



The Solon

August 2002

General Assembly Retirement System

Health Insurance Changes

Starting July 1, 2002, the Quality Care health plan administrator changed from UNICARE to CIGNA. The Quality Care prescription drug plan administrator changed from National Prescription Administrators to Caremark. Members enrolled in Quality Care automatically received new ID cards from both of these plans.

Beginning July 1, 2002 a 90-day supply of maintenance medications are available from Caremark through mail order for members enrolled in the Quality Care Health Plan at the following copayments:

Generic	\$14
Formula Brand	\$28
Non-Formula Brand	\$56

The Mail Service Program provides a convenient, cost-effective way to order "maintenance" or long-term medication for direct delivery to your home.

If you are currently receiving medication(s) through the mail, the new Prescription Drug Administrator will not have access to your refill information. Please obtain a new prescription from your physician and mail it to Caremark.

1-on-1 Counseling Schedule

Last fiscal year our staff visited 18 sites and talked to over 218 active members, annuitants, and survivors about their benefits. Listed below are the dates and locations of the 1-on-1 counseling sessions for fiscal year 2003.

Although no appointment is necessary, we like to know who will be attending the sessions.

If you would like to attend a 1-on-1 session, call us at 217-782-8500.

September 4

5th Municipal Courthouse
Bridgeview 11 a.m. - 2 p.m.

September 5

State of Illinois Building
160 North LaSalle, Suite N725
Chicago 8 a.m. - Noon

Here are some frequently asked questions about the prescription drug program.

Q: Why should I use Caremark's Mail Service Program for my prescriptions?

A: Caremark's Mail Service Program provides a convenient, cost-effective way for you to order up to a 90-day supply of maintenance or long-term medication for direct delivery to your home. By using your Mail Service Program, you minimize trips to the pharmacy while saving costs on your prescriptions.

Q: What should I do if I have mail order refills with NPA?

A: Unfortunately, Caremark will not have access to your existing mail order refill information. You will

The Benefit Statement for retirees and survivors are NOT included with this copy of the Solon. These statements will be mailed in March, 2003. Only active members receive a statement with this mailing.

No legislation affecting GARS members was passed by the General Assembly.



(continued on page 3)

Understanding Your Statement

Enclosed with this copy of The Solon is your annual benefit statement for the year ending June 30, 2002. It reflects your salary effective July 1, 2002.

If you have questions about your statement, call us at 217-782-8500.

At right is a sample statement highlighting the areas members usually have the most questions about. For more information about your statement, read the article on page 3.

If you do not agree with the service shown on your statement, contact GARS at 217-782-8500.

If you are purchasing service credit, it will not be shown on your statement until it is paid in full.

This is the projected GARS benefit you are eligible to receive, assuming continuous service to normal retirement age. If you have reciprocal service listed below, add the two amounts together to estimate your combined benefit.

This is your accrued benefit estimate, assuming termination of service on June 30, 2002. Do not add reciprocal service to this amount.

Reciprocal service is shown with months of service and the estimated benefit amount, if applicable.

General Assembly Retirement System of Illinois

2101 South Veterans Parkway, P. O. Box 19255, Springfield, IL 62794-9255

Your Annual Benefit Statement has been prepared as of June 30, 2002 using the following information.

Social Security # 111-15-1111 Date of Birth 05/28/1944

00006A
JOHN DOE
1000 ANY PLAZA
ANY TOWN, IL 33333

Member Information

You have 90 months of contributing membership service. This does not include service forfeited by taking a refund, or any service credit in a reciprocal retirement system listed below. You have 42.00 months of leadership service. Leadership service can enhance your retirement benefit (see "final salary" on the reverse side).

Your total contributions are \$47,013.24. Your fiscal year 2002 contributions (July 1-June 30) are \$7,634.76. Your monthly prescribed salary as of July 1, 2002 is \$5,532.49. Your final salary is used to compute your retirement benefits.

Retirement Benefits

Retirement benefits are based on service, final salary and age. Normal retirement is age 55 with eight years (96 months) of service. If you continue working to normal retirement age, your estimated monthly retirement benefit will be \$1,490.00 on 01/01/2003.

Your monthly benefit earned and accrued as of June 30, 2002 is \$1,380.00, payable on 06/01/2006.

Disability

You are not currently eligible for disability.

Reciprocal Service

Using the reciprocal act with GARS, you may receive the following monthly benefit(s) at normal retirement age:

STATUTORY RETIREMENT SYSTEM (SRS) 111.00 \$858.00
ILLINOIS MUNICIPAL RETIREMENT FUND 60.00 \$460.00

Death Benefits

Death benefits are payable to your spouse, children or named beneficiaries, as applicable. Lump sum death benefits are payable to your named beneficiaries if there are no eligible survivor(s) at your date of death. If you wish to change your GARS beneficiaries, a change of beneficiary form is printed in the enclosed Solon. GARS BENEFITS ARE SEPARATE FROM YOUR GROUP LIFE INSURANCE COVERAGE. Group life beneficiaries are not included in this statement.

If you die while actively employed, your eligible spouse will receive a monthly income of \$920.00* payable at age 50 or earlier if eligible children survive.

Additional amounts are payable for eligible children.

If you die with no qualified survivors, your named beneficiary or estate will receive your total contributions of \$47,013.24.

Your current beneficiaries are:

1 - BENEFICIARY 1

2 - BENEFICIARY 2

3 - BENEFICIARY 3

* This amount is reduced by any Workers Compensation benefits received.

At a Glance

as of June 30, 2002

Member Information

Total Months of Service 90
Leadership Service 42.00
Total Contributions \$47,013.24

Retirement

Estimated Retirement Benefit \$1,490.00
Payable on 01/01/2003

Death

Surviving Spouse Benefit \$920.00

The survivor benefit payable to a spouse is 66 2/3% of the earned benefit, or 10% of your final salary, whichever is greater.

Your named GARS beneficiaries are separate from your Group Life Insurance beneficiaries. The people listed on your Benefit Statement are designated to receive your GARS benefits only. You may change your beneficiaries at any time by completing a Nomination of Beneficiaries form on the back page.

GARS Workshops

To help you start planning for your retirement years, we urge you to enroll in the Education for Tomorrow's Choices pre-retirement workshop.

This free, one-day workshop will be held in Chicago on October 10 and features a certified financial planner to discuss money management and investment strategies.

Other speakers will cover Deferred Compensation, Social Security, insurance and GARS benefits.

Although retirement may be years in the future, this information will help you begin planning for a lifetime of financial security. If you are interested in attending this workshop, call us at 217-782-8500.

Your Benefit Statement

Again this year, your GARS annual benefit statement shows reciprocal service with a retirement benefit estimate available to you at normal retirement (age 55) under the Reciprocal Act. The normal retirement age for the other reciprocal systems is usually age 60. If your projected GARS benefit estimate is under age 60, the benefit amount shown from the reciprocal system is reduced to coincide with your normal retirement age from GARS.

To determine your total benefit, add the projected GARS benefit to the amount from the reciprocal system(s). If your statement shows reciprocal service but no amount, you probably don't have enough service to use the Reciprocal Act, OR you may have concurrent service with GARS and another system, OR you may not need the service to qualify for the maximum benefit.

You can calculate your maximum benefit by multiplying your current salary by 85%. This will allow you to compare your benefit with the maximum benefit.

We calculate benefits based on your salary prescribed by law on July 1, 2002, while service and contributions reflect amounts through June 30, 2002.

Although we make every effort to provide you with an accurate benefit estimate, it is only an approximation. For a more accurate estimate, or if you have questions, contact our office at 217-782-8500.

INSURANCE (continued from page 1)

need to request a new prescription from your doctor and send it to Caremark.

Q: How long does it take for my prescriptions to arrive by mail?

A: You can expect to receive your prescription within 14 days after Caremark receives your order.

Q: How do I check on the status of my order?

A: Check your refill order status at www.caremark.com or by dialing the Caremark toll-free number, 1-866-212-4751.

Caremark.com is available 24 hours a day, seven days a week.

Q: How should I ask my doctor to write my prescription to receive the maximum benefit from Caremark's Mail Service program?

A: Remind your doctor to write "90-day supply plus refills" when clinically appropriate, for maintenance medications that are purchased through Caremark's Mail Service Program. Caremark must fill your prescription for the exact quantity your doctor prescribes, up to your plan design limit.

GARS on the Web

<http://www.state.il.us/srs>

E-Mail: ser@mail.state.il.us

General Assembly Retirement System of Illinois

2101 South Veterans Parkway, P. O. Box 19255, Springfield, Illinois 62794-9255 • 217-782-8500

MEMBER'S NOMINATION OF BENEFICIARY(IES) FOR DEATH BENEFITS

This form is used to nominate the person or persons to receive any death benefit payable by the General Assembly Retirement System of Illinois. ***This is a legal document which, after preparation, may not be altered in any way by any person.*** A member desiring to change beneficiaries at a later date must complete a new Nomination of Beneficiary form. The form on file with GARS which has the most recent date-located next to the member's signature-will take precedence.

INSTRUCTIONS: Complete this form using ink or typewriter. You may nominate as many as you wish, or to your estate. If additional space is required, use additional sheets. Benefits will be paid on a ***survivor basis in the numerical order*** you indicate. Two or more persons with the same order number will receive equal shares. When this beneficiary nomination is accepted by the General Assembly Retirement System, an acknowledgment will be mailed to you.

NOTE: Persons nominated as beneficiaries without order numbers will be considered after those persons nominated with order numbers. Two or more persons nominated without order numbers will receive equal shares.

EXAMPLE

Order Number	Name	Address	Relationship
1	<u>John A. Doe</u>	<u>123 West Main, Chicago, IL 60601</u>	<u>Father</u>
2	<u>Jane B. Doe</u>	<u>123 West Main, Chicago, IL 60601</u>	<u>Mother</u>
3	<u>David C. Doe</u>	<u>123 West Main, Chicago, IL 60601</u>	<u>Brother</u>
3	<u>Nancy D. Doe</u>	<u>44 South 2nd, Springfield, IL 62708</u>	<u>Sister</u>
3	<u>Mary E. Doe</u>	<u>123 West Main, Chicago, IL 60601</u>	<u>Sister</u>
4	<u>Frank F. Smith</u>	<u>9876 E. 99th St., Peoria, IL 61605</u>	<u>None</u>

In the event the member dies while in state service, the benefit will be paid as follows:

1. All the money will be paid to John A. Doe.
2. If John A. Doe is not living when the member dies, all the money will be paid to Jane B. Doe.
3. If John A. and Jane B. Doe are not living when the member dies, the money will be divided equally among David C., Nancy D., and Mary E. Doe. (If only two of these three persons are living when the member dies, each will receive one-half of the money. If only one of these three persons is living when the member dies, he/she will receive all of the money.)
4. If John A., Jane B., David C., Nancy D., and Mary E. Doe are not living when the member dies, all the money will be paid to Frank F. Smith.
5. If none of the nominated beneficiaries are living when the member dies, all of the money will be paid to the member's estate.

Nominated Beneficiaries

Order Number	Name	Address	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

This form must be witnessed by two people who are not named as beneficiaries.

Member's Signature _____ **Date** _____

Member's Social Security Number _____ **Witness** _____

Member's Address _____ Address _____

_____ **Witness** _____

Address _____