



Statement of Applicant's SURS Annuity Status

The Illinois General Assembly enacted a "Return to Work" law, [40 ILCS 5/15-139.5](#), effective August 1, 2013, requiring state universities to ascertain the retirement status of current and prospective employees as related to coverage by the State Universities Retirement System (SURS). Northeastern Illinois University (NEIU) needs this form completed by all prospective employees to comply with this law.

Are you a SURS annuitant (i.e., receiving monthly payments directly from the State Universities Retirement System) based on your own retirement record (i.e., annuitant status is **not** based on SURS survivor benefits or SURS disability benefits)? Yes No

Please note: if you received your entire payment from SURS in a lump-sum, or if you retired under the Self-Managed Plan (SMP), you are NOT an affected annuitant under this law.

(If yes, please go on to the LEFT portion below.)

(If no, please go on to the RIGHT portion below.)

1. Please provide your social security number.
2. If retired before age 60, please provide your current monthly annuity amount.
3. Please indicate any other SURS-covered employment beginning on or after August 1, 2013. (Use separate sheet.)

Please read and complete the bottom of this form to affirm your compliance with this statement of your SURS annuitant status.

I certify that, to the best of my knowledge, the information provided to Northeastern Illinois University (NEIU) on this form is true and complete as of the undersigned date. I authorize NEIU to investigate my annuitant status via the State Universities Retirement System (SURS), including earnings and employment status at other SURS-covered employers. I understand that false answers, statements, or omissions of any/all information requested herein shall be considered sufficient grounds for disqualification for, and/or immediate termination of, employment. I acknowledge that I am legally competent and an adult over age 18.

If I accept additional employment with a SURS-covered employer, I will notify NEIU in writing within ten calendar days of accepting said employment.

Completion of this form does not indicate any open position or positions at NEIU, SURS, or any institution or agency served by either; nor does it constitute an offer of employment or obligate an institution or agency to offer such.

Name (please print)

Date

Signature

Please provide this completed form with your application to be considered for employment at NEIU.