



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

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

STUDENT RECERTIFICATION/DECERTIFICATION FOR SURVIVOR ANNUITY

Deceased Member's Name

Deceased Member's SSN
(last 4) or Member ID

STUDENT DECERTIFICATION

I, _____, am no longer unmarried, under the age of 22, or a full-time student.
Survivor

_____ Date

_____ Signature

_____ Date of Birth

STUDENT CERTIFICATION

I, _____, hereby certify that I am unmarried, under the age of 22, and a full-time
Survivor
student at _____ for the school term beginning _____.
School Month/Year

In accordance with the policy of said school, I authorize said school to release any records or information necessary to verify my student status to the State Employees' Retirement System (SERS). If for any reason, I am no longer a full-time student or become married, I will notify SERS immediately.

I certify this information is correct. I am aware that pursuant to the 40 ILCS 5/1-135 any person who knowingly makes a false statement or falsifies a record in an attempt to defraud SERS is guilty of 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.

_____ Date

_____ Signature

_____ Date of Birth

_____ Email

_____ Telephone

SCHOOL CERTIFICATION

Affix the school seal to this form. If not affixed, certification must be completed on official school letterhead.

I hereby certify the above-named student is a full-time student in accordance with the current rules in effect for the school term beginning _____.
Month/Year

_____ Authorized Signature

_____ Date

_____ Telephone

_____ Title

_____ School