Teachers' Retirement System of the State of Illinois
2815 West Washington, P.O. Box 19253
Springfield, Illinois 62794-9253
(800) 877-7896
TDD (217)753-0329

*Retirement Security for Illinois Educators*

# Member Information and Beneficiary Designation

**Member Information** *(Print or type.)*

| Last name | First name | Middle initial | Maiden name | Social Security number |
|---|---|---|---|---|
| Street address | | | | Date of birth |
| City and state | | | | ZIP code |
| Home telephone number ( ) | Work telephone number ( ) Work extension number | | | Cell phone number ( ) |
| Gender ☐ Male ☐ Female | E-mail address | | | |
| ☐ Member of another Illinois public employee retirement system (specify system's name) _____ | | | | |

**If the automatic designation is selected, do not complete parts A and B. If automatic designation is not selected, you must complete both parts A and B.**

☐ **Automatic Designation**

In lieu of designating primary beneficiaries, or both primary and alternate beneficiaries in Parts A and B, I elect that my dependent beneficiaries, as determined at my death, receive a refund of any accumulated contributions and survivor benefits. If no dependent beneficiary survives, benefits will be paid to my estate.

**Part A** Beneficiary Refund

| Part A – Primary Beneficiaries | | | |
|---|---|---|---|
| First name | Last | Date of birth | Relationship |
| | | | |
| | | | |
| | | | |
| | | | |

| Part A – Alternate Beneficiaries | | | |
|---|---|---|---|
| First name | Last | Date of birth | Relationship |
| | | | |
| | | | |
| | | | |
| | | | |

**Part B** Beneficiaries for Survivor Benefits

| Part B – Primary Beneficiaries | | | |
|---|---|---|---|
| First name | Last | Date of birth | Relationship |
| | | | |
| | | | |
| | | | |
| | | | |

| Part B – Alternate Beneficiaries | | | |
|---|---|---|---|
| First name | Last | Date of birth | Relationship |
| | | | |
| | | | |
| | | | |
| | | | |

*If additional space is required, attach a separate sheet that indicates the following: Either Part A or B, type of beneficiary (primary or alternate),the first and last name of each beneficiary, and the date of birth and relationship of each beneficiary. Include your Social Security number, signature, and date on the attached sheet.*

| Member's Signature | Date |
|---|---|
| | |

**SIGNATURE IS MANDATORY** *(Signature pursuant to a General Power of Attorney is not accepted by TRS.)*

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This form is to be completed by any TRS member or annuitant for the purpose of designating beneficiaries. The information provided on this form will become part of the member's permanent record with the Teachers' Retirement System of the State of Illinois and will determine distribution of death and survivor benefits. **This designation revokes any prior designation. If this current designation is found to be invalid, a member or annuitant's prior nomination of beneficiary will remain in effect. This form must be signed and dated on the reverse side before returning to TRS.**

**Type of Beneficiary**

Eligibility is determined by the survivor's status at the time of the member's death. Monthly survivor benefits can be paid only to eligible dependent beneficiaries.

A **dependent beneficiary** is (a) a spouse to whom the member has been married for at least one year, except where a child is born of the marriage in which case the qualifying period is not applicable; (b) an unmarried natural or adopted child under 18 or an unmarried child of any age who is dependent by reason of a physical or mental disability and not receiving benefits under Article III of the Illinois Public Aid Code; or (c) a dependent parent who received from the member at least half of his or her support for the 12-month period immediately prior to the member's death; or (d) an unmarried natural or adopted child between the ages of 18 and 22 who is a full-time student in an accredited institution.

For an adopted child to be an eligible dependent beneficiary, the adoption proceedings must have been finalized while the child was a minor. For purposes of determining dependency, "disability" is defined as an inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment that can be expected to last for a continuous period of not less than 12 months. A parent may be an eligible dependent beneficiary only if there is no other dependent beneficiary.

A survivor benefit payable to a dependent beneficiary may be paid to a trust established, on behalf of the dependent beneficiary, during the member's lifetime or at the time of death if such trust is in accord with the provisions of Article 16 of the Illinois Pension Code and federal law.

A **nondependent beneficiary** is any other designated person or entity that is not a dependent beneficiary.

Members may designate a primary beneficiary to receive survivor benefits. If this individual is a dependent beneficiary, then he or she is eligible to receive either monthly benefits or a lump-sum payment. If the member designates dependent and/or nondependent primary beneficiary, only a lump-sum benefit is payable. **Monthly benefits CANNOT be paid to the dependent beneficiaries if a nondependent is also designated as a primary beneficiary and survives the member.**

Alternate beneficiaries will receive benefits should primary beneficiaries predecease the member.

When a beneficiary designation includes more than one person, the benefits are divided equally among the living beneficiaries of the class (primary or alternate).

**Beneficiary Refund (Part A).** This benefit is only payable upon death. The member cannot elect to receive this benefit. This refund includes a return of the member's retirement contributions, statutorily required interest on the retirement contributions, and member contributions paid toward the annual increases in annuity. This refund is payable (i) to a designated beneficiary, (ii) if no beneficiary is designated, to the surviving spouse, or (iii) if no one is designated and there is no surviving spouse, to the member's estate. After retirement, this amount is reduced by the amount of retirement benefit payments made to the member.

**Survivor benefits (Part B).** Beneficiaries of an active or inactive member are eligible for a lump-sum survivor benefit if the member's death occurs: during employment as a teacher or within the first 12 months following the last day of earnings as a teacher, while on a creditable leave of absence, or while in receipt of a nonoccupational or occupational disability benefit.

Dependent beneficiaries are eligible for monthly survivor benefits if the member had 1.5 years of TRS service credit and at least 60 days of creditable service during the 18 months preceding death. Survivors of inactive members not meeting these requirements who have established 20 or more years of service credit are eligible for survivor benefits. These benefits are calculated as though the member had been in retirement at the time of death.

For the purposes of determining eligibility for a benefit, service credit under the State Employees Retirement System of Illinois, the State Universities Retirement System and the Public School Teachers' Pension and Retirement Fund of Chicago is considered. A survivor of a retired member who had at least one year of service after July 24, 1959, is eligible for survivor benefits, provided the annuitant had not taken a refund of those contributions prior to death. Surviving dependents of retired members who did not have service after July 24, 1959, and who died after January 1, 1982, are eligible for survivor benefits to a maximum of $200 monthly plus a $1,000 one-time payment.