



NOTICE OF ENROLLMENT IN IMRF

IMRF Form 6.10 (Rev. 10/07)

**Please print or type — Use Black Ink.
Please do not use a highlighter anywhere on the form.**

MEMBER INFORMATION (to be completed by member - please print or type)		<p>TAPE A COPY OF SOCIAL SECURITY CARD IN THIS SPACE</p> <p>If a copy of the Social Security card is not attached, IMRF will use the Social Security number entered on this form. Any IRS penalties that result from an incorrect Social Security number will be the responsibility of the IMRF employer. (Do not staple card—use tape and please stay within this border.)</p>	
1. Last Name First Middle Initial Jr., Sr., II, etc.			
2. Social Security Number			
3. Mailing Address			
City	State		Zip + 4
4. Home Telephone No. ()		5. Birth Date: month/day/year	
6. Martial Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		7. Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	
8. Are you currently participating or have you previously participated in IMRF or any other Illinois Public Pension systems? <input type="checkbox"/> No <input type="checkbox"/> Yes [please check the box(es) to identify the pension system(s)]			
<input type="checkbox"/> IMRF (If indicating IMRF, are you currently collecting a pension from IMRF?) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Chicago Public School Teachers' <input type="checkbox"/> Cook County Annuity & Benefit Fund <input type="checkbox"/> General Assembly Retirement System <input type="checkbox"/> Judges' Retirement System <input type="checkbox"/> Laborers' Annuity & Benefit Fund <input type="checkbox"/> Cook County Forest Preserve Annuity & Benefit <input type="checkbox"/> Metro Water Reclaim. Retirement System <input type="checkbox"/> Municipal Employees Annuity & Benefit Fund <input type="checkbox"/> Park Employees' Annuity & Benefit Fund <input type="checkbox"/> State Universities Retirement System <input type="checkbox"/> State Employees' Retirement System <input type="checkbox"/> State Teachers' Retirement System			
I certify this information is correct to the best of my knowledge and belief.			
Employee signature (write; do not print or type) X			Date

EMPLOYMENT INFORMATION - ALL FIELDS MUST BE COMPLETED (to be completed by employer — please print or type)			
9. Employer Name		10. Employer IMRF I.D. Number	
11. Position Information			
Date employed	Participation date*	Employee will participate in:	(SLEP ONLY: CIRCLE ONE) Position Title(s)
mo day yr	mo day yr	<input type="checkbox"/> Regular <input type="checkbox"/> ECO <input type="checkbox"/> SLEP (FT / PT)	_____
_____	_____	<input type="checkbox"/> Regular <input type="checkbox"/> ECO <input type="checkbox"/> SLEP (FT / PT)	_____
*If date employed is earlier than participation date, explain in detail why the member was not enrolled immediately. The Illinois Pension Code does not recognize "probationary," "temporary," or "trial work period." Refer to Section 3 of the Authorized Agents Manual for details on participation requirements.			
12. Will employee work in a seasonal position? <input type="checkbox"/> No <input type="checkbox"/> Yes OR			
Is employee an elected official who will be paid irregularly? <input type="checkbox"/> No <input type="checkbox"/> Yes			
If employee will hold a seasonal position and the seasonal employer is not a school district, park district, or recreation association, OR if employee is an elected official who will be paid irregularly, check the months the employee will not be paid:			
<input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> Jun <input type="checkbox"/> Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sept <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec			
13. Is employee:		14. Elected official or appointed to elected office?	
A. Police chief eligible for transfer into IMRF for SLEP coverage? <input type="checkbox"/> No <input type="checkbox"/> Yes (attach Form 6.22)		<input type="checkbox"/> No <input type="checkbox"/> Yes (attach Form 6.21)	
B. Performing police duties? <input type="checkbox"/> No <input type="checkbox"/> Yes		15. For County employers only: Has member elected to participate in the Elected County Official (ECO) plan? <input type="checkbox"/> No <input type="checkbox"/> Yes (attach Form 6.21B)	
C. Performing fire protection duties? <input type="checkbox"/> No <input type="checkbox"/> Yes			
D. Performing teacher aide duties? <input type="checkbox"/> No <input type="checkbox"/> Yes (see instructions for examples)			
E. City hospital worker? <input type="checkbox"/> No <input type="checkbox"/> Yes (attach Form 6.21)			
I certify this information is correct to the best of my knowledge and belief, and that the person named above is employed in a position which qualifies him or her for membership in IMRF with the above employer.			
Authorized Agent signature (write; do not print or type) X			Date



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PLEASE PRINT OR TYPE ALL ANSWERS

How to complete this form

Employment Information

The Authorized Agent completes questions 9 through 15. Refer to Section 3 of the Manual for Authorized Agents for information on eligibility requirements for participation in IMRF.

• **Question 1 – Member name**

The name entered in Box 1 should be the name used to report the member's earnings to IMRF. Using the same name will better ensure that the member receives proper credit for contributions made and service earned.

• **Questions 2 - 10**

Enter the requested information.

• **Question 11**

Enter the requested information for each position the member will hold. If the date employed is different than the participation date (the date the member began working in the position(s) qualified under the annual hourly standard), please explain in the space provided. The Illinois Pension Code does not recognize reasons such as probationary, temporary or trial work period. Enter a detailed explanation why the member was not enrolled immediately. Refer to Section 3 of the Manual for Authorized Agents for more information regarding participation requirements. Full Time/Part Time applies only to SLEP. Circle the appropriate response.

• **Question 12**

Check "yes" if the member is in a position that requires at least six months of consecutive service but less than 12 in any 12-month period.

OR

Check "yes" if the member's earnings will be reported to IMRF other than on a monthly basis, e.g. annually, quarterly, etc.

If answered "yes" to either question and seasonal employer is not a school district, park district, or recreation association, or if the employee will be paid irregularly (applies only to elected officials) check the months the employee will not be paid.

• **Question 13 A**

If the member is a police chief eligible for transfer into the Sheriff's Law Enforcement Personnel plan (SLEP), please complete and attach IMRF Form 6.22, "Election of Police Chief to Participate as SLEP Member." (Refer to Section 3 of the SLEP supplement to the Manual for Authorized Agents for information on SLEP eligibility requirements.)

• **Question 13 B**

Check "yes" if the member has been sworn in to perform police duties. (Refer to Section 3 of the Manual for Authorized Agents for eligibility requirements.)

• **Question 13 C**

Check "yes" if the member will perform fire protection duties. (Refer to Section 3 of the Manual for Authorized Agents for eligibility requirements.)

• **Question 13 D**

Check "yes" if the member will provide instructional support in the classroom, tutor, supervise students, or perform clerical tasks required by teachers.

• **Question 13 E and 14**

If the member is an elected official, appointed to elected office, or is a city hospital worker, please complete and attach IMRF Form 6.21, "Election to Participate."

• **Question 15 - COUNTY EMPLOYERS ONLY**

If the employer is a county and the member is/was elected or appointed to elected office, complete question 15. If "yes" is checked and the member elected to participate in the Elected County Official plan, complete and attach IMRF Form 6.21B, "Election of Elected County Official to Participate in ECO."

AUTHORIZED AGENT PLEASE NOTE:

Social Security card/number

Tape a copy of the member's Social Security card in the box. IMRF uses Social Security numbers to identify members' accounts and files. Social Security numbers are also used on IRS statements issued by IMRF.

If the name in Box 1 is not the same as shown on the Social Security card, the member should take evidence to substantiate the change of name to a local Social Security office so a new card may be issued. Once issued, please forward a copy to IMRF.

If the member does not have a copy of his/her Social Security card, IMRF will use the Social Security number entered on this form. Any IRS penalties that result from an incorrect Social Security number will be the responsibility of the IMRF employer. If the member obtains a Social Security card after being enrolled, please forward a copy to IMRF.

When calling

When calling IMRF regarding enrollment, ask for the Enrollment Auditor.

Illinois Municipal Retirement Fund

2211 York Road, Suite 500, Oak Brook Illinois 60523-2337
Member Services Representatives 1-800-ASK-IMRF (1-800-275-4673)

www.imrf.org