



NONOCCUPATIONAL DISABILITY BENEFIT APPLICATION PACKET

STATE EMPLOYEES' RETIREMENT SYSTEM OF ILLINOIS



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

217-785-7444
Email: sers@srs.illinois.gov

Nonoccupational Disability Fact Sheet

Disability and Social Security Benefits

You may be eligible for Social Security (SS) disability benefits if your disability lasts more than 12 months. SERS contracts with a firm specializing in assisting members through the SS disability application process.

If your case is not accepted by the firm and you remain disabled for more than 12 months, you must directly apply for SS disability benefits to the Social Security Administration (SSA). SERS reduces your benefit by the amount you receive for SS disability.

There are specific rules around your benefit if you are approved for SS disability benefits. Contact us as soon as possible if you are approved.

Working while disabled

You can work outside of state government and earn up to the calendar quarterly earnings limitation without disrupting your disability benefit. If you exceed the earnings limitation, you may not be eligible for benefits and you will need to pay the difference in the earnings and the limitation to SERS.

During your disability, you may be contacted regarding your disability, current medical treatment and other daily activities. You may also be asked to undergo an independent medical examination. Your cooperation is vital to the disability investigation process to ensure your benefit is not interrupted.

Nonoccupational disability benefits are available to state employees who are disabled from non-work-related causes and have met the eligibility requirements.

Eligibility

In order to qualify for nonoccupational disability you must have:

- 18 months of creditable service with SERS (Teachers' or State Universities Retirement Systems' service credit can also be used to establish 18 months with SERS).
- Used all accrued sick days.
- Been granted a medical leave of absence from your agency.
- Submitted a medical report to our office by a licensed medical professional.
- SERS find you disabled from performing your assigned job duties.

Benefits start to accrue 31 days after your absence from work, or the day after you were last paid, whichever occurs last. The benefit for Tier 1 members (individual who became a member of SERS or a reciprocal system before 1/1/11) is 50% of your monthly salary in effect on the date you last receive wages from your employer, or your final average compensation, whichever is higher. The benefit for Tier 2 members (individual who became a member of SERS or a reciprocal system after 12/31/10) is 50% of your final average compensation.

You will continue to receive your benefit until one of the following:

- Your disability has ended.
- You return to work or become gainfully employed.
- Your disability payments have been made for a period of time equal to half of your earned service credit.
- If your benefit begins *before* age 60, it will cease at age 65.
- If your benefit begins *at* age 60 or older, it will cease after five (5) years, subject to the one-half service credit limitation.
- You fail to cooperate with SERS.

Every January and July a new medical form is sent to you, which must be completed by your provider. You are not required to have an exam if you've seen your provider within the last two months, however your provider must still complete the form, attach the most recent exam notes and return to SERS. You will also receive a Certificate of Disability form, which must be completed and returned to SERS within 60 days of receipt.

Call SERS at 217-785-7444 if you have questions or need assistance with your disability benefit.



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Nonoccupational Disability Checklist

All of the following must apply:

- You must be granted a medical leave of absence from your employing agency
- You must use all accumulated sick time
- You must be deemed disabled by SERS from performing your job duties
- You must complete a 30-day waiting period beginning on your last day worked (sick time and vacation time can be used to fulfill this requirement)

Required forms/documents:

- A completed Disability Benefit Application (Form 3924)
- A photocopy of your birth certificate, if not already on file (see Form 3928)
- A signed Release of Information Authorization (Form 3934)
- A completed Nonoccupational Disability Medical Report (Form 3114)
- If age 66 or older, a Social Security Administration (SSA) retirement annuity form
- If receiving SSA disability benefits, a copy of the SSA disability benefit award letter

SERS will contact your agency regarding your payroll information and job description. Your agency cannot complete the required information until a medical leave of absence is granted.



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Nonoccupational Disability Benefit Application

Please print or type

Member information

Name SSN (last 4) or Member ID

Address (Street) Phone number

(City, State, Zip) (H)

Email address (W)

(C)
Date of Birth

Disability information

1. Title of your position _____
2. Date disability began (MM/DD/YY) _____
3. Date ceased work (MM/DD/YY) _____
4. Granted a medical leave of absence? Yes No
5. Returned to work? Yes No
6. Date returned to work (MM/DD/YY) _____
7. Date expected to return to work (MM/DD/YY) _____
8. Describe accident or illness that caused disability: _____

9. Have you applied for a Social Security Benefit? Yes No
10. Are you currently receiving a Social Security Benefit? Yes No
11. If yes, indicate benefit type _____
12. Name and complete address of licensed medical professionals who have treated you for this disability: _____

13. Name and address of hospital to which you were admitted for this disability: _____

14. Dates of hospital stay, from: _____ to _____
15. Have you ever been a member of the State Universities Retirement System of Illinois? Yes No
16. Have you ever been a member of the Teachers' Retirement System of Illinois? Yes No

17. Nonoccupational disability benefits and temporary disability benefits are subject to federal income tax withholding in accordance with federal withholding tables, unless you elect not to have taxes withheld. These benefits are exempt from Illinois income tax. As part of the application process for these benefits, you need to complete the income tax withholding information below.

You may elect not to have a withholding taken, or to have a withholding taken at any level. If you do not indicate a preference for withholding, SERS must withhold at the rate for a married person with three exemptions. You may change your withholding or discontinue withholding at any time.

Federal income tax withholding for disability payments

1. I elect **not** to have income tax withheld from my disability benefit. (Do not complete line 2 or 3.)
2. I want my withholding from each periodic disability payment to be figured using the number of allowances and marital status shown. (You may also designate an additional dollar amount on line 3.)
(Enter number of allowances)
- Marital status: Single Married Married, but withholding at a higher single rate
3. I want the following additional amount withheld from each disability payment. *Note: For periodic payments, you cannot enter an amount here without entering the number (including zero) of allowances on line 2.* \$
-

Read and initial each section and sign below

_____ I authorize SERS to have a representative review my file for the purpose of evaluating the eligibility of qualifying for disability benefits from the Social Security Administration (SSA), and which a representative may contact me concerning the filing of such a claim. If I am receiving disability benefits or I am eligible for a retirement annuity from SSA, I understand that SERS will offset that amount from my SERS benefit. ***If I receive a SSA retroactive disability award, this will create an overpayment of SERS disability benefits which I will have to pay back to SERS. I will contact SERS as soon as I receive either benefit from SSA.***

_____ I also authorize the exchange of information with licensed medical professionals performing independent medical consultations. I also agree to permit SERS to furnish medical documentation to the appropriate agency for the purpose of documenting my leave status.

_____ I hereby certify that I have not been gainfully employed during the time I am claiming disability. I will notify SERS immediately when my disability ceases; or when I return to state employment; or when I accept other gainful employment. I authorize SERS to apply any future disability benefits, pension benefits, death benefits or refund of contributions to any excess disability benefit I may have received until the excess disability benefit is repaid in full.

_____ I understand that my failure to reimburse SERS from the proceeds of a retroactive SSA disability award will result in SERS withholding the entire amount of future disability checks until this overpayment is paid in full.

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 SERS is a class 3 felony. I understand that if the SERS Board of Trustees has a reasonable suspicion that an attempt has been made to defraud SERS, it is required to report the matter to the appropriate State's Attorney for investigation.

Member signature _____ Date _____

Name _____

SSN (last 4) or Member ID _____



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Birth Certificate Notice

We need a copy of your birth certificate to complete your record. Please write the last four digits of your social security number or your member ID on the copy you provide. It does not need to be a certified copy.

Any member applying for a retirement annuity, survivor's annuity or any disability benefit must submit a copy of their birth record issued by the state/county of birth as proof of your birth date.

If you do not have a copy of your birth certificate, it will be necessary that you obtain a copy from the state/county in which you were born.

If no record exists, you must submit a signed affidavit from the state/county certifying that no birth record exists. Along with the signed affidavit, the following documents may be submitted for consideration of proof of birth date:

- Military records;
- Marriage record showing date of birth;
- Evidence of Social security payments that require you to reach a specific age;
- Church record of birth or baptism;
- Valid passport;
- Valid driver's license; or
- Two or more documents showing date of birth, such as naturalization papers, insurance policies, school or medical records.

If none of the above documents are available, an affidavit from a parent, adult sibling or relative having knowledge of your date of birth may be considered. If you need information on where to contact for your birth record, please contact our office at 217-785-7444.

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Release of Information Authorization

I authorize any licensed medical professional, hospital, insurer, the Social Security Administration or another organization have any records, data or information concerning me to furnish such records, data or information to the State Employees' Retirement System of Illinois (SERS).

The type of information to be disclosed includes the patient's entire medical record, employment record (including salary postings) or a record of all benefit payments.

I understand that the information being disclosed may include information relating to sexually transmitted disease, acquire immunodeficiency syndrome (AIDS) or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, treatment for alcohol and drug abuse and generic health information from medical records.

The information for which I am authorizing disclosure will be used for establishing eligibility for disability benefits from SERS.

I understand that I have a right to revoke this authorization at any time. I understand that if I revoke this authorization, I must do so in writing. I understand that the revocation will not apply to information that has already been released in response to this authorization.

This authorization will expire 12 months from the date of signature listed below, unless otherwise revoked.

I understand that once the above information is received, it may be disclosed by the recipient pursuant to evaluating my continued eligibility for disability benefits, and may no longer be protected by federal privacy regulations. SERS is not liable for any consequences of such redisclosure.

I understand that authorizing the use or disclosure of the information identified is mandatory to establish my eligibility for disability benefits.

Name	SSN (last 4) or Member ID
_____	_____
Address (Street)	Phone number
_____	(H)
(City, State, Zip)	(W)
_____	(C)
Email address	Date of birth
_____	_____

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 SERS is a class 3 felony. I understand that if the SERS Board of Trustees has a reasonable suspicion that an attempt has been made to defraud SERS, it is required to report the matter to the appropriate State's Attorney for investigation.

Signature _____ **Date** _____

Witness* _____ **Date** _____

**Must be age 18 or older.*



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Nonoccupational Disability Medical Report

The employee named below has applied for disability benefits from the State Employees' Retirement System. Please complete and return this form using the contact information above. The employee's eligibility for benefits cannot be determined until we receive this information. ***This form is acceptable only if completed by a licensed healthcare professional.***

Employee information

Name _____ Date of birth _____

SSN _____

Medical information

Diagnosis and concurrent conditions: _____

Current symptoms: _____

Pregnancy: (Expected delivery date) _____ Delivery was: Vaginal delivery Cesarean Section

Please list results of appropriate diagnostic studies: _____

Nature of treatment and dates: (Enclose a copy of your office records if more convenient) _____

Onset date of disability: _____ Date the patient's impairment kept them from working? _____

Is the patient still under your care for the diagnosis listed above? Yes No

Date patient is released to return to work: _____

Restrictions: _____

By signing below, I certify this information is correct. I am aware that, under the Illinois Pension Code (40 ILCS 5/1-135), any person who knowingly makes any false statement or falsifies or permits to be falsified a record in an attempt to defraud SERS is guilty of a Class 3 felony. I understand that, if the SERS Board of Trustees has a reasonable suspicion that an attempt has been made to defraud SERS, it is required to report the matter to the appropriate state's attorney for investigation.

The above named individual appeared before me for medical examination. The diagnosis, treatment and remarks are my professional opinion.

Printed name _____ Date _____

Signature _____ Specialty _____

License/NPI Number _____ Phone _____

Address _____ Fax _____



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Return to Work Notice

As stated and initialed on your signed disability benefit application, it is your responsibility to notify SERS of your return to work date. SERS disability benefits cease on the day prior to your return to work and it is imperative you report your return to work in a timely manner.

Failure to report your return to work timely will result in the overpayment of disability benefits that must be repaid to SERS immediately, or will lead to payroll deductions.

Please contact the SERS Call Center at 217-785-7444 or send an email to SERS@srs.illinois.gov to timely report your return to work and avoid an overpayment. The release from your healthcare professional should be provided to your agency.

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Gainful Employment Notice

While receiving a disability benefit from SERS, you may not work for the State of Illinois in any capacity.

While receiving a disability benefit from SERS, you may earn up to \$3,660 in gross income per calendar quarter from other employers.

Gross income, which also includes self-employment income, over \$3,660 per calendar quarter will result in the suspension and/or termination of your SERS disability benefits. This also impacts your access to group healthcare insurance and other group insurance benefits.

All disability recipients complete a continuous recertification process where SERS reviews information provided by the Illinois Department of Employment Security. SERS reviews and investigates disability claims continually to minimize fraudulent benefits and claims.

Please be aware that knowingly making a false statement or falsifying a record in an attempt to defraud SERS is a class 3 felony. If the SERS Board of Trustees has a reasonable suspicion that an attempt has been made to defraud SERS, it is required to report the matter to the appropriate State's Attorney for investigation.

Failure to report outside employment and quarterly income above \$3,660 may be considered an attempt to defraud SERS.

If you have any questions about gainful employment, please call the Call Center at 217-785-7444 or send an email to SERS@srs.illinois.gov.



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Coordination of Social Security Administration (SSA) Benefits

If you are receiving disability benefits or a retirement annuity from the SSA, please contact SERS immediately if you have not done so already.

In accordance with the Illinois Pension Code, the original monthly gross disability benefit you receive from SERS must be reduced by any monthly benefit you receive from a SSA disability benefit or SSA retirement annuity.

As stated and initialed on your signed disability benefit application, it is your responsibility to notify SERS if you receive a SSA retroactive disability award. If a portion of the award coincides with a period of time you were also paid SERS disability benefits, you have been overpaid. Any overpayment owed to SERS must be repaid immediately, or will lead to benefit and/or payroll deductions.

Failure to comply could result in SERS applying your full benefit payments towards the overpayment. If you are no longer on a SERS benefit, all legal means available will be used to recover the amount due, including but not limited to, withholding of future benefit payments or refunds and involuntary withholding orders.

During the first year you receive SERS disability benefits, you will be contacted by the Disability Section to assist you in filing for SSA disability benefits. This is required if you remain disabled on a SERS benefit beyond 12 months.

Please be aware that knowingly making a false statement or falsifying a record in an attempt to defraud SERS is a class 3 felony. If the SERS Board of Trustees has a reasonable suspicion that an attempt has been made to defraud SERS, it is required to report the matter to the appropriate State's Attorney for investigation.



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Unreduced Social Security Pension Estimate

To be completed if you are currently age 66 or greater

Member information

Name	Phone number
_____	(H) _____
Address (Street)	(W) _____

<i>(City, State, Zip)</i>	SSN
_____	_____
Email address	

I hereby authorize the Social Security Administration to furnish the information requested below to the State Employees' Retirement System of Illinois (SERS). This information is required to calculate benefits payable to me by SERS.

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 SERS is a class 3 felony. I understand that if the SERS Board of Trustees has a reasonable suspicion that an attempt has been made to defraud SERS, it is required to report the matter to the appropriate State's Attorney for investigation.

Member signature _____ **Date** _____

Social Security Administration only

Please complete this form based on the workers' record for unreduced retirement benefits he/she would be eligible to receive on the date indicated below.

Unreduced Social Security retirement benefits as of _____ **would be** _____.

Signature _____ **Date** _____

Title _____ **District Office** _____

Send information to:

State Employees' Retirement System
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Payroll Deduction for Optional Service Credit

If you are purchasing optional service credit through payroll deduction, please note that this deduction will cease while you are off the payroll.

Upon returning to work, it is your responsibility to contact your agency's payroll officer immediately to set up a "catch up" schedule. One option is to double the payroll deduction for the number of pay periods that deductions were missed. *(Ex: For 8 deductions of \$15.00 missed payments, the agency may deduct \$30.00 for 8 deductions to catch up the payments.)*

If the payroll deduction agreement ends before you return to work, you will be billed by SERS for the balance due.

Note: *Due to the IRS regulations, the agreement due date cannot be extended for any reason if the payment is being made on a tax-deferred irrevocable payroll deduction basis.*