



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

217-782-8500
Email: gars@srs.illinois.gov

Retirement Application - Tier 1

Please print or type

Member information

Name (Last, first, middle)

Effective date of your retirement
(MM/DD/YY)

Address (Street, City, State, Zip)

Phone number

SSN (last 4) or Member ID

Date of Birth

(H)

(C)

Email address

Birth Certificate required

Yes No

GARS last service date

Reason for termination

Expiration of term Resignation Permanent disability

Dependents

Current marital status (select one)

Single Divorced Widowed Married – Date of marriage or civil union: Month ____ Day ____ Year ____

If currently married, name of spouse: _____ Spouse's date of birth _____

List all minor children, even if not living with you (including step children) under age 18, under age 22 if a full-time student and/or over age 18 who are physically or mentally disabled.

Name	Relationship	Date of Birth	Disabled
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you made contributions to the survivor's benefit as an active participant and are single with no dependents or have been married less than one year, would you like a refund of survivor contributions?

This is your final opportunity to apply for the refund.

Yes No

If you receive a refund of your survivor contributions, survivor benefits are not payable at the time of your death.

Legal history

Were you ever convicted of a felony related to, arising from or in connection with your service as a member of GARS?

Yes No

Permanent disability retirement

Complete this section only if your application is for permanent disability retirement.

I became permanently disabled from service as a member on _____ and, as a consequence, am unable to perform the duties of my office.

Nature of the disability: _____

Attending physicians:

Name	Address
_____	_____
_____	_____

Reciprocal service

Do you have service credit in any of the following systems? Yes No

If yes, please check only the system(s) you wish to include when having your reciprocal benefit calculated. *You must apply with all systems when you apply for a reciprocal retirement.*

- | | |
|--|--|
| <input type="checkbox"/> Chicago Teachers' Pension Fund | <input type="checkbox"/> Metropolitan Water Reclamation District Retirement Fund |
| <input type="checkbox"/> County Employees' Annuity & Benefit Fund of Cook County | <input type="checkbox"/> Municipal Employees' Annuity & Benefit Fund of Chicago |
| <input type="checkbox"/> Forest Preserve District Employees' Annuity & Benefit | <input type="checkbox"/> Park Employees' Annuity & Benefit Fund of Chicago |
| <input type="checkbox"/> Illinois Municipal Retirement Fund | <input type="checkbox"/> State Employees' Retirement System |
| <input type="checkbox"/> Judges' Retirement System | <input type="checkbox"/> State Universities Retirement System |
| <input type="checkbox"/> Laborers' Annuity & Benefit Fund of Chicago | <input type="checkbox"/> Teachers' Retirement System |

By signing below, I certify this information is correct and that I am aware that knowingly making a false statement or falsifying a record in an attempt to defraud GARS is a class 3 felony. I understand that if the GARS Board of Trustees has a reasonable suspicion that an attempt has been made to defraud GARS, it is required to report the matter to the appropriate State's Attorney for investigation.

Member signature _____ Date _____

Return completed application to:

General Assembly Retirement System
2101 S. Veterans Parkway
P.O. Box 19255
Springfield, IL 62794-9255

Or fax to 217-524-9039

Email not accepted.