S·U·R·S
STATE UNIVERSITIES RETIREMENT SYSTEM

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# Election to Make Contributions for Military Leave Under 40 ILCS 5/15-157(d) in Accordance with USERRA of 1994

*This form may be used by a SURS member in the event that the USERRA mandated payment deadline may be difficult to meet, either due to a short period of Military Leave or by delayed or late documentation from the member or SURS-covered employer. Employers should not use this form, but instead submit a Report of Status reporting the leave.*

The calculation section below may be used to **estimate** the amount of contributions due for the period of the Military Leave and remit them to SURS in advance of the documentation. The form should be signed, dated, and returned to SURS along with the payment. This advance payment method may only be made using after-tax dollars.

I, _____, hereby elect to exercise my rights under Uniformed Services
Print Name Here
Employment and Reemployment Rights Act of 1994 (USERRA), as allowed under section 5/15-157(d) of the Illinois Compiled Statutes. By signing this document and remitting payment, I certify that the character of service for this period is honorable. **(Please enclose a copy of military form DD214 or similar documentation for verification of the period of military service.)**

**Calculating the Forfeited Earnings and Contributions Due for Military Leave**

_____ through _____
Leave Period Begin Date  Leave Period End Date

| | | |
|---|---|---|
| Weekly or Monthly Rate of Pay on the Date Leave Began | (A) | |
| Number of Weeks or Months of Leave (whole or fractional) | (B) | |
| Unreduced Forfeited Earnings | (C) | Multiply (A) times (B) |
| Military Differential Pay Received from Employer | (D) | |
| Total Earnings Forfeited During Leave Period | (E) | Subtract (D) from (C) |
| SURS Contribution Rate *(8.0% for Academic & Staff or 9.5% for Police/Fire)* | (F) | |
| Amount Due for Entire Leave Period | (G) | Multiply (E) times (F) |

I understand that I may make contributions to SURS for all or any portion of the leave period. I have elected to pay $ _____ at this time. Enclosed, please find my personal check or money order in that amount made payable to STATE UNIVERSITIES RETIREMENT SYSTEM.

The actual amount due for the Military Leave period indicated will be determined by SURS upon receipt of leave information from my SURS-covered employer(s) and will be calculated in accordance with USERRA and under the rules set forth in 80 Ill. Adm. Code Section 1600.240. I understand that any overpayments that are discovered after the receipt of the required documentation will be refunded to me without interest. If the leave period is discovered to be underpaid, I will be billed for the difference **only** if the USERRA payment period has not expired. If it has expired, SURS will post only those funds received for payment on or before the expiration date.

| _____ | _____ | _____ |
|---|---|---|
| SURS Member ID# or S.S. # | Signature | Date |