



MEMBER EMPLOYMENT INFORMATION

IMRF Form 6.19 (Rev. 07/06)

PLEASE READ INSTRUCTIONS ON BACK BEFORE COMPLETING!

PLEASE PRINT OR TYPE — USE BLACK INK

MEMBER'S FIRST NAME	MIDDLE INITIAL	LAST	JR., SR., II, ETC.	SOCIAL SECURITY NUMBER
EMPLOYER NAME				EMPLOYER IMRF I.D. NUMBER

CHECK ONE (CORRECTED/MISSING, CHANGE, OR ADD)

SECTION A	<input type="checkbox"/> CORRECTED OR MISSING INFORMATION FROM FORM 6.10:			
	Date employed	Participation date*	Employee will participate in: <input type="checkbox"/> Regular <input type="checkbox"/> SLEP (FT / PT) <input type="checkbox"/> ECO	
	Dept. name	Position title		
*If date employed is earlier than participation date, please explain.				

SECTION B	<input type="checkbox"/> CHANGE PLAN <i>(check one only)</i>			
	<i>(When changing from any ECO plan to Regular or SLEP, please contact IMRF, as form 6.28 may be required)</i>			
	<input type="checkbox"/> From RegularTo SLEP (FT / PT)	<input type="checkbox"/> From ECO Regular To Regular		
	<input type="checkbox"/> From RegularTo ECO Regular <i>(attach form 6.21B)</i>	<input type="checkbox"/> From ECO Regular To SLEP (FT / PT)		
<input type="checkbox"/> From RegularTo ECO SLEP <i>(attach form 6.21B)</i>	<input type="checkbox"/> From ECO Regular To ECO SLEP			
<input type="checkbox"/> From SLEPTo Regular	<input type="checkbox"/> From ECO SLEP To Regular			
<input type="checkbox"/> From SLEPTo ECO Regular <i>(attach form 6.21B)</i>	<input type="checkbox"/> From ECO SLEP To SLEP (FT / PT)			
<input type="checkbox"/> From SLEPTo ECO SLEP <i>(attach form 6.21B)</i>	<input type="checkbox"/> From ECO SLEP To ECO Regular			
Previous position title	Date member terminated position			
New position title <i>(See Section D below)</i>	Date began working in position			
New department name	First month wages will be reported for new position			

SECTION C	<input type="checkbox"/> ADD PLAN			
	New position title <i>(See Section D below)</i>	Participates under <input type="checkbox"/> Regular <input type="checkbox"/> SLEP (FT/PT) <input type="checkbox"/> ECO	Date participation began	
	New department name	Date member began new position*		
*If date member began new position is different than participation date, explain.				First month wages will be reported for new position

SECTION D	For any NEW position listed above is member: <i>(see instructions on back)</i>			
	A. Working in a seasonal position? <input type="checkbox"/> No <input type="checkbox"/> Yes OR			
	An elected official who will be paid irregularly? <input type="checkbox"/> No <input type="checkbox"/> Yes			
	If member will hold a seasonal position and the seasonal employer is not a school district, park district, or recreation association, OR is an elected official who will be paid irregularly, check the months the member 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"/> July <input type="checkbox"/> Aug <input type="checkbox"/> Sept <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec			
	B. Police chief eligible for transfer into IMRF for SLEP coverage? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>(attach Form 6.22)</i>		G. Elected official or appointed to elected office? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>(attach Form 6.21)</i>	
	C. Performing police duties? <input type="checkbox"/> No <input type="checkbox"/> Yes		H. For county employers only : Has member elected to participate in the Elected County Official (ECO) plan? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>(attach Form 6.21B)</i>	
	D. Performing fire protection duties? <input type="checkbox"/> No <input type="checkbox"/> Yes		I. For SLEP employers only : Was SLEP member appointed by: <input type="checkbox"/> Sheriff <input type="checkbox"/> Merit Commission	
	E. Performing teacher aide duties? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>(see instructions for examples)</i>			
	F. City hospital worker? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>(attach Form 6.21)</i>			

I certify this information is correct to the best of my knowledge and belief.

Signature of Authorized Agent <i>(write; do not print or type)</i>	Date
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X

Illinois Municipal Retirement Fund

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

Service Representatives 1-800-ASK-IMRF (1-800-275-4673) 7:30 a.m. to 5:30 p.m.

INSTRUCTIONS

- “PLAN” refers to either Regular, SLEP, or ECO.
- “SLEP” refers to Sheriff’s Law Enforcement Personnel plan, ECO refers to the Elected County Official Plan (either ECO Regular or ECO SLEP).
- For any SLEP plan, please circle full time or part time (FT / PT).
- If a member was reported as Regular but should have been reported as SLEP, complete IMRF Forms 6.71, “Certification of Sheriff’s Law Enforcement Service,” and 3.20, “Employer’s Report of Adjustments.”

- If a member is terminating employment or no longer qualifies for IMRF participation, complete IMRF Form 6.41, “Notice of Termination,” (can be completed online)
- Participation in IMRF is governed by Article 7 of the Pension Code. Refer to Section 3 of the Manual for Authorized Agents for details on IMRF participation and Section 3 of the SLEP Supplement to the Manual for Authorized Agents for details on SLEP participation.

SECTION A

- Use this section to provide **missing or corrected** information regarding a member’s Form 6.10, “Notice of Enrollment.”
- Please complete Section D if applicable.

SECTION B

- Use this section if a member is **changing** IMRF-covered positions **and** the change will result in the member changing IMRF plans.
- Please be sure to complete Section D to provide information about the member’s **new** position.
- Please be sure to attach the appropriate form as indicated.
- If a member was reported as Regular but should have been reported as SLEP, complete IMRF Forms 6.71, “Certification of Sheriff’s Law Enforcement Service,” and 3.20, “Employer’s Report of Adjustments.”
- You cannot add an elected county official to the ECO plan simply by completing this form. The member must submit Form 6.21B, “Election of Elected County Official to Participate in ECO.”
- When changing from any ECO plan to Regular or SLEP, please contact IMRF as Form 6.28, “Revocation of Election to Participate in Elected County Official Plan,” may be required.

SECTION C

- Use this section if a member will assume an **additional** IMRF-covered position **and**, under the additional position, the member will participate under a different IMRF plan.
- Please be sure to complete Section D to provide information about the member’s **new** position.

SECTION D

Complete this section if the member is **changing positions** OR will participate in a **new** position.

For Questions:

- A 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.

- B Check “yes” 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.”
- C Check “yes” if the member has been sworn in to perform police duties.
- D Check “yes” if the member will perform fire protection duties. (Refer to Section 3 of the Manual for Authorized Agents for eligibility requirements.)
- E Check “yes” if the member will provide instructional support in the classroom, tutor, supervise students, or perform clerical tasks required by teachers.
- F If the member is a city hospital worker, please complete and attach IMRF Form 6.21, “Election to Participate.”
- G If the member is an elected official, appointed to elected office, please complete and attach IMRF Form 6.21, “Election to Participate.”
- H For county employers only: If employer is a county and the elected official chose to participate in ECO, please complete and attach IMRF Form 6.21B, “Election of Elected County Official to Participate in ECO.”
- I For SLEP employers only: If the member is a SLEP member, indicate if member was appointed by either a Sheriff or Merit Commission.