



# NOTICE OF ENROLLMENT IN IMRF

IMRF Form 6.10 (Rev. 10/07)

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.



# 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.**

<b>MEMBER INFORMATION (to be completed by member - please print or type)</b>				<h2 style="margin: 0;">TAPE A COPY OF SOCIAL SECURITY CARD IN THIS SPACE</h2> <p style="font-size: small; margin: 5px 0;">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. <b>(Do not staple card—use tape and please stay within this border.)</b></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 <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"/> <b>No</b> <input type="checkbox"/> <b>Yes [please check the box(es) to identify the pension system(s)]</b>			
<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) <b>X</b>			Date

<b>EMPLOYMENT INFORMATION - ALL FIELDS MUST BE COMPLETED (to be completed by employer — please print or type)</b>			
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 <b>OR</b>	
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 <b>not</b> a school district, park district, or recreation association, <b>OR</b> if employee is an elected official who will be paid irregularly, check the months the employee will <b>not</b> 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:	
A. Police chief eligible for transfer into IMRF for SLEP coverage? <input type="checkbox"/> No <input type="checkbox"/> Yes (attach Form 6.22)	
B. Performing police duties? ..... <input type="checkbox"/> No <input type="checkbox"/> Yes	
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)	
14. Elected official or appointed to elected office? <input type="checkbox"/> No <input type="checkbox"/> Yes (attach Form 6.21)	
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)	
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) <b>X</b>	
Date	



# DESIGNATION OF BENEFICIARY

IMRF Form 6.11 (Rev. 10/07)

Want to better ensure this designation will be accepted? **Be sure to review the instructions on pages 1 and 2, as well as the information on the back of the form.** If you have any questions, please call 1-800-ASK-IMRF (1-800-275-4673).

## Who can complete this form

We can accept the **signature of the member only** to designate or change a beneficiary. If someone other than the member submits a designation of beneficiary form, including an agent under a power of attorney, **it will not be accepted.**

## If you make any changes to this form

If you enter information on this form and later change that information before submitting the form, **you must initial the change.** For example, if you enter the name of a beneficiary and then cross it out, you must write your initials next to the change. If you do not, **this designation will not be accepted.**

## Benefits payable upon your death

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

- 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. a monthly pension, plus \$3,000. Only your spouse would be eligible to receive a monthly pension. (A child's pension is payable if a member was participating in the Elected County Official (ECO) Plan, and the member's spouse is not eligible for a surviving spouse pension, but the deceased ECO member has unmarried children under the age of 18.)

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## How to complete this form

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### Box 1. Member Information

Please print the information requested. You may also include a telephone number where you can be reached. Also, please check the appropriate box indicating whether you want correspondence from IMRF (e.g., your annual Member Statement) to include information regarding your beneficiary(ies).

### Box 2. Primary Beneficiary(ies)

#### How your marital status affects your beneficiary(ies)

- **If you are married,** your spouse is automatically your Primary Beneficiary **unless you exclude your spouse by checking the small box in Box 4.** See page 2 for more information on excluding spouses.
- **If you divorce** after filing this form, your former spouse will not be paid any benefit unless you file a new form after the date of the divorce and indicate your former spouse as the beneficiary. Otherwise, your secondary beneficiary or estate will receive the benefit.
- **If you are not married,** but marry after filing this form, your spouse automatically becomes your Primary Beneficiary. The person or organization you name as your Primary Beneficiary on this form becomes your Secondary Beneficiary. If you want any other arrangement, you will need to complete a new form.

## Naming a beneficiary(ies)

- **If you are naming *someone under the age of 18 (a minor) as a Primary Beneficiary(ies)***

If you are naming a minor(s) as a Primary Beneficiary(ies), 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. **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 Illinois Uniform Transfers to Minors Act."**

- **Options for beneficiary(ies)**

In Box 2, please print the name(s) of the person(s) you wish to receive your IMRF death benefits. You can name any person, trust, church, charity, or organization. **It is important that you state your relationship to the beneficiary(ies) you designate.** (If you name a trust, please provide the number and/or date of the trust.) If the person(s) you list in Box 2 does not survive you, the IMRF death benefit will be paid to the person(s) you name in Box 3, "Secondary Beneficiary(ies)," or to your estate.

- **If you are naming *more than one Primary Beneficiary***

If you name more than one Primary Beneficiary, the persons listed become "co-beneficiaries" and will share the death benefit according to the percentages you enter in the space provided. If you leave the **percentages** blank, the persons listed will share equally. If you name your spouse as co-beneficiary, he or she will **not** be eligible for a surviving spouse pension; only a lump sum death benefit will be paid. **If you want your spouse to be eligible for a surviving spouse pension, enter his or her name alone in Box 2.**

### Box 3. Secondary Beneficiary(ies)

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

### Box 4. Excluding your spouse as a Primary Beneficiary (married members only)

According to the Illinois Pension Code, if you are married, your spouse is automatically your Primary Beneficiary. However, some married members may not want their spouse named as their Primary Beneficiary. If you want to name some other person(s) as your Primary Beneficiary(ies), you would:

1. Enter the name(s) in Box 2, along with the other requested information. You can name any person(s), whether or not a relative, or any church, trust, charity, or organization as your Primary Beneficiary(ies).
2. "Exclude" your spouse from the IMRF death benefit by checking the small box in Box 4.

**Please note:** **If you exclude your spouse as your Primary Beneficiary, your spouse will not be eligible for a surviving spouse pension.** If you exclude your spouse as your Primary Beneficiary, you may still name your spouse as a Secondary Beneficiary.

### Box 5. 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.**

**NOTE: Please refer to the back of the form, "Conditions of IMRF Designation of Beneficiary" for more complete information on your IMRF death benefit provisions.**



# DESIGNATION OF BENEFICIARY

IMRF Form 6.11 (Rev. 10/07)

Please refer to instructions when completing this form.

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

<b>1. Member Information</b>				
Employee Name				
Mailing Address				Social Security Number ____ - ____ - ____
				MID (office use only)
Home Telephone ( ) ____ - ____	Birthdate (month/day/year) ____ / ____ / ____	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Spouse's Last Name	First	Middle Initial	Maiden (if applicable)	Jr., Sr., II, etc.      Marriage Date (month/day/year)
Do you want information regarding your beneficiary(ies) listed on IMRF correspondence? <input type="checkbox"/> Yes <input type="checkbox"/> No				

<b>2. Primary Beneficiary(ies)</b> (Will receive IMRF death benefits first.) <i>Please refer to instructions when naming a minor.</i>				
First Name	Last Name	Social Security Number (optional)	Relationship	% Share to each
<b>Important:</b> If the total of all primary beneficiary shares does not equal 100%, IMRF will allocate equal shares totaling 100%.			<b>TOTAL</b>	<b>100%</b>

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

<b>4. Exclusion of spouse as Primary Beneficiary</b> (Refer to instructions for Box 4.)	
CHECK BOX <i>IF YOU DID NOT NAME YOUR SPOUSE AS PRIMARY BENEFICIARY IN BOX 2 ABOVE.</i>	
<input type="checkbox"/>	I do <b>not</b> want my spouse to receive IMRF death benefits as <b>Primary</b> Beneficiary. I understand and intend that my spouse will <b>not</b> be eligible for a surviving spouse pension.

<b>BOX 5 - Signature</b> (WRITE, DO NOT TYPE OR PRINT) of member only (The designation <b>will not be accepted</b> if someone other than the member signs this form.)	
<b>X</b>	Date

Read the conditions on the reverse side.

Illinois Municipal Retirement Fund  
2211 York Road, Suite 500, Oak Brook, IL 60523-2337  
1-800-ASK-IMRF (1-800-275-4673) Fax 1-630-706-4289

# 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.*

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## **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 laws and regulations then applicable.

Your creditor (such as a bank, credit union, or loan company) may not be named as beneficiary as a means of providing security for a debt.

## **Death benefit payments**

IMRF death benefits are paid to:

- the Primary Beneficiary designated by the member on the most recent designation of beneficiary form on file with IMRF
- the spouse of the married member or to the estate of an unmarried member, if no designation form is on file.

If no Primary Beneficiary(ies) survives, the benefit will be paid to your Secondary Beneficiary(ies).

If no Primary or Secondary Beneficiary(ies) survives, the benefit will be paid to your estate.

A child's pension is payable if the member was participating in the Elected County Official (ECO) 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.

## **Exclusion of spouse**

Under the IMRF statute, a spouse is the Primary Beneficiary of a married member, unless the member excludes the spouse in writing (see Box 4 on the form).

You may:

- name your spouse as "co-beneficiary" with any other person(s), or
- totally exclude your spouse by completing Box 4 and naming any person(s), or any church, trust, charity or organization as your Primary Beneficiary(ies).

If your spouse is **not** your **only** Primary Beneficiary, or if you completely exclude your spouse,

- 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.**

After you retire and start receiving your IMRF pension, your spouse is again eligible for a Surviving Spouse pension, even if you previously excluded him or her.

A member receiving an IMRF pension may exclude his or her spouse from receiving the \$3,000 lump sum benefit payable upon the death of a retiree, but not from the Surviving Spouse pension.

## **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 Illinois Uniform Transfers to Minors Act."

## **Shares to each named beneficiary**

If more than one person is named beneficiary, they will share equally in the benefit unless specific shares are written in.

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

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