



Insurance Responsibilities

The following is a list of your responsibilities as a retiree/survivor of the State of Illinois Group Insurance Program.

Robin Edgar is the GARS Group Insurance Representative at 217-785-6966. She should be notified **immediately** when a life event occurs that may affect your eligibility or your dependent's eligibility. If you are unsure if an event could affect your group insurance coverage, we strongly urge you to contact your GARS representative. Life changing events include the following:

- Birth/adoption of a child
- Marriage
- Divorce, legal separation, annulment
- Death of a spouse or dependent
- Changes in employment status that could affect eligibility
- Your dependent gets group insurance through their employer
- Your dependent no longer meets the eligibility requirements
- You gain or lose custody of a dependent through a court order

NOTE: When adding or dropping a dependent, proper documentation must accompany your request.

Please notify Robin Edgar **immediately** when you change your home address or you experience a change in your Medicare status or if another insurance plan becomes your primary plan.

Your Benefit Statement

Enclosed with this edition of the Solon is your annual Benefit Statement if **you are an active member of the General Assembly**. Your GARS Benefit Statement gives you a retirement benefit estimate based on your current actual salary.

Your Benefit Statement also shows any reciprocal service you may have, along with a retirement benefit estimate at your normal retirement date using the Reciprocal Act. 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 utilize 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. Although we make every effort to provide you with an accurate benefit estimate, it is only an approximation. If you have questions, contact our office at 217-782-8500.

Benefit Statements for retirees and survivors are NOT included with this Solon. These statements will be mailed in March, 2008. Only active members receive a statement with this mailing.

Keep Your Beneficiaries Current



Your named beneficiaries on file with GARS are located in the Death Benefits section of your Benefit Statement.

You may change your beneficiaries at any time by completing and filing a new Nomination of Beneficiaries form (*on the*

back page of this publication) with GARS.

It is your responsibility to keep your designations up-to-date. If no beneficiary is on file, any death benefit will be paid to your estate. It's possible that you could have three different sets of beneficiaries: GARS benefits, Group Life Insurance and Deferred Compensation.

Who Participates in Deferred Compensation?

Each year, the Deferred Compensation Program compiles a “participant profile” describing the characteristics of state employees within each agency since 1980. The latest report is based on the 2006 salary data from the Office of the Comptroller.



At the end of 2006, there were 177 active GARS members, and 65 are currently participating in the Deferred Compensation Program.

The average enrollee is a married man age 46, earning more than \$57,000 annually, who defers \$3,887 annually, and has amassed over \$45,000 in his account.

Also during 2006, 632 participants deferred the \$15,000 maximum, and another 1,746 utilized the age 50 “catch-up” which allows participants age 50 or more to defer \$20,000 in 2006.

There were also 156 participants who used the “special catch-up” provision to defer up to \$30,000 in 2006. On the flip side, there were 5,344 who received a distribution payment averaging \$9,837 annually.

CONCLUSIONS

The Deferred Compensation Program is experiencing increased enrollment again. From 1980 through 1993, the average age was decreasing from 52.8 to 44.5, but it is slowly rising again to 46.3 in 2006.

Positive feedback from retirees,

1-on-1 Counseling Schedule

The dates and locations for the remaining 1-on-1 counseling sessions in 2007 are listed below. We will ask the Court Administrator at each location to schedule 1-on-1 appointments for these members to meet with Jayne Waldeck from the GARS office.

September 20

Cook County Courthouse
Sixth Municipal District
Markham 10:30 a.m. - 12:30 p.m.

September 20

Cook County Courthouse
Fifth Municipal District
Bridgeview 2:00 - 3:00 p.m.

September 21

Cook County Courthouse
Third Municipal District
Rolling Meadows 9:00 - 11:00 a.m.

October 19

McDonough County Courthouse
Macomb 9:00 - 10:30 a.m.

October 19

Adams County Courthouse
Quincy 1:00 - 2:30 p.m.

November 29

Montgomery County Courthouse
Hillsboro 9:00 - 10:00 a.m.

November 29

Madison County Courthouse
Edwardsville 1:00 - 3:00 p.m.

November 30

St. Clair County Courthouse
Belleville 9:00 - 11:30 a.m.

December 12

New Judges' Orientation
Chicago Holiday Inn City Center

enrollment efforts by the liaisons, and educational efforts by CMS and GARS has resulted in more participation of GARS members and greater deferrals by our current enrollees.

Changing economic times and the trend in the investment industry to promote fund diversification resulted in 53% of our participants deferring into three or more funds. The Stable Return Fund now contains 20% of the Plan's monies, compared to 68% in 1990. The Columbia Acorn Fund contains 35% of the investments in the Plan, compared to just 11% in 1990.

If you are interested in more information regarding the Deferred Compensation program, call them at 217-785-1966.

Effective July 19, 2007, a survivor is not eligible to add newly acquired dependents to their group insurance coverage unless the dependent is the natural or adopted child of the deceased member.

Understanding Your Statement

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, 2006 using the following information:

If you are actively employed as a legislator, your annual Benefit Statement for the year ending June 30, 2007 is enclosed with this copy of The Solon. Your statement reflects your salary on July 1, 2007. If you have questions about your statement, call us at 217-782-8500.

At right is a SAMPLE statement highlighting the areas where members usually have the most questions.

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 the date shown on YOUR statement. Do not add reciprocal service to this amount.

The survivor benefit payable to a spouse is 66 2/3% of the earned benefit, or 7.5% of your final salary, whichever is greater.

Social Security # XXX-XX-1234 Date of Birth
03/20/1942

00163A
ACTIVE GAMEMBER
133 ANY STREET
ANY TOWN, IL 66666

Member Information

You have **18** 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 **6.00** months of leadership service. Leadership service can enhance your retirement benefit (see "final salary" on the reverse side).

Your total contributions are **\$8,411.29**. Your fiscal year contributions (July 1-June 30) are **\$6,555.44**. Your monthly prescribed salary as of July 1, is **\$4,777.66**. 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 **\$359.22** on **07/01/2006**.

Your monthly benefit earned and accrued as of **June 30,** is **\$359.22**, payable on **07/01/2006**.

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:

STATE EMPL RETIREMENT SYSTEM OF ILL 66.00 \$433.22
ILLINOIS MUNICIPAL RETIREMENT FUND 72.00 \$513.14
STATE UNIVERSITIES RETIREMENT SYS 144.00 \$1,234.56

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 with no qualified survivors, your named beneficiary or estate will receive your total contributions of **\$8,411.29**.

Your current beneficiaries are:

1 - BENEFICIARY A

1 - BENEFICIARY B

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

At a Glance

as of June 30, 2006

Member Information

Total Months of Service **18**
Leadership Service **6.00**
Total Contributions **\$8,411.29**

Retirement

Estimated Retirement Benefit **\$359.22**
Payable on **07/01/2006**



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

This form is to be used to nominate the person or persons to receive any death benefit payable by the General Assembly Retirement System of Illinois. A member desiring to change beneficiaries at a later date must complete a new Nomination Beneficiary form. The form on file with GARS that has the most recent date, located next to the member's signature, will take precedence.

INSTRUCTIONS: Complete this form using ink or type-writer. You may nominate one person, as many as you wish, or your estate. 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 the current address on file with GARS.

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

EXAMPLE

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

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

- All the money will be paid to John Doe.
- If John Doe is not living when the member dies, all the money will be paid to Jane Doe.
- If John and Jane, Doe are not living when the member dies, the money will be divided equally among David, Nancy, and Mary Doe. (If only two of these three persons are living when the member dies, each will receive one half of the money and if only one of these three persons is living when the member dies, he/she will receive all of the money.)
- If John, Jane, David, Nancy, and Mary Doe are not living when the member dies, all the money will be paid to Frank Smith.
- 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 _____