



TERMINATION OF IMRF PARTICIPATION

IMRF Form 6.41 (Rev. 2/04)

Please print or type

1. Employer Name			2. Employer Number		
3. Member's Last Name		First	Middle Initial	4. Social Security Number	
Complete either 5a or 5b:					
5a. Terminating employment		(month)	(date)	(year)	
Last day of employment:					
5b. Terminating IMRF participation only, employment relationship continues		(month)	(date)	(year)	
Last day of IMRF participation:					

6. REASON			Terminating IMRF participation but employment relationship continues		
<input type="checkbox"/> Resignation	<input type="checkbox"/> Military Leave		<ul style="list-style-type: none"> Member not eligible for separation refund. When employment terminates, submit revised 6.41. 		
<input type="checkbox"/> Dismissal	<input type="checkbox"/> Medical		<input type="checkbox"/> Change from IMRF qualifying position to nonqualifying position		
<input type="checkbox"/> Elected Official - Term expired	<input type="checkbox"/> Death—Complete Box 8 Work Accident? _____yes _____no If death occurred while a contributing member, the date IMRF coverage stopped should be same as date of death.		OR		
_____ MONTH DATE YEAR	<input type="checkbox"/> Other - please explain _____		<input type="checkbox"/> Change from IMRF to another Illinois public retirement system		
<input type="checkbox"/> Elected Official - Resigned (Attach copy of letter of resignation and copy of board meeting minutes accepting resignation.)					
<input type="checkbox"/> Retirement - Complete Box 8					

7. FINAL EARNINGS AND CONTRIBUTIONS REPORT

A. To be completed for all members

The member's final paycheck data will be on the Report of Earnings and Contributions for the month of _____
WAGES AND CONTRIBUTIONS CAN BE REPORTED NO LATER THAN ONE MONTH AFTER THE LAST DAY OF PARTICIPATION, E.G., LAST DAY OF PARTICIPATION IS MAY 15, WAGES CAN BE REPORTED FOR MAY AND JUNE BUT NOT JULY. MONTH/YEAR

B. To be completed for Elected County Official (ECO) Plan members only. Please enter member's:

Elected County Position _____

Final annual salary earned as a member of the ECO Plan \$ _____

Annual stipend as a member of the ECO Plan \$ _____

8. COMPLETE IF MEMBER IS RECEIVING IMRF DISABILITY BENEFITS, PLANNING TO RETIRE OR IS DECEASED.

The IMRF member was under an established sick leave plan which is available to all employees or class of employees and the member accumulated _____ whole days of **unused sick days (do not enter hours)** for which the member will **not be paid**. *no. of days; if none, enter NONE*

9. COMPLETE THIS SECTION IF MEMBER OWES IMRF CONTRIBUTIONS

The member carries an unpaid contribution balance of \$ _____ previously charged to this employer's account under IMRF charge advice number (enter charge advice number): _____. Since the member has not reimbursed this employer for this amount, please deduct it from the member's benefit payment and transfer the credit to the employer's account.

10. CERTIFICATION BY AUTHORIZED AGENT

I certify to the Illinois Municipal Retirement Fund Board of Trustees that the above information is true and correct to the best of my knowledge and belief.

AUTHORIZED AGENT signature	Date
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This form is not an application for any benefit. Benefits must be claimed by the member on the appropriate application.

Illinois Municipal Retirement Fund
 Suite 500, 2211 York Road, Oak Brook Illinois 60523-2337
 Service Representatives 1-800-ASK-IMRF (1-800-275-4673)
www.imrf.org