



NOTICE OF ENROLLMENT IN IMRF

IMRF Form 6.10 (Rev. 9/01)

How to complete this form

If you have any questions, please call 1-800-ASK-IMRF (1-800-275-4673)

PLEASE PRINT OR TYPE ALL ANSWERS

Employment Information

The Authorized Agent completes questions 9 through 14.

You can 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 9 and 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.

- **Question 12 A and B**

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." Also, county employers would complete question 14.

- **Question 12 C**

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." (*You can refer to Section 3 of the SLEP supplement to the Authorized Agents Manual for information on SLEP eligibility requirements.*)

- **Question 12 D**

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

- **Question 12 E**

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

- **Question 13 A**

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

- **Question 13 B**

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

- **Question 14 COUNTY EMPLOYERS ONLY**

If the employer is a county and the member is/was elected or appointed to elected office, complete question 14. If yes is checked and the member elected to participate in the Elected County Official plan, complete and attach 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. 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

Service Representatives 1-800-ASK-IMRF (1-800-275-4673)



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Please print or type — Use Black Ink

MEMBER INFORMATION (to be completed by member — please print or type)

1. Last name First Middle Initial Jr., Sr., II, etc.

2. Social Security Number

3. Mailing Address

City State ZIP+4 County

4. Home Telephone No. () 5. Birth date: month/day/year

6. Sex Male Female 7. Marital Status Single Married Divorced Widowed

TAPE A COPY OF SOCIAL SECURITY CARD IN THIS SPACE

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.)

8. Please indicate whether you are currently participating or have previously participated in other Illinois Public Pension systems, other than IMRF
 No Yes [please check the box(es) to identify the other pension system(s)]
 Chicago Public School Teachers' Cook County Annuity & Benefit Fund General Assembly Retirement System
 Judges' Retirement System Laborers' Annuity & Benefit Fund Cook County Forest Preserve Annuity & Benefit
 Metro Water Reclaim. Retirement System Municipal Employees Annuity & Benefit Fund Park Employees' Annuity & Benefit Fund
 State Universities Retirement System State Employees' Retirement System State Teachers' Retirement System

I certify that this information is correct to the best of my knowledge and belief.

Employee signature (write; do not print or type)

X

Date

EMPLOYMENT INFORMATION (to be completed by employer — please print or type)

9. Employer Name 10. Employer IMRF I.D. Number

11. Complete for each position employee holds:
Date employed Participation date* Employee will participate in Dept. name/number Position Title
MO DAY YR MO DAY YR
 Regular IMRF SLEP
 Regular IMRF SLEP
 Regular IMRF SLEP

*If date employed is earlier than participation date, please explain in detail.

12. Is member:
A. Elected official or appointed to elected office? No Yes (attach Form 6.21; County Employers, see Q. 14)
B. City hospital worker? No Yes (attach Form 6.21)
C. Police chief eligible for transfer into IMRF for SLEP coverage? No Yes (attach Form 6.22)
D. Performing police duties? No Yes
E. Performing fire protection duties? No Yes
13. Will employee
A. Work in a seasonal position? No Yes
B. Be paid irregularly? No Yes
14. FOR COUNTY EMPLOYERS ONLY
If 12A is checked yes, has member elected to participate in the Elected County Official (ECO) plan? No Yes (attach Form 6.21B)

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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www.imrf.org