



# EMPLOYER'S NOTICE OF TERMINATION OF DISABILITY OR TRIAL WORK/LIGHT DUTY PERIOD

IMRF Form 5.45 (Rev. 11/09)

- Complete and send this form to IMRF promptly when a member either returns to work or begins a trial work period.

|                    |       |                |                           |
|--------------------|-------|----------------|---------------------------|
| MEMBER'S LAST NAME | FIRST | MIDDLE INITIAL | SOCIAL SECURITY NUMBER    |
|                    |       |                | _____ - _____ - _____     |
| EMPLOYER NAME      |       |                | EMPLOYER IMRF I.D. NUMBER |
|                    |       |                |                           |

## TERMINATION OF DISABILITY

- Member returned to work full duty (**no restrictions**) on \_\_\_\_\_ Date
- A physician, Dr. \_\_\_\_\_, certified that the member was able to return to work on \_\_\_\_\_ Date  
Name

**Attach a copy of the Physician return to work release form.**

## TRIAL WORK/LIGHT DUTY PERIOD INFORMATION

- Did member return to work on a trial basis (**reduced/modified work hours or days**)?
- Yes, member started a trial work period on \_\_\_\_\_ Date
- No
- Did member return to work on light duty (**modified position**)?
- Yes, member started a light duty work period on \_\_\_\_\_ Date
- No
- SLEP\* Employee** — employee is returning to work in a:  SLEP Position  NON-SLEP Position (*check one*)  
(\**Sheriff's Law Enforcement Personnel*)
- Member started working for another employer on \_\_\_\_\_ Date
- Other: \_\_\_\_\_

**Attach a copy of the Physician Return to Work Release form.**

|                               |                            |
|-------------------------------|----------------------------|
| SIGNATURE OF AUTHORIZED AGENT | DATE                       |
| TITLE                         | TELEPHONE NUMBER ( ) _____ |
| EMAIL ADDRESS _____           | FAX NUMBER ( ) _____       |

Illinois Municipal Retirement Fund

2211 York Road, Suite 500, Oak Brook Illinois 60523-2337

Member Services Representatives PH 1-800-ASK-IMRF (1-800-275-4673) • FX 630-706-4289