

APPLYING FOR INSURANCE  
under the  
Retirement Savings Plan (RSP)



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State Universities Retirement System of Illinois  
Information and Applications

Welcome to retirement!

The State Universities Retirement System (SURS) is committed to assist you through the retirement process for an easy transition to a new and exciting chapter of your life.

MyBenefits is available to assist you with insurance coverage questions and enrollment processing. Their website is customized to your specific eligibility requirements in order to make your enrollment process as simple as possible. Members without computer access can contact their service center staff for assistance over the phone Monday – Friday 8:00 a.m. – 6:00 p.m. CST, toll free at 1-844-251-1777 or TTY toll free at 1-844-251-1778.

To access the MyBenefits website you must first submit your retirement application to SURS. Your application will be reviewed for insurance eligibility. After eligibility has been determined, you will receive a notification from MyBenefits informing you to access the site to complete your enrollment. Once you have received notification from MyBenefits, you will be **required** to login to the website or contact the service center to complete your enrollment of insurance coverage at retirement.

The website ([mybenefits.illinois.gov](http://mybenefits.illinois.gov)) will allow you to:

- Register
- Make changes to your insurance at retirement, during open enrollment periods, or changes due to qualifying events (such as adding or terminating dependents, enrollment or termination of plans, etc.).
- View plans, premium costs, and other information.
- Use tools to determine the best plan available to you and your family.
- Download forms and upload forms that are required to make your desired changes.

Changes to your place of residence, Power of Attorney/Guardianship paperwork or questions concerning your retirement information, retirement check and other deductions should be directed to SURS at 800-275-7877.

If you elect to enroll in the State of Illinois Program or the College Insurance Program, M " will bill you for your premium. Your payment options will be to remit your monthly payment by check or EPay. For more information about payment options please visit [mybenefits.illinois.gov](http://mybenefits.illinois.gov) or contact their service center staff for further assistance, Monday – Friday 8:00 a.m. – 6:00 p.m. CST, toll free at 844-251-1777 or TTY toll-free at 844-251-1778.

Congratulations on your retirement.

## UNIVERSITY EMPLOYEES ONLY

To retain eligibility for health insurance now and any time in the future if using the LIS option, you must authorize SURS to convert at least 50% of your LIS account balance to income. For any funds not in the LIS option, you must take your distribution in the form of a lifetime annuity to receive health insurance after you retire. If your account balance is not sufficient to pay a monthly benefit, you will not be eligible for health insurance. Employees of the City Colleges of Chicago are exempt from this requirement.

You must choose a Joint Benefit for your spouse or eligible survivor to remain eligible for insurance at your death.



This image appears on each STATE form.

### State of Illinois Insurance

Pages 3-4 pertain to members of the State Group Health Plan. To be eligible for this plan, you must have at least five years of service credit with a state university or an agency of the state of Illinois (for example, Dept. of Corrections). Note: Community Colleges are not state agencies.

## MEDICARE INFORMATION

Members and/or dependents under any form of state health insurance who turn 65 OR retire on or after July 1, 1992, and are eligible for premium-free Part A of Medicare, will have their state medical benefits reduced if they do not enroll in Part B of Medicare.

To avoid additional out-of-pocket claim costs, we strongly suggest you enroll in and retain Medicare Part A and Part B for yourself and eligible dependents. Please submit a copy of your Medicare card showing dates of coverage for yourself and each eligible dependent.

If you have received notice from Social Security that you and/or your dependents are not eligible for premium-free Medicare Part A, send a copy of that notice to SURS along with your retirement application.

If enrolled, Medicare will become your primary insurance at retirement. Your state insurance will act as a secondary insurance to Medicare.

If you have any questions regarding Medicare, contact the Medicare COB Unit at 1-800-442-1300 or 217-782-7007.

### ATTENTION: STATE OF ILLINOIS GROUP INSURANCE PROGRAM PARTICIPANTS

On Jan. 13, 2012, Public Act 097-0668 was signed into law. This law requires that all retirees must complete and return a State of Illinois Group Insurance Program Participation Election Form to the State Universities Retirement System (SURS).

Please complete, sign, and return the following form to SURS along with your retirement application to avoid a delay in your enrollment in the State Insurance Program. Failure to return this form within 30 days of your annuity begin date could result in the termination of your State Insurance Program participation.

This law does not apply to the College Insurance Program. If you are enrolled in the College Insurance Program, you do not need to complete this form.

Submit completed form to:



1901 Fox Drive  
Champaign, IL 61820  
800- 275-7877 or 217-378-8800

## State Employees Group Insurance Program – Participation Election Form

**NOTICE: COMPLETION OF THIS FORM IS REQUIRED.** It must be returned to the State Universities Retirement System (SURS) office in order to establish your eligibility on the MyBenefits website.

Eligible members who have completed the vesting requirement of qualifying service as a Tier I or Tier II employee may elect to participate in the State of Illinois Group Insurance Program at the time of their retirement. Participation in the state health/dental program is **optional**.

Eligible members electing not to participate in the state health/dental program are eligible to participate at a later date by enrolling during the annual open enrollment period or upon experiencing a qualifying change in status event that allows a member to enroll. Members will still be eligible for and enrolled in the state life insurance program through MyBenefits.

Additional information regarding the Opt Out with Financial Incentive Program and Annuitant Waiver option can be found in the State of Illinois Retiree, Annuitant and Survivor Benefits Handbook.

**Make one election:**

- I **elect** to participate in the State Employees Group Insurance Program.
- I **do not elect** to participate in the State Employees Group Insurance Program at this time. I understand I will be enrolled with life insurance coverage only.
- Annuitant Waiver** – I am currently enrolled **as a dependent** on my spouse’s or civil union partner’s **state-sponsored** health, dental, and vision insurance coverage **for at least one year**. Therefore, I qualify to remain on my spouse’s or civil union partner’s state insurance as a dependent. I understand that the only coverage I will be enrolled in as an annuitant (member) will be life insurance coverage.
- Opt Out with Financial Incentive Program** – I am interested in opting out of the State of Illinois Group Insurance Program and wish to enroll in the Opt Out with Financial Incentive Program. I am not eligible for or enrolled in Medicare AND currently hold private health insurance coverage. Enrolling in the Financial Incentive Program, I will receive \$150 per month (*less than 20 years of service*) or \$500 per month (*20 or more years of service*). I understand I will be enrolled with life insurance coverage only. Please send me the Financial Incentive packet.

**If you have chosen the Opt Out with Financial Incentive program option, SURS will review your file for eligibility prior to enrollment. In some cases, members may not be eligible for the program and another election would be required. In case you are deemed ineligible for the program, please also make one of the below elections:**

- I alternatively **elect** to enroll in the State Employees Group Insurance Program.
- I alternatively **do not elect** to participate in the State Employees Group Insurance Program.

Your insurance premiums will be billed directly by MyBenefits.

\_\_\_\_\_  
Member Name (Print)

\_\_\_\_\_  
Member ID

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date