



# APPLICATION TO SERVE AS REPRESENTATIVE PAYEE FOR ANNUITANT BY NURSING HOME OR HOSPITAL

IMRF Form 5.63 (3/03)

**PLEASE PRINT OR TYPE**

## INSTRUCTIONS

- This application is to be submitted by the administrator of a nursing home or hospital who has assumed the responsibility for the care of an IMRF annuitant. The annuitant must be confined to the nursing home or hospital and be physically unable to sign his or her check or be mentally incompetent to handle his or her own affairs. In keeping with our normal procedures, we periodically make a check through a private investigation agency to assure ourselves that the annuitant is residing at the nursing home or hospital. IMRF will issue checks payable to the nursing home or hospital as the official Representative Payee.
- **Annuity payments must be used solely for the use and benefit of the annuitant.**

SECTION 1 — IMRF ANNUITANT AND REPRESENTATIVE PAYEE INFORMATION				
IMRF ANNUITANT'S FIRST NAME	MIDDLE INITIAL	LAST	JR., SR., II., ETC.	ANNUITANT'S SOCIAL SECURITY NUMBER  _____
TYPE OF ANNUITY BEING PAID <input type="checkbox"/> Retirement <input type="checkbox"/> Surviving Spouse <input type="checkbox"/> Beneficiary <input type="checkbox"/> Disability				MONTHLY CHARGES TO ANNUITANT (approximately)
NAME OF NURSING HOME OR HOSPITAL		ADMINISTRATOR'S NAME		
STREET ADDRESS		CITY	STATE	ZIP CODE+4
PHONE NUMBER				
<p>As the administrator of the above named nursing home or hospital, I certify that:</p> <ol style="list-style-type: none"> <li>1. The above named IMRF annuitant is confined to the nursing home or hospital and is physically unable to sign his or her checks or is mentally incompetent to handle his or her affairs.</li> <li>2. I will apply the proceeds of the annuitant's checks solely to the use and benefit of the annuitant.</li> <li>3. The annuitant is a permanent resident of long term care.</li> <li>4. I will immediately notify the Illinois Municipal Retirement Fund of any of the following:               <ol style="list-style-type: none"> <li>a. If the annuitant dies.</li> <li>b. If the annuitant leaves the nursing home or hospital.</li> <li>c. If my position with the nursing home or hospital is terminated.</li> </ol> </li> </ol> <p>I certify the above statements are correct to the best of my knowledge and belief.</p>				
SIGNATURE OF ADMINISTRATOR			DATE	

### Illinois Municipal Retirement Fund

Suite 500, 2211 York Road, Oak Brook, IL 60523-2337 630/368-1010

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

[www.imrf.org](http://www.imrf.org)