



ELECTION OF POLICE CHIEF TO PARTICIPATE AS A SLEP MEMBER

IMRF Form 6.22 (Rev. 1/06)



INSTRUCTIONS

- An estimate of the cost to the municipality of the chief's IMRF participation should be requested before the chief enrolls in IMRF. The chief should also request an estimate of the cost to transfer police pension service before enrolling.
- A chief of police who elects to participate as a SLEP member in IMRF must complete this form and file it with IMRF along with IMRF Forms 6.10, "Notice of Enrollment in IMRF", and 6.11, "Designation of Beneficiary".
- The election to participate as a SLEP member must be made within 90 days of appointment as police chief.
- The Authorized Agent should promptly notify the payroll unit to make the proper IMRF participating deductions from the chief's next payroll earnings and to report these deductions on IMRF Form 3.11, "Monthly Earnings and Contribution Report."
- Please retain a copy of this form for your records.

PLEASE PRINT OR TYPE

MEMBER'S FIRST NAME	MIDDLE INITIAL	LAST	JR., SR., II, ETC.	SOCIAL SECURITY NUMBER ____-____-____
STREET (MAILING) ADDRESS				TELEPHONE NUMBER + AREA CODE

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

List All Police Pension Fund Service You Wish To Transfer	Approximate Commissioned Period	Was Service Forfeited By Refund	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No

CERTIFICATION BY MEMBER

I certify that I am an appointed chief of police, am currently eligible to participate in the police fund, have elected to participate in the Illinois Municipal Retirement Fund as a SLEP member, and have authorized deductions to be made from my earnings as required under the provisions of the Illinois Pension Code.

I understand that this election may not be revoked as long as I perform police duties with an IMRF employer.

_____ Signature of Chief of Police	_____ Date
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CERTIFICATION BY AUTHORIZED AGENT

I certify that the above named member was appointed police chief of this municipality on (date) _____.

_____ Signature of Authorized Agent	_____ Date
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Illinois Municipal Retirement Fund

Suite 500, 2211 York Road, Oak Brook Illinois 60523-2374 630/368-1010