointly		All Others	
If wages from HIGHEST paying job or pension are—		Enter on line 7 above	
\$0 - \$70,000		\$570	
70,001 - 125,000		950	
125,001 - 190,000		1,060	
190,001 - 340,000		1,250	
340,001 and over		1,330	

Married Filing Jointly		All Others	
If wages from HIGHEST paying job or pension are—		Enter on line 7 above	
\$0 - \$35,000		\$570	
35,001 - 90,000		950	
90,001 - 170,000		1,060	
170,001 - 375,000		1,250	
375,001 and over		1,330	

Additional Instructions

Section references are to the Internal Revenue Code.

When should I complete the form? Complete Form W-4P and give it to the payer as soon as possible. Get Pub. 505, Tax Withholding and Estimated Tax, to see how the dollar amount you are having withheld compares to your projected total federal income tax for 2012. You also may use the IRS Withholding Calculator at www.irs.gov/individuals for help in determining how many withholding allowances to claim on your Form W-4P.

Multiple pensions/more-than-one income. To figure the number of allowances that you may claim, combine allowances and income subject to withholding from all sources on one worksheet. You may file a Form W-4P with each pension payer, but do not claim the same allowances more than once. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4P for the highest source of income subject to withholding and zero allowances are claimed on the others.

Other income. If you have a large amount of income from other sources not subject to withholding (such as interest, dividends, or capital gains), consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Call 1-800-TAX-FORM (1-800-829-3676) to get Form 1040-ES and Pub. 505. You also can get forms and publications at www.irs.gov/formspubs.

If you have income from wages, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or Form W-4P.

Note. Social security and railroad retirement payments may be includible in income. See Form W-4V, Voluntary Withholding Request, for information on voluntary withholding from these payments.

Withholding From Pensions and Annuities

Generally, federal income tax withholding applies to the taxable part of payments made from pension, profit-sharing, stock bonus, annuity, and certain deferred compensation plans; from individual retirement arrangements (IRAs); and from commercial annuities. The method and rate of withholding depend on (a) the kind of payment you receive; (b) whether the payments are delivered outside the United States or its commonwealths and possessions; and (c) whether the recipient is a nonresident alien individual, a nonresident alien beneficiary, or a foreign estate. Qualified distributions from a Roth IRA are nontaxable and, therefore, not subject to withholding. See page 4 for special withholding rules that apply to payments outside the United States and payments to foreign persons.

Because your tax situation may change from year to year, you may want to refigure your withholding each year. You can change the amount to be withheld by using lines 2 and 3 of Form W-4P.

Choosing not to have income tax withheld. You (or in the event of death, your beneficiary or estate) can choose not to have federal income tax withheld from your payments by using line 1 of Form W-4P. For an estate, the election to have no income tax withheld may be made by the executor or personal representative of the decedent. Enter the estate's employer identification number (EIN) in the area reserved for "Your social security number" on Form W-4P.

You may not make this choice for eligible rollover distributions. See *Eligible rollover distribution—20% withholding* on page 4.

Caution. There are penalties for not paying enough federal income tax during the year, either through withholding or estimated tax payments. New retirees, especially, should see Pub. 505. It explains your estimated tax requirements and describes penalties in detail. You may be able to avoid quarterly estimated tax payments by having enough tax withheld from your pension or annuity using Form W-4P.

Periodic payments. Withholding from periodic payments of a pension or annuity is figured in the same manner as withholding from wages. Periodic payments are made in installments at regular intervals over a period of more than 1 year. They may be paid annually, quarterly, monthly, etc.

If you want federal income tax to be withheld, you must designate the number of withholding allowances on line 2 of Form W-4P and indicate your marital status by checking the appropriate box. Under current law, you cannot designate a specific dollar amount to be withheld. However, you can designate an additional amount to be withheld on line 3.

If you do not want any federal income tax withheld from your periodic payments, check the box on line 1 of Form W-4P and submit the form to your payer. However, see *Payments to Foreign Persons and Payments Outside the United States* on page 4.

Caution. If you do not submit Form W-4P to your payer, the payer must withhold on periodic payments as if you are married claiming three withholding allowances. Generally, this means that tax will be withheld if your pension or annuity is at least \$1,640 a month.

If you submit a Form W-4P that does not contain your correct social security number (SSN), the payer must withhold as if you are single claiming zero withholding allowances even if you checked the box on line 1 to have no federal income tax withheld.

There are some kinds of periodic payments for which you cannot use Form W-4P because they are already defined as wages subject to federal income tax withholding. These payments include retirement pay for service in the U.S. Armed Forces and payments from certain nonqualified deferred compensation plans and deferred compensation plans described in section 457 of tax-exempt organizations. Your payer should be able to tell you whether Form W-4P applies.

For periodic payments, your Form W-4P stays in effect until you change or revoke it. Your payer must notify you each year of your right to choose not to have federal income tax withheld (if permitted) or to change your choice.

Nonperiodic payments—10% withholding. Your payer must withhold at a flat 10% rate from nonperiodic payments (but see *Eligible rollover distribution—20% withholding* on page 4) **unless** you choose not to have federal income tax withheld. Distributions from an IRA that are payable on demand are treated as nonperiodic payments. You can choose not to have federal income tax withheld from a nonperiodic payment (if permitted) by submitting Form W-4P (containing your correct SSN) to your payer and checking the box on line 1. Generally, your choice not to have federal income tax withheld will apply to any later payment from the same plan. You cannot use line 2 for nonperiodic payments. But you may use line 3 to specify an additional amount that you want withheld.

Caution. If you submit a Form W-4P that does not contain your correct SSN, the payer cannot honor your request not to have income tax withheld and must withhold 10% of the payment for federal income tax.

Eligible rollover distribution—20% withholding. Distributions you receive from qualified pension or annuity plans (for example, 401(k) pension plans and section 457(b) plans maintained by a governmental employer) or tax-sheltered annuities that are eligible to be rolled over tax free to an IRA or qualified plan are subject to a flat 20% federal withholding rate. The 20% withholding rate is required, and you cannot choose not to have income tax withheld from eligible rollover distributions. Do not give Form W-4P to your payer unless you want an additional amount withheld. Then, complete line 3 of Form W-4P and submit the form to your payer.

Note. The payer will not withhold federal income tax if the entire distribution is transferred by the plan administrator in a direct rollover to a traditional IRA or another eligible retirement plan (if allowed by the plan), such as a qualified pension plan, governmental section 457(b) plan, section 403(b) contract, or tax-sheltered annuity.

Distributions that are (a) required by law, (b) one of a specified series of equal payments, or (c) qualifying “hardship” distributions are **not** “eligible rollover distributions” and are not subject to the mandatory 20% federal income tax withholding. See Pub. 505 for details. See also *Nonperiodic payments—10% withholding* on page 3.

Changing Your “No Withholding” Choice

Periodic payments. If you previously chose not to have federal income tax withheld and you now want withholding, complete another Form W-4P and submit it to your payer. If you want federal income tax withheld at the rate set by law (married with three allowances), write “Revoked” next to the checkbox on line 1 of the form. If you want tax withheld at any different rate, complete line 2 on the form.

Nonperiodic payments. If you previously chose not to have federal income tax withheld and you now want withholding, write “Revoked” next to the checkbox on line 1 and submit Form W-4P to your payer.

Payments to Foreign Persons and Payments Outside the United States

Unless you are a nonresident alien, withholding (in the manner described above) is required on any periodic or nonperiodic payments that are delivered to you outside the United States or its possessions. You cannot choose not to have federal income tax withheld on line 1 of Form W-4P. See Pub. 505 for details.

In the absence of a tax treaty exemption, nonresident aliens, nonresident alien beneficiaries, and foreign estates generally are subject to a 30% federal withholding tax under section 1441 on the taxable portion of a periodic or nonperiodic pension or annuity payment that is from U.S. sources. However, most tax treaties provide that private pensions and annuities are exempt from withholding and tax. Also, payments from certain pension plans are exempt from withholding even if no tax treaty applies. See Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*, and Pub. 519, *U.S. Tax Guide for Aliens*, for details. A foreign person should submit Form W-8BEN, *Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding*, to the payer before receiving any payments. The Form W-8BEN must contain the foreign person's taxpayer identification number (TIN).

Statement of Federal Income Tax Withheld From Your Pension or Annuity

By January 31 of next year, your payer will furnish a statement to you on Form 1099-R, *Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.*, showing the total amount of your pension or annuity payments and the total federal income tax withheld during the year. If you are a foreign person who has provided your payer with Form W-8BEN, your payer instead will furnish a statement to you on Form 1042-S, *Foreign Person's U.S. Source Income Subject to Withholding*, by March 15 of next year.

Privacy Act and Paperwork Reduction Act Notice

We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request federal income tax withholding from periodic pension or annuity payments based on your withholding allowances and marital status, (b) request additional federal income tax withholding from your pension or annuity, (c) choose not to have federal income tax withheld, when permitted, or (d) change or revoke a previous Form W-4P. To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s). Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

STATE UNIVERSITIES RETIREMENT SYSTEM

1901 Fox Drive

Champaign, IL 61820-7333

APPLYING FOR INSURANCE

under the

Self-Managed Plan



State Universities Retirement System of Illinois
Information and Applications



Insurance Premium Payment Methods

If you elect to enroll in the State of Illinois Insurance Program or the College Insurance Program, SURS will bill you for your premiums. SURS can electronically debit your account on the third working day of the month or you may remit your monthly payment by check. Once your insurance has been established, you will receive notification from SURS regarding your insurance premium and the procedure for authorizing the direct debit of premiums.

UNIVERSITY EMPLOYEES ONLY

You must annuitize your entire SURS SMP account to be eligible to enroll in health insurance. Employees of Chicago City colleges are exempt from this requirement. You must choose a Joint & Survivor Annuity for your spouse or eligible survivor to remain eligible for insurance at your death.



This image appears on each STATE form.

State of Illinois Insurance

Pages 2–8 pertain to members of the State Group Health Plan. To be eligible for this plan, you must have at least 5 years of service credit with a state university or an agency of the State of Illinois (for example, Dept. of Corrections). Note: Community Colleges are not state agencies.

MEDICARE INFORMATION

Members and/or dependents under any form of state health insurance who turn 65 OR retire on or after July 1, 1992, and are eligible for premium-free Part A of Medicare, will have their state medical benefits reduced if they do not enroll in Part B of Medicare. To avoid additional out-of-pocket claim costs, we strongly suggest you enroll in and retain Medicare Part A and Part B for yourself and eligible dependents. Please submit a copy of your Medicare card showing dates of coverage for yourself and each eligible dependent. If you have received notice from Social Security that you and/or your dependents are not eligible for premium-free Medicare Part A, send a copy of that notice to SURS along with your retirement application. If enrolled, Medicare will become your primary insurance at retirement. Your state insurance will act as a secondary insurance to Medicare.

If you have any questions regarding Medicare, contact the Medicare COB Unit at 1-800-442-1300 or 217-782-7007.

**ATTENTION: STATE OF ILLINOIS
GROUP INSURANCE PROGRAM PARTICIPANTS**

On January 13, 2012, Public Act 097-0668 was signed into law. This law requires that all retirees who wish to continue their State of Illinois insurance must complete and return a State of Illinois Group Insurance Program Participation Election Form to the State Universities Retirement System (SURS).

Please complete, sign, and return the following form to SURS along with your retirement application to avoid a delay in your enrollment in the State Insurance Program. Failure to return this form within 30 days of your annuity begin date could result in the termination of your State Insurance Program participation.

This law does not apply to the College Insurance Program. If you are enrolled in the College Insurance Program, you do not need to complete this form.



STATE UNIVERSITIES RETIREMENT SYSTEM
1901 Fox Drive
Champaign, IL 61820
Telephone 1 (800) 275-7877 or (217) 378-8800 (C-U Area)



**SELF-MANAGED PLAN (SMP)
STATE OF ILLINOIS GROUP INSURANCE PROGRAM
PARTICIPATION ELECTION FORM**

NOTICE: This form must be completed and returned to our office in order to avoid the termination of your State of Illinois Group Insurance Program.

Members who have met the minimum vesting requirement of qualified service are eligible to participate in the State Insurance Program at the time of their retirement. Participation in the State health/dental insurance program is **optional**. Members not electing to enroll with health/dental coverage will still be eligible for and enrolled in the life insurance program.

Members electing not to participate in the State health/dental insurance program are eligible to participate at a later date by enrolling during the annual Benefit Choice Period or upon experiencing a qualified change in family status.

Members may be required to share in the cost of their health insurance coverage. Premiums for dental and dependent coverage are additional. You will be billed monthly for your insurance premiums. *For current health/dental rates, contact SURS.*

CHECK ONE BOX ONLY

☐ I elect to participate in the State Insurance Program. Choose one health **and** one dental election below:

HEALTH ELECTION

☐ I elect to keep my current State Insurance Program coverage the same as what I currently have.

☐ I am not currently enrolled in the State Insurance Program or I wish to make changes to my State Insurance Program coverage. By electing this option, I understand that I must complete, sign, and return a Group Insurance Enrollment/Change Form along with this Participation Election Form to SURS.

DENTAL ELECTION

☐ I elect to be enrolled with dental coverage and understand that premiums apply.

☐ I do not wish to elect the dental coverage at this time. I understand that if I would like the dental coverage in the future, I may **only** elect it during the annual Benefit Choice Period.

☐ I do not elect to participate in the State Insurance Program at this time. I understand that I will be enrolled with life insurance coverage only.

Member currently enrolled as a dependent:

☐ I have been a dependent on my State-covered spouse's/civil union partner's health, dental, and vision insurance coverage for at least one year, and therefore, qualify to remain on my spouse's/civil union partner's State insurance as a dependent. I understand that waiving my coverage as an annuitant to remain a dependent of my spouse/civil union partner will mean that the only coverage I will have as an annuitant will be life insurance coverage.

Signature	Date	Member ID Number

INSPART/F034/052912

State Employees' Group Insurance Program

SURS Group Insurance Enrollment/Change Form

(Annuitants and Survivors should use this form for enrollment/changes)

New and existing retirees and survivors should use this form to elect coverage for the first time or change coverage elections during the plan year.

Complete this enrollment form and return it to SURS within 60 days of experiencing a qualifying event. Changes will be effective the later of: the date of the event, or the date received in SURS office. In some instances when adding a dependent, the effective date will be the first of the month following the request. If you elect dependent health coverage, your dependent will be enrolled in the same plan as you.

Change Current Election and/or Add Dependent(s): If you wish to change any of your current elections, **only complete the Member Information section and the information you wish to change.** If you are enrolling dependent(s) during the plan year, also complete the Dependent Information section on page 2. If you are adding/changing more than four dependents, please use additional copies of page 2. Please return first two pages with your signature on page 2.

Member Information		<input type="checkbox"/> Change Election – Reason Code _____ (see page 3 for reason codes)		Date of Qualifying Event _____	
<input type="checkbox"/> Initial Enrollment		Effective Date _____			
Last Name	First Name (legal)	Middle Name	Social Security Number (required)	Residential County	
Residential Street Address	City	State	Zip	E-mail address	
Home Phone Number	Work/Cell Phone Number	Is your Spouse a State Employee or Annuitant? <input type="checkbox"/> No <input type="checkbox"/> Yes, agency _____	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Are you Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of Birth	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married	Medicare Status (If you have Medicare, you must provide a copy of the Medicare card) <input type="checkbox"/> Non-Medicare <input type="checkbox"/> Ineligible Age 65+ <input type="checkbox"/> Age 65+ <input type="checkbox"/> Disability <input type="checkbox"/> End Stage Renal Disease			

Health Insurance Coverage Election (includes [vision](#))

<input type="checkbox"/>	Please (1) enroll me in health coverage or (2) change my health plan election. Members must choose their health plan election below. If enrolling after experiencing a break in coverage, employees must submit a Certificate of Creditable Coverage to SURS. Members who have less than 20 years of service will be required to share in the cost of insurance benefits as well as dependent benefits.											
<input type="checkbox"/>	Quality Care Health Plan (D3)	Coordination of Benefits										
<input type="checkbox"/>	Managed Care Plans - You must complete the information below, including the 6 or 10 character Provider Identifier #: The Provider Identifier # can be found by contacting the managed care plan directly via their website or by phone. <table><tr><td>Health Plan Name</td><td>Provider Identifier #</td></tr><tr><td><input type="checkbox"/> Health HealthLink OAP (CF)</td><td><input type="checkbox"/> Coventry HMO (AS)</td></tr><tr><td><input type="checkbox"/> Coventry OAP (CH)</td><td><input type="checkbox"/> Health Alliance Illinois (BS)</td></tr><tr><td><input type="checkbox"/> HMO Illinois (BY)</td><td><input type="checkbox"/> Health Alliance HMO (AH)</td></tr><tr><td><input type="checkbox"/> Blue Advantage HMO (CI)</td><td></td></tr></table>	Health Plan Name	Provider Identifier #	<input type="checkbox"/> Health HealthLink OAP (CF)	<input type="checkbox"/> Coventry HMO (AS)	<input type="checkbox"/> Coventry OAP (CH)	<input type="checkbox"/> Health Alliance Illinois (BS)	<input type="checkbox"/> HMO Illinois (BY)	<input type="checkbox"/> Health Alliance HMO (AH)	<input type="checkbox"/> Blue Advantage HMO (CI)		<input type="checkbox"/> Yes, either I or my covered dependents have other group health coverage. If 'Yes,' you must provide a copy of the other group health ID card. <input type="checkbox"/> No, I do not have other group health coverage.
Health Plan Name	Provider Identifier #											
<input type="checkbox"/> Health HealthLink OAP (CF)	<input type="checkbox"/> Coventry HMO (AS)											
<input type="checkbox"/> Coventry OAP (CH)	<input type="checkbox"/> Health Alliance Illinois (BS)											
<input type="checkbox"/> HMO Illinois (BY)	<input type="checkbox"/> Health Alliance HMO (AH)											
<input type="checkbox"/> Blue Advantage HMO (CI)												
<input type="checkbox"/>	I do not want health, prescription, dental and vision coverage. Annuitants with premium-free health insurance must provide proof of other group health coverage provided by an entity other than CMS in order to OPT OUT of the coverage (Member must complete an Opt Out form).											

Dental Insurance Coverage Election (If you have another group dental plan you must provide a copy of the front and back of the dental ID card to SURS for coordination of dental benefits)

<input type="checkbox"/>	New Annuitants or Survivors or Those Opting Back Into Group Insurance	<input type="checkbox"/> Yes, I want the dental coverage	<input type="checkbox"/> No, I do not want the dental coverage. I understand if I choose not to enroll in dental, I cannot enroll until the next annual Benefit Choice Period.
--------------------------	--	--	--

Member's signature is required on page 2 to process any insurance changes

ONLY Y COMPLETE THE SECTIONS YOU WISH TO ADD OR CHANGE

Member's Name: _____
Page 2 of 3

Life Insurance Coverage Election (Deferred annuitants are eligible for basic life only) ☐ Add ☐ Drop

BASIC and OPTIONAL LIFE [†]		AD&D (Accidental Death & Dismemberment)		Dependent Life Coverage (\$10,000 each) [†]
<input type="checkbox"/> Basic Life Only - equal to your annual salary (Free) Annuitants age 60 and over, basic life insurance drops to \$5,000.		<input type="checkbox"/> NO AD&D <input type="checkbox"/> BASIC only (Equal to Salary)		<input type="checkbox"/> NONE <input type="checkbox"/> CHILD* <input type="checkbox"/> SPOUSE OR CIVIL UNION PARTNER** * All dependent children age 25 and under are eligible for life coverage, except for those enrolled in the "other" category **Spouse life reduces to \$5,000 when annuitant attains age 60. Note: If electing Child or Spouse Life you must complete the 'Dependent Information' section below.
<input type="checkbox"/> Basic and Optional Life (select optional coverage increment below) Annuitants age 60 and over are not eligible for 5-8x salary.		<input type="checkbox"/> COMBINED (Equal to Basic Life + Optional Life*) * AD&D Combined will not exceed 4 times optional		
<input type="checkbox"/> Survivor \$5,000 optional life - (Monthly premium based on age) Only Survivors of Immediate Annuitants are eligible.				
<input type="checkbox"/> 1 x Salary	<input type="checkbox"/> 3 x Salary <input type="checkbox"/> 5 x Salary <input type="checkbox"/> 7 x Salary			
<input type="checkbox"/> 2 x Salary	<input type="checkbox"/> 4 x Salary <input type="checkbox"/> 6 x Salary <input type="checkbox"/> 8 x Salary			

[†] After Initial Enrollment: Optional Life requests in any increment (1 – 8 times) and Survivor Optional Life require completion of a [Statement of Health application](#).
After Initial Enrollment: Spouse and Child Life requests for dependents that are not newly added due to marriage or birth require completion of a [Statement of Health application](#).
[Dependent Information](#) – All dependent enrollments require [additional documentation](#) to be submitted verifying eligibility (see page 3 for documentation requirements).

Add (A); Drop (D) or Change (C)	Name (legal) (First Middle Last)		SSN (Required)	Date of Birth ¹	Relationship Type (see list below)	Provider Identifier # (only for managed care)	Sex (M/F)	Other Coverage ² (Y/N)
	HEALTH	LIFE						
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

¹ If you have dependents with the same birth date including year (e.g. twins), in addition to the birth date you must put a #1 in the **Date of Birth (DOB)** field on the line of the child who was born first; put a #2 in the DOB field for the child who was born second, etc.

² If your dependent has other group health or dental coverage, including Medicare, you must provide a copy of the front and back of the card to SURS.

Relationship Types are:

- Spouse (01) • Civil Union Partner (Non-IRS – 1C; IRS – 1D) • Natural Child (02) • Adopted Child (03) • Stepchild (04) • Civil Union Child (Non-IRS – 4A; IRS – 4B)
- Legal Guardianship (06) • Adjudicated Child (07)

Relationship Types for all other children (age 19 or older). A CMS-138 form-CMS Dependent Certification Form must accompany enrollment requests for these dependents (available at [www.benefitschoice.il.gov](#) or SURS website).

- Disabled Dependent (09) • Other (transplant recipient – 10) • Veteran Adult Child (Non-IRS – 13; IRS - 14/15)

I authorize premiums as established annually to be deducted from my benefit for those plans I have selected. I understand that if my benefit check is insufficient, I will be direct billed. The information contained in this form is complete and true. I agree to abide by all Group Insurance Program rules. I agree to furnish additional information requested for enrollment or administration of the plan I have elected. I understand it is my responsibility to review my benefit check and verify the amounts of the insurance deductions are accurate. I understand that if my deductions are not correct, I must immediately contact SURS. The Department of Central Management Services (CMS) may also impose a financial penalty, including, but not limited to, repayment of all premiums the Program made on behalf of the enrolled individual, as well as expenses incurred by the Program due to falsification of the information contained on this form.

Annuitant/Survivor Signature: _____ Date: _____

GIR/P USE ONLY: Effective Date: _____

Org Proc Code: _____

GIR/GIP SIGNATURE: _____ DATE: _____

Reason Code Reason and Required documentation

01	Divorce/Legal Separation/Annulment of a member (copy of divorce decree or other legal document)
02	Death of spouse/civil union partner or dependent (copy of death certificate)
03	Change in member or spouse's employment status (part-time to full-time status or vice versa, (letter from employer on employer letterhead)
04	Spouse's employer makes significant changes in premium costs (30% or greater in change) or coverage (letter from spouse's insurance carrier on their letterhead)
05	Spouse is provided group insurance through employer for the first time (letter from spouse's insurance carrier on their letterhead)
06	Member retiring with SURS
07	Dependent no longer meets eligible criteria (signed letter by member indicating reason why dependent is no longer eligible)
08	Dependent becomes eligible (documentation supporting eligibility that indicates the date the dependent met the eligibility criteria)
09	Court order results in the member gaining or losing custody of a dependent (copy of court order)
10	Court decree establishes a member's financial responsibility for a child's medical, dental, or other health care – Adjudicated child (copy of court order)
11	Change in Medicaid or Medicare status (copy of letter from Medicaid or Medicare)(Medicare status – can only enroll if losing, not gaining Medicare)
12	Coordination of spouse's annual election period. Member's request to change coverage must be consistent with and on account of the spouse election (written statement from spouse's plan indicating this is the only time dependent coverage can be changed)
13	Marriage (copy of marriage certificate)
14	Birth (copy of birth certificate)
15	Adoption or placement for adoption (copy of adoption papers)
16	Spouse loses employment (letter from previous employer on their letterhead)
17	Spouse's employer discontinues ALL coverage (letter from employer on their letterhead)
18	Dependent becomes ineligible for other coverage (letter from previous insurance company on their letterhead or Certificate of Creditable Coverage)
19	Member loses other coverage (reason other than non-payment of premium)(letter from employer or insurance carrier)
20	Spouse ineligible for other coverage/loses other coverage (Certificate of Creditable Coverage or letter from employer or insurance carrier)
21	Change in member's county of residence
22	Primary care provider leaving the network (letter from health care provider on their letterhead)

Special Circumstances- The following plan changes may be made at any time during the plan year. Changes are restricted to the plan affected by the circumstance.

- | | |
|----|---|
| 23 | Change in spouse or child life, and/or AD&D coverage |
| 24 | Add or drop in dependent health coverage in the 2+ premium group (minimum of 2 remaining dependents required) |
| 25 | Changes in life insurance where premiums are paid by annuitants or survivors |

Refer to Qualify Change in Status charts in State of Illinois Benefits Handbook pages 13 - 16

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STATE UNIVERSITIES RETIREMENT SYSTEM
1901 Fox Drive
Champaign, IL 61820
Telephone 1 (800) 275-7877 or (217) 378-8800 (C-U Area)



SMP STATE EMPLOYEES GROUP LIFE INSURANCE FORM

YOU CAN ONLY COMPLETE THIS FORM IF YOU ARE AN IMMEDIATE ANNUITANT (your termination date and retirement date are within one year of each other). IF YOU ARE A DEFERRED ANNUITANT (your termination date and retirement date are more than one year apart), YOU ARE NOT ENTITLED TO PURCHASE OPTIONAL LIFE INSURANCE. YOU WILL BE ENROLLED IN STATE PAID BASIC ONLY.

SECTION A – Member Information (print or type)

Name (Last, First, Middle Initial)	Last 4 SSN or Member ID#
------------------------------------	--------------------------

SECTION B – Termination of Life Insurance

- ☐ I currently purchase additional life insurance and wish to terminate all or part of that coverage.
- ☐ Optional Life #_____ units ☐ Spouse Life ☐ Child Life ☐ AD&D Basic ☐ AD&D Combined

SECTION C – Optional Life Insurance

A statement of health must be completed and returned to the state life insurance company for underwriting approval for the purchase of all life insurance except accidental death and dismemberment.

- ☐ I wish to purchase Accidental Death & Dismemberment insurance.
- ☐ Basic Only ☐ Combined (must have Optional Life insurance also)
- ☐ I wish to purchase \$10,000 Child Life insurance.
- Ages 18-59:**
- ☐ I wish to purchase Optional Life insurance.
- How many units do you wish to purchase?
- ☐ 1 x basic ☐ 2 x basic ☐ 3 x basic ☐ 4 x basic ☐ 5 x basic ☐ 6 x basic ☐ 7 x basic ☐ 8 x basic
- ☐ I wish to purchase \$10,000 Spouse Life insurance.

Age 60 and older:

- ☐ I wish to purchase Optional Life insurance.
- ☐ 1 x basic ☐ 2 x basic ☐ 3 x basic ☐ 4 x basic
- ☐ I wish to purchase \$5,000 Spouse Life insurance.

I certify enrollment for the coverage indicated above. I authorize prevailing premiums to be deducted from my annuity for the coverage elected. I agree to abide by all appropriate rules and will furnish any additional information requested. All statements and answers contained herein are complete and true. I understand that failure to complete the form in its entirety may result in a delay of my insurance coverage.

Signature	Date
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COMMUNITY COLLEGE EMPLOYEES ONLY

You must annuitize your entire SURS SMP account to be eligible to enroll in health insurance. Employees of Chicago City colleges are exempt from this requirement. You must choose a Joint & Survivor Annuity for your spouse or eligible survivor to remain eligible for insurance at your death.

COLLEGE INSURANCE PROGRAM

Pages 10–15 pertain to members interested in the College Insurance Program (CIP). To be eligible for the CIP, you must have been a full-time employee and eligible for benefits of any SURS–participating Community College. Note: City Colleges of Chicago do not participate in the CIP. SURS determines eligibility based on documentation from each employer.

MEDICARE INFORMATION

Members and/or dependents under any form of CIP health insurance who turn 65 OR retire on or after July 1, 1992, and are eligible for premium–free Part A of Medicare, will have their CIP medical benefits reduced if they do not enroll in Part B of Medicare. To avoid additional out–of–pocket claim costs, we strongly suggest you enroll in and retain Medicare Part A and Part B for yourself and eligible dependents. Please submit a copy of your Medicare card showing dates of coverage for yourself and each eligible dependent. If you have received notice from Social Security that you and/or your dependents are not eligible for premium–free Medicare Part A, send a copy of that notice to SURS along with your retirement application. If enrolled, Medicare will become your primary insurance at retirement. Your CIP Insurance will act as a secondary insurance to Medicare.

If you have any questions regarding Medicare, contact the Medicare COB Unit at 800-442-1300 or 217-782-7007.

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CIP - Instruction Sheet For Benefit Recipient Group Insurance Form

Complete this form and mail to:

State Universities Retirement System, P.O. Box 2710, Champaign, IL 61825-2710

This form is used for initial enrollment into the College Insurance Program (CIP) and to enroll or make coverage changes during the annual Benefit Choice Period. For Benefit Choice Period changes, complete only the sections that have changes. Be sure to provide your complete name and Social Security Number (SSN). For initial enrollment in CIP outside the Benefit Choice Period, complete the entire form. If you are adding a dependent you will need to complete the Dependent Beneficiary Group Insurance Form.

Check the box for your reason/qualifying event for enrolling in CIP. If you are a Survivor, you must also supply the deceased member's SSN and check the box that indicates your relationship to the Benefit Recipient.

SECTION I – Personal Information (please type or print clearly)

Effective date of enrollment: Enter the date coverage is effective (see the Benefits Handbook for coverage effective dates). Enrollments requested during the Benefit Choice Period will be effective July 1st. **Marital Status:** S=Single, M=Married
Birthdate: Enter two-digit month, two-digit day and four-digit year. Example: 07/28/1945 **Sex:** M=Male, F=Female

SECTION II – Medicare Status

Medicare Status – Check the box that correctly reflects your Medicare status.

Medicare Box 1 – You are under 65 years of age and ineligible for Medicare due to age.

Medicare Box 2, 4 or 5 – Provide specific Part A, Part B and/or Part D dates and indicate whether Part A of Medicare is free. A copy of your Medicare card(s) must accompany this form.

Medicare Box 3 – You are 65+ and ineligible for Medicare. A letter from the Social Security Administration stating Medicare ineligibility should accompany this form.

SECTION III – Address Information

Benefit Recipient Residential Address: Enter your address on the left side of this section.

Other Addressee: If another person handles your personal affairs, complete the "Other Addressee" section.

The relationship space should be filled with one of the following:

1. Custodial Parent 2. Trustee 3. Power of Attorney 4. Legal Guardian

Date of Relationship: Enter the date that the "Other Addressee" was effective. **Send Mail to this Address (Y/N):** You can choose to have mail sent to your "Other Addressee" by entering (Y) for yes in the "Send Mail to this Address" field. If you want mail sent to both addresses, enter (Y) for yes in both "Send Mail to this Address" fields.

SECTION IV – Health Plan

If you are choosing the **College Choice Health Plan (CCHP)**, check box 1; if you are choosing either an **HMO or the OAP Plan**, check box 2. **If you check box 2, please indicate the name of the plan and the plan's carrier code (2 characters).** Carrier codes are listed on the managed care plan map which can be found through the CIP link on the Benefits website at www.benefitschoice.il.gov. **Enter the PCP number of provider identifier (6 - 10 characters),** which can be found in the managed care provider directory of your chosen plan.

SECTION V – Coordination of Benefits

If you are enrolled in another group health or dental plan, you must submit a copy of your health and/or dental card to your GIR.



College Insurance Program Dependent Beneficiary Group Insurance Form



Complete this form if you are enrolling an eligible Dependent Beneficiary. If you need additional dependent forms, please contact SURS.

CIP Benefit Recipient Name _____ SSN _____ - _____ - _____
Phone # () _____ - _____

SECTION I Dependent's Personal Information (Please print or type):

Dependent SSN _____ - _____ - _____ Effective Date of Enrollment _____ - _____ - _____
Last Name _____ First _____ Middle _____
Birthdate (mm/dd/ccyy) _____ - _____ - _____ Sex (M/F) _____ Retirement Date (mm/dd/ccyy) _____ - _____ - _____

SECTION II Dependent's Medicare Status (check one):

- | | |
|-------------------------------|--------------------------|
| 1 Non-Medicare | <input type="checkbox"/> |
| 2 Medicare Eligible age 65+ | <input type="checkbox"/> |
| 3 Medicare Ineligible age 65+ | <input type="checkbox"/> |
| 4 Medicare Disability | <input type="checkbox"/> |
| 5 End Stage Renal Disease | <input type="checkbox"/> |

If 2, 4 or 5 was checked, complete the following and submit a copy of your Medicare card(s):

Part A (Begin Date) _____ - _____ - _____

Part B (Begin Date) _____ - _____ - _____

Part D (Begin Date) _____ - _____ - _____

Part A Free (Y) _____ (N) _____

Medicare Number _____

SECTION III Dependent's Address Information:

Dependent Beneficiary Residential Address
(If different than Benefit Recipient)

City _____

State _____ ZIP Code _____ + _____

County of Residence _____

Country _____

(for foreign address only)

Send Mail to this Address (Y/N) _____

Other Addressee Name and Address:

Name _____

Address _____

City _____

State _____ ZIP Code _____ + _____

Country _____

(for foreign address only)

Addressee SSN _____ - _____ - _____

Relationship _____

Date of Relationship _____ - _____ - _____

Send Mail to this Address (Y/N) _____

SECTION IV Relationship (Check One): Supporting documentation is required to add a dependent (see instructions on back).

- | | | | |
|--------------------|--------------------------|--------------------------|--------------------------|
| 1 Spouse | <input type="checkbox"/> | 7 Adjudicated Child | <input type="checkbox"/> |
| 2 Natural Child | <input type="checkbox"/> | 8 Student | <input type="checkbox"/> |
| 3 Adopted Child | <input type="checkbox"/> | 9 Handicapped | <input type="checkbox"/> |
| 4 Stepchild | <input type="checkbox"/> | 10 Parent | <input type="checkbox"/> |
| 5 Recognized Child | <input type="checkbox"/> | 11 Sponsored Adult Child | <input type="checkbox"/> |
| 6 Legal Guardian | <input type="checkbox"/> | 13 Veteran Adult Child | <input type="checkbox"/> |

Reason for Enrollment (check one)

☐ Benefit Recipient Application for Annuity

☐ Dependent Beneficiary Turns 65

☐ Benefit Choice

☐ Coverage Terminated by Employer

☐ Dependent Beneficiary Eligible for Medicare

SECTION V Health Plan:

(Check plan of Benefit Recipient)

College Choice Health Plan (CCHP) ☐

HMO or OAP Plan ☐

If choosing an HMO or the OAP plan, please provide the following:

Plan Name _____

Plan Carrier Code (2 characters - see map) _____

PCP/Provider Identifier (6 - 10 characters) _____

SECTION VI Coordination of Benefits:

If you are enrolled in another group health or dental plan you must provide a copy of your health and/or dental card to your GIR.

The authorization for my Dependent Beneficiary coverage election is to remain in effect until I provide written notice to the contrary. The statement and answers contained in this application are complete and true. I agree to abide by all rules and to furnish any additional information requested. My signature below confirms that I understand all above options selected and authorize the release of information to the health plan I select and the State of Illinois.

CIP Benefit Recipient Signature _____ Date _____ - _____ - _____

(Signature required)

Instruction Sheet for Dependent Beneficiary College Insurance Program

Complete this form and mail to:

State Universities Retirement System, P.O. Box 2710, Champaign, IL 61825-2710

This form is used for the initial enrollment of a Dependent Beneficiary into the College Insurance Program (CIP) and to enroll or make coverage changes during the annual Benefit Choice Period. For initial enrollment outside the Benefit Choice Period, complete the entire form. For Benefit Choice Period changes, complete only the sections that have changes. Be sure to provide your (i.e., the person receiving the annuity) complete name and Social Security Number (SSN).

SECTION I - Dependent Beneficiary's Personal Information

Dependent SSN: Enter the Dependent Beneficiary's Social Security Number. **Effective date of enrollment:** Enter the date coverage is effective (see the Benefits Handbook for coverage effective dates). **Name:** Enter the Dependent Beneficiary's complete name. **Birthdate:** Enter two-digit month, two-digit day and four-digit year. Example: 07/28/1945 **Sex:** M=Male, F=Female **Retirement Date:** If your Dependent Beneficiary is retired, enter the retirement date.

SECTION II - Dependent Beneficiary's Medicare Status

Medicare Status - Check the box that correctly reflects the Dependent Beneficiary's Medicare status.

Medicare Box 1 - The Dependent Beneficiary is under 65 years of age and ineligible for Medicare due to age.

Medicare Box 2, 4 or 5 - Provide specific Part A, Part B and/or Part D dates and indicate whether Part A of Medicare is free. A copy of the Medicare card(s) must accompany this form.

Medicare Box 3 - The Dependent Beneficiary is 65+ and ineligible for Medicare. A letter from the Social Security Administration stating the Dependent Beneficiary's ineligibility should accompany this form.

SECTION III - Dependent Beneficiary's Address

Dependent Beneficiary Residential Address: Enter the Dependent Beneficiary's address only if it is different from the member's address. **Other Addressee:** If another person handles the Dependent Beneficiary's personal affairs, complete the "Other Addressee" section. The relationship space should be filled with one of the following:

1. Custodial Parent 2. Trustee 3. Power of Attorney 4. Legal Guardian

Date of Relationship: Enter the date that the dependent's relationship with the other addressee was effective. **Send Mail to this Address (Y/N):** You can choose to have mail sent to your other addressee by entering (Y) for yes in the "Send Mail to this Address" field. If you want mail sent to both addresses, enter (Y) for yes in both "Send Mail to this Address" fields.

SECTION IV - Dependent Beneficiary's Relationship

Check the box that reflects the relationship of the Dependent Beneficiary to the Benefit Recipient. Birth Certificates are required when adding a dependent. The dependent types indicated below require additional documentation.

- 4 Stepchild:** Written documentation from the Benefit Recipient that the child lives with them in a parent-child relationship.
- 6 Legal Guardian:** A copy of the court decree establishing the Benefit Recipient as legal guardian for a child under 18 years of age.
- 7 Adjudicated Child:** A copy of the court decree establishing the Benefit Recipient's financial responsibility for the child's healthcare.
- 8 Student:** A Dependent Eligibility Certification Statement (CMS-138) and verification of full-time student enrollment in an accredited school.
- 13 Veteran Adult Child:** Proof of Illinois residency and a Veterans' Affairs Release Form (DD-214) stating the date the adult child was released from service (or equivalent).

Check the box that reflects the reason for enrolling your dependent.

SECTION V - Health Plan

Dependents must be enrolled in the same plan as the Benefit Recipient. If you are choosing the **College Choice Health Plan (CCHP)**, check box 1; if you are choosing an **HMO or the OAP Plan**, check box 2. **If you check box 2, please indicate the name of the plan and the plan's carrier code (2 characters).** Carrier codes are listed on the managed care plan map which can be found through the CIP link on the Benefits website at www.benefitschoice.il.gov. **Enter the PCP number or provider identifier (6 - 10 characters),** which can be found in the managed care provider directory of your chosen plan. *Enrolling in a health plan automatically enrolls your dependent in the dental and vision plans.*

SECTION VI - Dependent Beneficiary's Coordination of Benefits

If you are enrolled in another group health or dental plan you must submit a copy of your other health and/or dental insurance card to your GIR.

