



NOTICE OF ENROLLMENT IN IMRF

IMRF Form 6.10 (Rev. 11/05)

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 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

Take 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

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



NOTICE OF ENROLLMENT IN IMRF

IMRF Form 6.10 (Rev. 11/05)

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)				<h2>TAPE A COPY OF SOCIAL SECURITY CARD IN THIS SPACE</h2> <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 County	
4. Home Telephone No. ()		5. Birth Date: month/day/year		
6. Marital Status		7. Gender		
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		<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"/> Judges' Retirement System		<input type="checkbox"/> Laborers' Annuity & Benefit Fund		
<input type="checkbox"/> Metro Water Reclaim. Retirement System		<input type="checkbox"/> Municipal Employees Annuity & Benefit Fund		
<input type="checkbox"/> State Universities Retirement System		<input type="checkbox"/> State Employees' Retirement System		
		<input type="checkbox"/> General Assembly Retirement System		
		<input type="checkbox"/> Cook County Forest Preserve Annuity & Benefit		
		<input type="checkbox"/> Park Employees' Annuity & Benefit Fund		
		<input type="checkbox"/> 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)			Date	
X				

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:	Position Title(s)
MO DAY YR	MO DAY YR	(SLEP ONLY: CIRCLE ONE)	
		<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 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 6.21)	
<input type="checkbox"/> No <input type="checkbox"/> Yes (attach Form 6.22)			
B. Performing police duties?..... <input type="checkbox"/> No <input type="checkbox"/> Yes		15. For County employers only:	
C. Performing fire protection duties? <input type="checkbox"/> No <input type="checkbox"/> Yes		Has member elected to participate in the Elected County Official (ECO) plan?	
D. City hospital worker?		<input type="checkbox"/> No <input type="checkbox"/> Yes (attach Form 6.21B)	
<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)			Date
X			

Illinois Municipal Retirement Fund
 2211 York Road, Suite 500, Oak Brook Illinois 60523-2337
 Service Representatives 1-800-ASK-IMRF (1-800-275-4673)
www.imrf.org



DESIGNATION OF BENEFICIARY

IMRF Form 6.11 (Rev. 07/11)

Questions? Call 1-800-ASK-IMRF (1-800-275-4673).

Who can complete this form

We can accept the [signature of the member only](#) on this form. If someone other than the member signs this form, including an agent under a power of attorney, **the form will not be accepted.**

If you make any changes to this form

If you make any changes to your beneficiary information, [you must initial the change](#). If you do not, **the form will not be accepted.**

Benefits payable upon your death

If you die while participating in IMRF, IMRF will pay your beneficiary(ies) a:

- a. Lump sum death benefit, which can be equal to one year's salary, plus a refund of the balance in your IMRF member account,
OR
- b. Monthly Surviving Spouse pension, plus \$3,000 (if eligible). [A child's pension is payable if you are participating in the Elected County Official plan, your spouse is not eligible for a surviving spouse pension, and you have single (unmarried or not in a civil union) children under the age of 18 at the time of your death.]

How to complete this form

Primary Beneficiary(ies)

If you do not have a valid Designation of Beneficiary form on file with IMRF, your estate is automatically your beneficiary.

If you want any other arrangement, you must submit a Designation of Beneficiary form to IMRF. You can name any person, church, trust, charity or organization. If your primary beneficiaries do not survive you, IMRF will pay the benefit to your Secondary Beneficiary(ies) or to your estate.

Note of caution for married members or members in a civil union

If you want to ensure that your spouse is eligible for a Surviving Spouse pension, you must name your spouse as your **only** primary beneficiary. **If you divorce**, your former spouse is no longer your beneficiary. If you want any other arrangement, you must file a new Designation of Beneficiary form.

If you name more than one Primary Beneficiary

The persons listed become "co-beneficiaries" and will share the lump sum death benefit according to the percentages you enter. If you leave the percentages blank, the persons listed will share the benefit equally.

If you are naming someone under the age of 18 (a minor)

Death benefits will be paid in care of the minor's guardian. If you want someone other than the guardian to receive the IMRF benefit on behalf of the minor, you may name a custodian, who is 21 years of age or older, under the Illinois Uniform Transfers to Minors Act. Enter the name of the individual you wish to appoint as custodian followed by "as custodian for _____ (name of minor) under the IUTMA."

If you are naming a trust

Please provide the number and/or date of the trust.

Secondary Beneficiary(ies)

Your Secondary Beneficiary(ies) will receive the death benefit payable by IMRF if no Primary Beneficiary survives. You can name any person, church, trust, charity or organization as your Secondary Beneficiary. You may also name more than one Secondary Beneficiary.

Signature, date and returning the completed form

You must sign, date, and file this form with IMRF for it to be effective.

You can mail the completed form to IMRF directly, or you can give the completed form to your employer, who will mail it to IMRF. The information on this form does not become effective **until it is on file in IMRF's Oak Brook or Springfield office, even if your employer has a copy.**



DESIGNATION OF BENEFICIARY

IMRF Form 6.11 (Rev. 07/11)

Please print or type – use black ink and do not use a highlighter on the form.

1. Member Information				
Employee Name			Social Security Number ____ - ____ - ____	
Mailing Address (street address; city; state; zip+4 if known)			Birthdate (MM/DD/YY)	
			Daytime Telephone No. ()	
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Civil Union <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			Gender of Spouse <input type="checkbox"/> Male <input type="checkbox"/> Female	
Spouse's Last Name	First Name	Middle Initial	Maiden (if applicable)	Marriage/Civil Union Date (MM/DD/YY)

2. Primary Beneficiary(ies) <i>(For your spouse to be eligible for a Surviving Spouse pension, he/she must be your ONLY primary beneficiary.)</i> Refer to instructions if naming a minor or a trust.				
First Name	Last Name	Social Security Number <i>(optional)</i>	Relationship	% Share to each
Important: If the total of all primary beneficiary shares does not equal 100%, IMRF will allocate equal shares totaling 100%.			TOTAL	100%

3. Secondary Beneficiary(ies) <i>(Will receive IMRF death benefits if no Primary Beneficiary survives.)</i>				
First Name	Last Name	Social Security Number <i>(optional)</i>	Relationship	% Share to each
Important: If the total of all secondary beneficiary shares does not equal 100%, IMRF will allocate equal shares totaling 100%.			TOTAL	100%

4. Signature (WRITE, DO NOT TYPE OR PRINT) of member only (Form will not be accepted if someone other than member signs form.)	
X	Date

Read the conditions on the reverse side.

Conditions of IMRF Designation of Beneficiary

This is a brief summary of your IMRF death benefit provisions.

Your rights and obligations as an IMRF member are governed by Article 7 of the Illinois Pension Code.

This designation of beneficiary:

- Provides for payment of IMRF death benefits and revokes (cancels) any prior beneficiary designation.
- Will be effective when you sign it and it is **on file** in IMRF's Oak Brook or Springfield office.
- Is subject to Illinois law and to rules and regulations established by the IMRF Board of Trustees.

The acceptance of this designation by IMRF does not mean that a death benefit will be payable if you are not otherwise entitled to one. Whether a benefit is payable, and the amount paid, will be determined at the time of death under applicable laws and regulations.

You cannot name a creditor (such as a bank, credit union, or loan company) as your beneficiary as a means of providing security for a debt.

Benefits payable

- Lump sum death benefit OR
- Surviving Spouse pension
- Child's pension

A child's pension is payable if the member was participating in the Elected County Official Plan and the member's spouse is not eligible for a surviving spouse pension, but the deceased has unmarried children under the age of 18.

Surviving spouse pension

If you want your spouse to be eligible for a Surviving Spouse pension, you must name your spouse as your **only** Primary Beneficiary.

If your spouse is **not** your **only** Primary Beneficiary,

- the right to a Surviving Spouse pension is forfeited (lost).
- only **a lump sum benefit is payable** (which can be equal to one year's salary, plus a refund of the balance in your IMRF member account).

In the case of the member with many years of service credit, the forfeited Surviving Spouse pension may be of greater value than the lump sum benefit.

Naming a minor(s) as beneficiary(ies)

Death benefits payable to a minor (under the age of 18) are paid in care of the minor's guardian.

If you want someone other than the minor's guardian to receive the IMRF benefit on behalf of the minor, you may name a custodian (who is 21 years of age or older) under the Illinois Uniform Transfers to Minors Act.

This is done by entering the name of the individual you wish to appoint as custodian followed by "as custodian for _____(name of minor) under the IUTMA."

Shares to each named beneficiary

If you name more than one person as beneficiary, they will share equally in the benefit unless you write in specific shares to each.

If you write in specific shares (percentages), the benefit will be distributed as you directed.

If a named beneficiary does not survive, his or her shares will be distributed among any surviving beneficiaries. However, if you want his or her shares to be distributed to his or her heirs by blood line (not a spouse), add "per stirpes" after the beneficiary's name.

Death benefit payments

IMRF death benefits are paid to your:

- Primary Beneficiary you designated on your most recent valid designation of beneficiary form on file with IMRF.
- Estate if you have no valid designation form on file.

If none of your Primary Beneficiary(ies) survives, the benefit will be paid to your Secondary Beneficiary(ies).

If none of your Primary or Secondary Beneficiary(ies) survives, the benefit will be paid to your estate.

If you divorce

If you named your spouse as a your primary beneficiary but you later divorce, your former spouse is no longer your beneficiary. If you want any other arrangement, you must file a new Designation of Beneficiary form.