



ELECTION TO PARTICIPATE FOR QUALIFYING POSITION

IMRF Form 6.21 (Rev. 01/12)

INSTRUCTIONS

- Elected officials and city hospital workers have the option to participate if their position qualifies them for participation in IMRF. In order to elect to participate, they should complete this form and file it with IMRF.
- If an elected official chooses to participate in IMRF, that official must always participate while holding that same office, including subsequent terms of office. This means that an elected official who joins IMRF may not receive an IMRF pension during any term in that office.
- After the elected official or city hospital employee begins participation, he/she is eligible to apply for a maximum of 50 months of retroactive service credit. Use IMRF Form 6.04, "Application for Retroactive Service Credit."
- The employer must have on file with IMRF Form 6.64, "Resolution Relating to Participation by Elected Officials," certifying that the position qualifies for participation in IMRF.
- A person appointed to a vacant elected position is considered to be an elected official and must also file this form if he/she elects to participate in IMRF.
- If an IMRF member currently holds another qualifying position and is electing to contribute member contributions through an elected or city hospital position which would not qualify in and of itself, please use form 6.23, "Election to Contribute Under Additional Position." You can also refer to the Manual for Authorized Agents, Section 6.10.
- All elected officials and city hospital employees whose position qualifies them for participation in IMRF, **even if they choose not to join**, are considered to be participants in an employer sponsored pension plan and therefore subject to the IRA deductibility limits imposed by the Internal Revenue Code of 1986.

PLEASE PRINT OR TYPE - USE BLACK INK

Employee's First name	Middle Initial	Last	Jr., Sr., II, etc.	Social Security Number ____-____-____
Current Position Title		Department Code	Elected/Appointed Official <input type="checkbox"/> Y <input type="checkbox"/> N City Hospital Worker <input type="checkbox"/> Y <input type="checkbox"/> N	

Employer name	Employer IMRF I.D. Number
Street (mailing) address	City, State and Zip + 4

CERTIFICATION BY ELECTED OFFICIAL OR CITY HOSPITAL EMPLOYEE
I certify that I am electing to participate in the Illinois Municipal Retirement Fund and have authorized payroll deductions to be made from my earnings as required under the Illinois Pension Code. I understand that this election may not be revoked, and that I must continue IMRF participation in all subsequent terms in this office.*

Signature of Elected Official or City Hospital Employee

Date

CERTIFICATION BY AUTHORIZED AGENT
I certify that the position which the above named person occupies qualifies him or her for membership in IMRF.*

Signature of Authorized Agent

Date

* I understand that any person who knowingly makes any false statement or falsifies or permits to be falsified any record of the Illinois Municipal Retirement Fund in an attempt to defraud IMRF is guilty of a Class 3 felony (40 ILCS 5/1-135).

Illinois Municipal Retirement Fund
Suite 500, 2211 York Road, Oak Brook Illinois 60523-2374
Member Services Representatives 1-800-ASK-IMRF (1-800-275-4673)