## Northern Illinois University Declaration of Status under the State Universities Retirement System (SURS)

The Illinois Pension Code, 40 ILCS 5/15-139.5, and Regulations of the Board of Trustee Regulations of NIU require Northern Illinois University to verify specific information prior to employment. This form is required to be submitted to HRS <u>prior</u> to the start of the individual's appointment/contract. No offer of employment can be extended nor can an individual begin working without this form being verified by and on file in Human Resource Services. Failure to submit this form prior to the start date of the appointment/contract may result in the appointment being rescinded or modified. The employment of personnel retired under the State Universities Retirement System (SURS) shall be in accordance with university procedures authorized by the President. Compensation for employment of a person receiving a retirement annuity under the SURS shall not exceed limitations set forth in relevant provisions of the Pension Code, including Article 15 and/or other applicable statutes, nor any limitations set forth in 40 ILCS 5/15-139.5 that would create employer obligations pursuant to rules and definitions pertaining to an Affected Annuitant.

| name:  | Employee ID: Last  | tour digits of SSN:  |
|--|--|--|
| This form certifies my status as an applicant for a application for Northern Illinois University (check or   | •  | rsity, I am stating the following with respect to my   |
| the SURS.  | ersities Retirement System (SURS), a re  | nor have made application for retirement under etiree under the Reciprocal Act that includes service   |
| along with a copy of the <i>Award Letter</i> from SURS the received your <i>Award Letter</i> and submit your preli   | at includes both the earnings limitation minary estimate please be advised the   | retiree the following information must be provided on and your highest annual earnings. If you have not nat the University will rely on the information you e yours. Upon receipt of the <i>Award Letter</i> please  |
| Date of Retirement: Institu  | tion(s) Retired from:  |  |
| Earnings Limitation: Highes  | st Annual Earnings:  |  |
| SURS Plan at time of retirement:   Traditional Plan   Portable Plan   Self-Managed Plan  |  |  |
| Are you an Affected Annuitant under 40 ILCS 5/15-139.5?    Yes   No  |  |  |
| Please verify the earnings worked for a SURS employer for each SURS year (September 1 – August 31) after August 1, 2013: <i>Please include any information regarding employment opportunities already accepted.</i>            |  |  |
| Name of Institution: Date  | s of Employment:   | Compensation Paid:   |
| Earnings were 100% from federal or state grant fund  | ds: 🗖 No 🗖 Yes Grant PI:   |  |
| Name of Institution: Date  | s of Employment:   | Compensation Paid:   |
| Earnings were 100% from federal or state grant fund  | ds: 🗖 No 🗖 Yes Grant PI:   | <del></del>  |
| Additional employment can be listed on the suppler   | mental Declaration of Status under the   | State Universities Retirement System (SURS).   |
| as requested. I also understand that it is my respon<br>limitation. Additionally, if I retire under the SURS<br>will notify Northern Illinois University within 5 wo<br>falsification of the information contained on this for | sibility to monitor my earnings limitation (if already retired) accept an addition (if already retired) accept an addition (if already by submitting an updated for commission is considered a Class A misdemeation (if all all all all all all all all all al | with SURS and report any earnings received to SURS ion, which is not the same as my 40 ILCS 5/15-139.5 onal appointment with a SURS covered employer, I rm. Pursuant to 40 ILCS 5/15-139.5 (Pension Code) inor and will result in discipline up to and including mpose a financial penalty, including, but not limited |

SURS covered employers. This new appointment could result in a termination or modification of my existing contract. I understand that Northern Illinois University will rely on the information that I have provided. I acknowledge that if as a result of an appointment, subsequent appointment, or employment at another SURS employer I become an "affected annuitant" I will not be eligible for future employment at NIU. By my signature below I affirm that I have read and understand the terms and conditions of this form, and agree to be bound by them.

I give Northern Illinois University permission to investigate my SURS annuitant status, including earnings and employment status at other

Signature Date

to, repayment of fees and penalties charged to the University.