



REVOCATION OF ELECTION TO PARTICIPATE IN ELECTED COUNTY OFFICIAL PLAN

IMRF Form 6.28 (Revised 1/02)

INSTRUCTIONS

- If you joined ECO before January 26, 2000, **the revocation is effective on the last day of the month**, e.g., if the form is signed on March 2nd, the revocation is effective on March 31st.
 - After filing this form, the Authorized Agent should promptly notify its payroll unit to deduct the appropriate member IMRF contributions (Regular IMRF or SLEP) from the member's payroll earnings **beginning with next month's Monthly Deposit Report** (e.g., if this form is dated March, deduct Regular IMRF or SLEP contributions starting in April).
- If you joined ECO on or after January 26, 2000, **the revocation is effective on the date this form is signed**.
 - After filing this form, the Authorized Agent should promptly notify its payroll unit to deduct the appropriate member IMRF contributions (Regular IMRF or SLEP) from the member's payroll earnings **beginning with the next payroll**. Because the member's IMRF contribution changes with the next payroll, you may need to report member's wages and contributions under two plans (Regular IMRF or SLEP and ECO) for next month's Monthly Deposit Report. Wages paid *before* this form was signed will be reported under ECO; wages paid *after* this form is signed will be reported under Regular IMRF or SLEP.
- If you choose to stop participating in the ECO plan, **your decision is irrevocable. You may not re-enroll in the ECO plan at a later date.**

PLEASE PRINT OR TYPE — USE BLACK INK

| | | | | |
|----------------------|----------------|------|--------------------|----------------------------|
| Member's First name | Middle Initial | Last | Jr., Sr., II, etc. | Social Security Number |
| Current Office Title | | | | Current Office Expires on: |

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

CERTIFICATION BY ELECTED COUNTY OFFICIAL

I hereby revoke my previous election to participate in the IMRF Elected County Official (ECO) plan. My participation in IMRF will continue. I understand that by revoking my election in the ECO Plan, I will:

- freeze my ECO final rate of earnings
- continue to participate in the Illinois Municipal Retirement Fund in the Regular IMRF or SLEP plan (as appropriate); and
- NOT be eligible to elect to participate in the ECO plan at a future date.

I further understand and agree that this **revocation of participation in the ECO plan MAY NOT BE RESCINDED**. I will not be eligible to earn IMRF ECO service credit now nor in the future.

| | |
|--------------------------------------|------|
| Signature of Elected County Official | Date |
|--------------------------------------|------|

CERTIFICATION BY AUTHORIZED AGENT

**Information required only for those members who joined ECO prior to January 26, 2000.
Do NOT complete if member joined ECO on or after January 26, 2000.**

I certify that the above named member currently participates in IMRF through the employer listed above and that he/she occupies a qualifying position.

1. Please enter the member's final annual salary earned as a member of the ECO Plan...\$ _____
2. Please enter the member's annual stipend as a member of the ECO Plan:\$ _____

| | |
|-------------------------------|------|
| Signature of Authorized Agent | Date |
|-------------------------------|------|

Illinois Municipal Retirement Fund

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