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## Request to Establish Optional Service Credits

### Member information

Name (Last, first, middle)

SSN

Address (Street)

Phone number

(City, State, Zip)

(H)

(W)

Other name(s) (as shown on payroll at time of any state employment)

Date of birth

Planned retirement date

Please check the appropriate box and complete the requested information based on the type of service credit for which you may be interested in purchasing.

**Qualifying and/or Short Periods**

- A qualifying period is the 12 months of employment preceding date of membership (prior to 1/1/1972) or 6 months for a person entering state service between 1/1/1984 through 11/30/2010. (Qualifying periods ceased effective 12/1/2010.)
- A short period is an intermittent period of service when you did not exceed a qualifying period and for which no retirement deductions were deducted from your pay.

**Beginning date of employment:**

Month

Year

Agency/Department

_____	_____	_____
_____	_____	_____
_____	_____	_____

**Leave of absence(s)**

- Period(s) of less than one year spent on an authorized leave of absence from service, provided that the period of leave began on or after January 1, 1982 and any credit established by the member for the period of leave in any other public employee retirement system has been terminated. Taking a leave of absence can diminish both service credit and earnings credit, and both can be reestablished through this optional service purchase.

**Dates of Leave of Absence(s)**

From

To

Agency/Department

Month

Year

Month

Year

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Repayment of refund(s)**

- After establishing at least two years of contributing service, subsequent to refund, in either SERS or reciprocal retirement system, an employee may choose to repay all or a portion of their refund. An employee repaying a partial refund may choose to repay all or part of the unpaid portion later, prior to retirement.

Date(s) of refund		Date returned to work		Agency/Department or Reciprocal system
Month	Year	Month	Year	
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

- I wish to repay my entire refund.
- I only wish to repay a portion of my SERS refund: \_\_\_\_\_ whole months.

**Military service** – Attach a copy of Form DD-214 or appropriate separation or discharge papers verifying active duty for military service credit. The form MUST indicate the type of separation (i.e. honorable discharge). A member may purchase up to 48 months of active duty military service.

**Internships**

- The following are eligible for optional service purchase:
  - Illinois Legislative Staff Internships Program (ILSIP) Month/Year \_\_\_\_\_ to Month/Year \_\_\_\_\_
  - Government Public Service Internship Program (GSPI) Month/Year \_\_\_\_\_ to Month/Year \_\_\_\_\_

**Method of payment**

You do not have to decide now, but there are several methods of payment available, depending on your current status:

- Lump sum
- Direct pay installment option (minimum \$20 per payment)
- Post-tax payroll deduction installment option (minimum \$10 per pay period)
- Tax-deferred irrevocable payroll deduction option (minimum \$10 per pay period)
- Tax-deferred lump-sum sick and vacation payment
- Deferred compensation transfer (account must have enough funds to cover the total amount due)

*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** \_\_\_\_\_