

PART II: CERTIFICATION OF EMPLOYER REPRESENTATIVE

I, the undersigned, do hereby swear and affirm under penalty of perjury, that the above statements and any factual representations made in supporting documentation submitted herewith are true and accurate to the best of my knowledge and belief.

Signature: _____ Print Name: _____

Title: _____ Date: _____

Who Should File this Form? Employers who have received an invoice from SURS for contributions payable under the "Governor's Salary Rule" (40 ILCS 5/15-155(j-5)) ("Invoice") may file this Request for Recalculation to seek a recalculation of the Invoice taking into account corrected earnings for pay periods ending in the measurement year to which the Invoice pertains. Please refer to Title 80, Part 1600, Section 1600.271 of the Illinois Administrative Rules for applicable regulations.

When and Where Should the Form Be Filed? The form and supporting documentation must be filed with SURS within **30 calendar days** after the date of issuance of the Invoice to: **State Universities Retirement System, 1901 Fox Drive, PO Box 2710, Champaign, Illinois 61825-2710 or email to Govsalcal@surs.org.** If the due date falls on a weekend or federal holiday, then the due date is the next SURS business day.

Once the request for recalculation is received and reviewed, a letter with our decision will be sent. If approved and a payroll adjustment is required, you will have 45 days to submit the change. If the recalculation is denied, you will have 35 days to appeal. Details of both processes will be outlined in the letter you receive.

Do not submit payment for the portion(s) of the bill that is in dispute until the review is complete and a final determination has been made. Payment may be submitted for all portions of the bill not in dispute.

PART I: CORRECTED EARNINGS AND PERCENT-TIME INFORMATION

Enter your Employer Name and the Invoice Issue Date.

Box 1a – SURS Participant Name and Member ID No. Enter the name of each SURS member and their SURS member identification number that you are requesting a recalculation for the Governor's salary.

Box 1b – Pay Period End Date Discrepancy Occurred. Enter the pay period ending date that applies to the corrected earnings. The end date for the pay period in question must fall within the measurement year to which the Invoice pertains.

Box 1b – Pay Period End Date of Adjustment. Enter the pay period ending date that you will be reporting the corrected earnings adjustment.

Box 1b – Invoice Pensionable Earnings. State the earnings that were originally reported to SURS for this pay period (based on the employee contributions that were remitted to SURS for this pay period).

Box 1b – Corrected Earnings. State the corrected earnings for the pay period.

Box 1c – Vacation Pay. State the vacation pay that was originally reported to SURS. The vacation pay in question must fall within the measurement year to which the invoice pertains.

Box 1c – Pay Period Ending Vacation Applied. State the pay period ending date that you reported on the payroll file the vacation pay.

Please use a separate form if more entries are needed than what space allows.

PART II. CERTIFICATION OF EMPLOYER REPRESENTATIVE

The Employer Representative must certify the accuracy of the statements made in the Request for Recalculation and any factual representations made in the supporting documentation submitted with the Request.

NEED HELP? If you need assistance in filling out this form, please call Shelly Wood 1-800-275-7877 Ext. 8824 or at 217-378-8824 during business hours on Mon., Tues., and Wed.. from 8:00 am to 4:30 pm CST, and Thur. from 8:00 am to 2:30 pm CST. Please have the participant's name and SURS member ID number ready.