

# Teachers' Retirement System of the State of Illinois

**Subs Are Teachers Too!**



# BEFORE WE BEGIN



- This presentation will begin shortly and is scheduled to last approximately 45 minutes
- All virtual attendees are muted throughout the presentation
- Questions will be addressed during designated Q&A sessions



This presentation is intended to provide basic information summarizing TRS benefits and services and your responsibilities as a TRS member. TRS must comply with all applicable federal and state laws, rules, and regulations. If there is any conflict between the information contained in this presentation and the applicable law, rule, or regulation, the law, rule, or regulation takes precedence. No TRS employee has authority to bind the System to any statement or action contrary to law. Laws are subject to change. TRS must correct errors upon discovery even if payment has begun. Any information is for the specific purpose provided and does not represent tax, legal, or other professional advice. Seek personal professional advice as needed.

# OVERVIEW

- TRS Basics
- Retirement Benefits
- Disability Benefits
- Death Benefits
- Post-Retirement Limitations
- Medical Insurance
- Next Steps



# TRS Basics

## Who is ... and is not ... a TRS Member



- ✓ High School Principal
  - ✓ School Nurse
  - ✓ Kindergarten Teacher
  - ✓ High School Special Education Teacher
  - ✓ Substitute Teacher
  - ☐ Teacher's Aide / Paraprofessional
- All certified staff in Illinois public schools (grade pre-k through 12) outside Chicago are TRS members.
  - When you sub for a TRS member, you contribute to TRS and earn service credit.

# TRS Basics



## Contributions

- All members (Tiers 1 & 2) contribute 9% of gross earnings to TRS
- Contributions are invested by TRS to pay retirement, disability, and death benefits



## TRS is a Defined Benefit (DB) Plan

- Benefits are determined by a formula set out in the Illinois Pension Code
- Benefits are paid through the month of death

# Tier 1 or Tier 2?

1

## Tier 1

First contributed to TRS or reciprocal retirement system prior to January 1, 2011

2

## Tier 2

First contributed to TRS or reciprocal retirement system on or after January 1, 2011

| JANUARY 2011 |     |      |     |       |     |     |
|--------------|-----|------|-----|-------|-----|-----|
| SUN          | MON | TUES | WED | THURS | FRI | SAT |
| 30           | 31  |      |     |       |     | 1   |
| 2            | 3   | 4    | 5   | 6     | 7   | 8   |
| 9            | 10  | 11   | 12  | 13    | 14  | 15  |
| 16           | 17  | 18   | 19  | 20    | 21  | 22  |
| 23           | 24  | 25   | 26  | 27    | 28  | 29  |

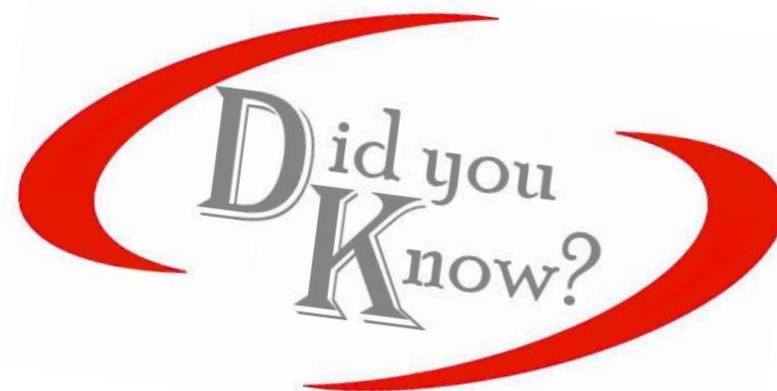
# Retirement Benefits





## Did You Know ...

- School district benefits are separate from TRS
- Do not have to receive employer benefits to be eligible for TRS
- Eligibility to receive benefits determined by IL Pension Code and is the same regardless of employer
- So ... Subs can qualify for a TRS pension!





# Retirement Benefits

- Tier 2 members are eligible to receive a monthly pension at:
- Age 67 - with 10 or more years of service (1700 days)\*
- Age 62 (reduced) - with 10 or more years of service (1700 days)\*
- \*Once 170 days are worked in a school year, 1 year of service credit is reached and is the maximum in a single school year



# Retirement Formula

Service Credit

X 2.2%

X Final Average Salary (FAS)

= Annual Pension Benefit



# Service Credit

- Earn TRS service credit when you sub for a certified staff member
  - Subbing for aide or parapro does NOT count towards TRS service
  - But may add to IL Municipal Retirement Fund (IMRF) service
- Only earn TRS service credit if you are paid by the school district
  - Working for a third-party contractor does not add service credit



# Service Credit

- Amount of Service Credit depends on number of days worked in 1 school year
  - July 1 – June 30
- Every day you sub = 1 day of TRS service
  - Even if you sub half a day!
- 170 paid days = 1 year of service credit
- Maximum service credit in one school year = 1.000 year
- Divide total number of days worked by 170 to find service credit
  - *(example) Sub 67 days in the 2023-2024 school year.*
    - *Earn  $67 / 170 = 0.394$  year of service credit*

# Reciprocal Service Credit

- IMRF, SURS, SERS, CTPF, others
- Must have at least 1 year of non-concurrent service credit
- Teacher's aide under IMRF may use less than one year if aide work was followed by teaching
- Combined service credits must meet the minimum vesting requirements in each system



# Service Credit Purchase



Purchasing Eligible Service Credit is Optional!

- Out-of-system teaching (K-12 public schools)
- Leaves of absence
- RIF (reduction in force)
- Military service
- Previously refunded TRS service
- 2 years of private school (must apply by June 30, 2028)
- Paid Student Teaching after 2019



# Final Average Salary

- Average of highest eight consecutive salaries in last 10 years of service
- **Based on 8 service credit years, not 8 school years**
- Add salaries and divide by 8 to find Final Average Salary
- May be higher than salary in any school year (Final Average Salary from table is \$17,000)

| School Year | Service Credit | Salaries |
|-------------|----------------|----------|
| 2020-21     | 0.421          | \$7,157  |
| 2019-20     | 0.579          | \$9,843  |
| 2018-19     | 0.222          | \$3,774  |
| 2017-18     | 0.126          | \$2,142  |
| 2016-17     | 0.316          | \$5,372  |
| 2015-16     | 0.336          | \$5,712  |
| 2014-15     | 0.420          | \$7,140  |
| 2013-14     | 0.834          | \$14,178 |
| 2012-13     | 0.728          | \$12,376 |
| 2011-12     | 0.012          | \$204    |
| 2010-11     | 0.006          | \$102    |

Continue to add days (service credit) until there are 10.000 or more years of service



# Retirement Formula

Service Credit

x 2.2%

Final Average Salary (FAS)

= Annual retirement benefit  
or Monthly retirement benefit

10.000 years

x 2.2%

x \$17,316

= \$ 3809 per year  
or \$317 per month

**Note:** IL State Taxes are not withheld from retirement benefits

# Single – Sum Retirement (SSR)



- Members with **less than 5 years service**
- One time payment typically higher than refundable contributions
- Eligible the latter of 65<sup>th</sup> birthdate or last day worked in TRS position
- Must stop working in TRS position until SSR payment received
- No restrictions on TRS employment after single sum retirement
- No longer earn service credit
- TRS contributions no longer withheld from earnings

# Questions?



# Disability Benefits



# Disability Benefits

TRS offers temporary disability benefits to ill/injured **active** members prior to retirement



## Eligibility

- Must have at least 3 years of non-concurrent service credit
  - (TRS, SURS, SERS, and IMRF)
  - Must have subbed at least 340 hours in year disability occurred or preceding school year
- Two state-licensed physicians must certify the disability existed within 90 days of last day of work (only one physician is required for pregnancy)
- Must use up all sick leave days
- Benefit is equal to **40%** of member's annualized salary rate
- You earn service credit while receiving the disability benefit

# Death Benefits



# Death Benefits



1%

Survivor Benefits



8%

Retirement

# Beneficiary Refund



8%

Retirement

- Lump-sum refund of unrecovered pension contributions (8% of salary plus interest earned)
- Paid only if you pass away before recovering entire pension contribution (usually within the first few years of retirement)

# Survivor Benefits



1%

## Survivor Benefits

- Funded through survivor benefit contributions made while teaching (1% of annual salary)
- Tier 2 -- 66.7% of monthly benefit to a spouse; 50% to other dependent beneficiary
- Lump sum to any beneficiary
- Refundable in retirement if no dependent beneficiary

# Death Benefits:

Completing the Beneficiary Designation Form



# Option 1

## Automatic Designation

### Section 3

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| <b>Section 1: Personal Information</b><br>Member First Middle Last Name:<br>Member Address 1:<br>Member Address 2:<br>City State Zip:                                                                                                                                                                                                                                                                                                                                                            | Member ID:<br>Home telephone number:<br>Work telephone number:<br>Cell phone number:<br>Email address: |
| <b>Section 2: Marital Status</b> <input type="checkbox"/> Single <input type="checkbox"/> Married/civil union <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed   Spouse's name:                                                                                                                                                                                                                                                                                                |                                                                                                        |
| <b>Section 3: Automatic Designation</b> <i>(commonly selected by members with a spouse or civil union partner and/or minor children)</i><br><input type="checkbox"/> I elect that my dependent beneficiaries, as determined at my death, receive a survivor benefit and/or a beneficiary refund. If no dependent beneficiary survives, benefits will be paid to my estate. <b>If the automatic designation is selected, do not complete the Survivor Benefit or Beneficiary Refund sections.</b> |                                                                                                        |

- Commonly selected by members who have a spouse and/or minor children
- Death benefit is automatically paid to surviving dependents, or to your estate if you have no dependents
- If this option is selected, DO NOT list beneficiary names. Simply check the box.



# Option 2

## Survivor Benefits

### Section 4

| Section 4: Survivor Benefit*                                                              |          |        |                   |                     |
|-------------------------------------------------------------------------------------------|----------|--------|-------------------|---------------------|
| Primary Beneficiary(ies) - receive survivor benefits first                                |          |        |                   |                     |
| 1                                                                                         | Name:    |        |                   | SSN: _____          |
|                                                                                           | Address: |        |                   | Birth date: _____   |
|                                                                                           | City:    | State: | Zip:              | Relationship: _____ |
|                                                                                           |          |        |                   |                     |
| 2                                                                                         | Name:    |        |                   | SSN: _____          |
|                                                                                           | Address: |        |                   | Birth date: _____   |
|                                                                                           | City:    | State: | Zip:              | Relationship: _____ |
|                                                                                           |          |        |                   |                     |
| 3                                                                                         | Name:    |        |                   | SSN: _____          |
|                                                                                           | Address: |        |                   | Birth date: _____   |
|                                                                                           | City:    | State: | Zip:              | Relationship: _____ |
|                                                                                           |          |        |                   |                     |
| Alternate Beneficiary(ies) - receive survivor benefits if no primary beneficiary survives |          |        |                   |                     |
| 1                                                                                         | Name:    |        | Birth date: _____ | SSN: _____          |
| 2                                                                                         | Name:    |        | Birth date: _____ | SSN: _____          |
| 3                                                                                         | Name:    |        | Birth date: _____ | SSN: _____          |

## Beneficiary Refund

### Section 5

| Section 5: Beneficiary Refund*                                                                      |          |        |                   |                     |
|-----------------------------------------------------------------------------------------------------|----------|--------|-------------------|---------------------|
| Primary Beneficiary(ies) - receive beneficiary refund benefits first                                |          |        |                   |                     |
| 1                                                                                                   | Name:    |        |                   | SSN: _____          |
|                                                                                                     | Address: |        |                   | Birth date: _____   |
|                                                                                                     | City:    | State: | Zip:              | Relationship: _____ |
|                                                                                                     |          |        |                   |                     |
| 2                                                                                                   | Name:    |        |                   | SSN: _____          |
|                                                                                                     | Address: |        |                   | Birth date: _____   |
|                                                                                                     | City:    | State: | Zip:              | Relationship: _____ |
|                                                                                                     |          |        |                   |                     |
| 3                                                                                                   | Name:    |        |                   | SSN: _____          |
|                                                                                                     | Address: |        |                   | Birth date: _____   |
|                                                                                                     | City:    | State: | Zip:              | Relationship: _____ |
|                                                                                                     |          |        |                   |                     |
| Alternate Beneficiary(ies) - receive beneficiary refund benefits if no primary beneficiary survives |          |        |                   |                     |
| 1                                                                                                   | Name:    |        | Birth date: _____ | SSN: _____          |
| 2                                                                                                   | Name:    |        | Birth date: _____ | SSN: _____          |
| 3                                                                                                   | Name:    |        | Birth date: _____ | SSN: _____          |

# Health Insurance (TRIP/TRAIL)



# TRIP/TRAIL Health Insurance



## Eligibility & Enrollment Opportunities

- Must have at least 8 years of service credit with TRS to be eligible
- Available for your lifetime with multiple enrollment opportunities:
  - First of the month following retirement
  - When losing other coverage w/termination letter
  - When becoming eligible for Medicare (typically age 65)
  - Annual Benefit Choice periods
- Also available to dependents

# TRIP/TRAIL/Split Family

| Type of Participant   | Type of Plan                   | Not Medicare Primary | Not Medicare Primary | Not Medicare Primary | Medicare Primary<br> |
|-----------------------|--------------------------------|----------------------|----------------------|----------------------|---------------------------------------------------------------------------------------------------------|
|                       |                                | Under Age 26         | Age 26-64            | Age 65+              | Medicare Eligible                                                                                       |
| Benefit Recipient     | HMO/ OAP                       | \$121.18             | \$370.76             | \$503.81             | \$7.35                                                                                                  |
|                       | PPO                            | \$308.40             | \$857.02             | \$1,300.03           |                                                                                                         |
|                       | PPO when HMO/OAP not available | \$156.11             | \$431.60             | \$653.58             |                                                                                                         |
| Dependent Beneficiary | HMO/ OAP                       | \$484.89             | \$1,483.01           | \$2,015.19           | \$27.14                                                                                                 |
|                       | PPO                            | \$624.46             | \$1,726.40           | \$2,614.28           |                                                                                                         |
|                       | PPO when HMO/OAP not available | \$624.46             | \$1,726.40           | \$2,614.28           |                                                                                                         |

# Retirement Timeline



# Throughout Your Career

Regularly: Review your status



- Review your annual TRS statement online
- Verify beneficiaries
- Upload Proof of Birthdate
- Prepare updated benefit estimates Meet with a TRS Counselor (appts are free: in-person, videoconference or teleconference)
- Plan to attend an "It's Time to Retire!" webinar in your retirement year
- Check in with your financial planner
  - Monitor DC plan performance
  - Make changes as needed (plan limits change as you age)



# In Retirement...



## Post Retirement Employment



- Must have received first pension check
- TRS-covered work limited to 120 days/600 hours per school year thru 6/30/26
- No limit on earnings

## Standard Annual Benefit Increases

- Available to members who have been retired for one full year AND
  - Are at least age 67 (lesser of 1.5% non-compounded annually or 3%)
- Increases occur each January 1 (reflected in the February 1 benefit payment)

# Social Security Medicare



# Social Security and Medicare

- Illinois teachers do not contribute on TRS-covered employment
- Recently passed Social Security Fairness Act eliminated the WEP and GPO. Contact Social Security for your specific information
- Check for FICA deduction on your paycheck or contact Social Security to confirm eligibility for Medicare (typically at age 65)
- Medicare ID cards are sent by the Social Security Administration



Social Security  
(800) 772-1213



[www.ssa.gov](http://www.ssa.gov)





# Contact Information

## TRS Phone & Hours



Toll-free:  
(877) 927-5877  
M-F: 7:30 am to 4:30 pm



Visit us  
<https://trsil.org>



Email Address  
[members@trsil.org](mailto:members@trsil.org)

Connect



@TRSillinois



@ILLTRS



@TRSIL



[www.youtube.com/c/trsillinois](http://www.youtube.com/c/trsillinois)

MyBenefits Service Center  
**TRIP/TRAIL**  
**(844) 251-1777**



## Other Contact Information

MyBenefits Service Center (TRIP/TRAIL): (844) 251-1777

Illinois Retired Teachers Association: (800) 728-4782

Illinois Education Association (Retired): (800) 264-1887

Illinois State Board of Education (Licensure): (866) 262-6663



# Questions?



# Appendix



# Reciprocal Retirement Systems

Members, employers and the state of Illinois make contributions to TRS to provide for your retirement, disability and death benefits.

|          |                                                                         |                                                                            |                |
|----------|-------------------------------------------------------------------------|----------------------------------------------------------------------------|----------------|
| CEABF    | County Employees' Annuity & Benefit Fund of Cook County                 | <a href="http://www.CookCountyPension.com">www.CookCountyPension.com</a>   | (312) 603-1200 |
| CTPF     | Chicago Teachers' Pension Fund                                          | <a href="http://www.CTPF.org">www.CTPF.org</a>                             | (312) 641-4464 |
| PEABF    | Forest Preserve District Employee's Annuity Benefit Fund of Cook County | <a href="http://www.CookCountyPension.com">www.CookCountyPension.com</a>   | (312) 603-1200 |
| IMRF     | Illinois Municipal Retirement Fund                                      | <a href="http://www.IMRF.org">www.IMRF.org</a>                             | (630) 368-1010 |
| JRS/GARS | Judges' & General Assembly Retirement System                            | <a href="http://www.srs.Illinois.gov">www.srs.Illinois.gov</a>             | (217) 782-8500 |
| LABF     | Laborers' Annuity & Benefit Fund                                        | <a href="http://www.labfChicago.org">www.labfChicago.org</a>               | (312) 236-2065 |
| MEABF    | Municipal Employees' Annuity & Benefit Fund                             | <a href="http://www.MEABF.org">www.MEABF.org</a>                           | (312) 236-4700 |
| MWRD     | Metropolitan Water Reclamation District                                 | <a href="http://www.MWRDRF.org">www.MWRDRF.org</a>                         | (312) 751-3222 |
| PEABF    | Park Employees' Annuity & Benefit Fund of Chicago                       | <a href="http://www.ChicagoParkPension.org">www.ChicagoParkPension.org</a> | (312) 553-9265 |
| SRS      | State Employees' Retirement System                                      | <a href="http://www.srs.Illinois.gov">www.srs.Illinois.gov</a>             | (217) 785-7444 |
| SURS     | State Universities Retirement System                                    | <a href="http://www.SURS.org">www.SURS.org</a>                             | (800) 275-7877 |
| TRS      | Teachers' Retirement System (of Illinois)                               | <a href="http://www.trsil.org">www.trsil.org</a>                           | (877) 927-5877 |



# In Retirement...

## Post-retirement Employment



- **Must have received first pension check**
- May not work in TRS-covered position until July 1st
- May not return to last employer for 30 days
- May not pre-arrange post-retirement employment with last employer
- TRS-covered work limited to 120 days/600 hours per school year thru 6/30/26 (100 days/500 hours typically)
- Reciprocal limitations apply IF retiring reciprocally or are Tier 2
- No limit on private sector or out-of-state public school work
- No limit on earnings



# Retirement Process Responsibilities

## TRS MEMBER

- Contact TRS 6-12 weeks prior to your last day of work (by phone or online)
- Complete and submit all necessary retirement forms
- Contact each reciprocal system for retirement application, if applicable
- Submit retirement application to reciprocal system(s), if applicable
- Pay off or waive all optional service and 2.2 balances

## EMPLOYER

- Submit the supplementary report on or after the last day of work (electronically)
- Submit the sick leave certification on or after the last day of work (electronically)





# Retirement Process Timeline

## Elected “NO” for AAI

Your retirement claim will be processed after TRS receives all necessary forms/payments and audits the supplementary report and sick leave granting certification

First retirement check issued 60-90 days after last required form or payment is received & reviewed (first payment is retro-active to your retirement date).

## Elected “YES” for AAI

TRS will mail the AAI Election form to your home address after TRS receives all necessary forms/payments and audits the supplementary report and sick leave granting certification.

Once TRS receives your completed AAI Election form, TRS will process your monthly retirement benefit.

First retirement check issued after AAI Election form is received (first payment is retro-active to your retirement date).

Once your retirement claim is processed, you will receive a Transfer/Rollover form for your AAI lump-sum.



Once the calculation is complete you will receive a Notification of 1st Payment letter including the retroactive payment as well as your regular monthly payment going forward.



# TRS Retirement Process

Claim Processing:  
Allow 60-90 Business Days After All Forms and Payments  
Received and Reviewed

- **AFTER** last day of service, Employer will submit relevant information for final year of service
- Benefits are paid monthly through the month of your death
- You cannot outlive your benefit



# Annual Increases

## Standard Annual Benefit Increases

- Available to members who have been retired for one full year AND
  - Are at least age 61 for Tier 1 (3% compounded annually)
  - Are at least age 67 for Tier 2 (½ of the CPI with 3% Cap)
- Increases occur each January 1 (reflected in the February 1 benefit payment)

## Accelerated Annual Increase (AAI) option

- Tier 1 member may choose in lieu of Standard Annual Increase
- 1.5% non-compounded increase from age 67 with lump sum payment at retirement
- Available for Tier 1 members retiring by June 30, 2026
- Eligible members must call for an AAI estimate ahead of retirement



# Excess Contribution Refunds

## Refunds

- 2.2 Upgrade overpayment
- Early Retirement Option (ERO) – if not already claimed
- 1% Survivor Benefit Refund (if eligible)
  - Forfeits any Survivor Benefit

## Refunds are paid after retirement benefit is calculated

- Refund checks are always mailed by the Illinois Comptroller's Office

Taxable refunds \$200.00 or more are eligible for rollover