



FORMS/PUBLICATIONS REQUEST

IMRF Form 2.50 (Rev. 02/2011)

Fax Request to:
630 / 368 - 5397

Blank forms, benefit booklets and checklists may also be viewed and downloaded at www.imrf.org.

Amount	Form #	Form Title
	2.20	Notice of Appointment of Authorized Agent
	2.30	Notice of Election or Appointment of Township Supervisor
	5.10	Application for Separation Refund
	5.20	Application for Retirement Annuity (Pension)
	5.21	Member's Notice of Intent to Retire Under ERI
	5.30	Application for Death Benefit
	5.40	Member's Application for Disability Benefits
	5.41	Employer's Statement - Disability Claim
	5.42	Physician's Statement - Disability Claim
	5.45	Employer's Notice of Trial Work Period or Certificate of Termination of Disability
	6.02J	Application for Military Service Credit
	6.03	Application for Reinstatement of Service Credit
	6.04	Application for Retroactive Service Credit
	6.04A	Application for Retroactive Service Credit (for employees previously barred by age)
	6.05	Omitted Service Credit Verification
	6.06	Conversion of Regular or SLEP Service Credit to Elected County Official (ECO) Service Credit
	6.07	Application for Prior Service Credit
	6.11	Designation of Beneficiary
	6.11A	Designation of Beneficiary for Annuitants
	6.19	Member Employment Information
	6.21	Election to Participate for Qualifying Positions (Elected County Officials and City Hospital Employees)
	6.21B	Election by Elected County Official to Participate in ECO Plan
	6.22	Election of Police Chief to Participate as SLEP Member
	6.23	Election to Contribute Under Additional Position
	6.24	40-Year Service Election to Cease Contributions
	6.28	Revocation of Election to Participate in ECO Plan
	6.30	Election to Make Voluntary Add'l. Contributions
	6.32	IMRF Benefit Protection Leave (Leave of Absence)

Amount	Form #	Form Title
	6.33	Out-of-State Service Credit Authorization
	6.62	Resolution - Military Leave Authorization
	6.62A	Resolution - Limited Service Credit for Military Leave
	63A	Resolution - Military Service Prior to IMRF Participation
	6.64	Resolution - Elected Officials
	6.68	Resolution - Adoption of 1,000 Hour Requirement
	6.71	Certificate of Sheriff's Law Enforcement Service
	6.72	Resolution - Include Compensation Under a 125 Plan
	6.77	Resolution - To Adopt IMRF ERI
	6.78	Resolution - Amortization Period for IMRF ERI
	6.85	Resolution - For Employer Pick Up for Member ERI Contributions
	7.10	Health Insurance Continuation Through Employer
	BF-20	Pension Estimate Request
Benefit Booklets		
	REGT1	Regular Plan IMRF Benefits - Tier 1
	REGT2	Regular Plan IMRF Benefits - Tier 2
	SPNT1	Spanish Regular IMRF Benefits - Tier 1
	SLEPT1	Sheriff's Law Enforcement Personnel - Tier 1
	SLEPT2	Sheriff's Law Enforcement Personnel - Tier 2
	ECOT1	Elected County Official Plan - Tier 1
	ECOT2	Elected County Official Plan - Tier 2
	DISA	IMRF Disability Booklet
Brochures		
	FIELD	IMRF Field Services Brochure
Envelopes		
	CORR	IMRF Correspondence Envelope - letter size
Checklists		
	ENROLL	Should this employee be enrolled?
	PART	Participation - Steps to Enrollment in IMRF
	DISA	Disability Checklist
	TERM	Retirement Checklist
	RETIRE	Retirement Checklist
	DEATH	Death Benefits Checklist

Mail requested materials to:

IMRF Use Only _____

NAME		TITLE	
EMPLOYER NAME		EMPLOYER IMRF I.D. NUMBER	
STREET (MAILING) ADDRESS			
CITY	STATE	ZIP CODE +4	

Illinois Municipal Retirement Fund

Suite 500 2211 York Road Oak Brook IL 60523-2337 1-800-ASK-IMRF (1-800-275-4673)

www.imrf.org