CERTIFICATE OF SHERIFF'S LAW ENFORCEMENT SERVICE

IMRF Form 6.71 (Rev. 09/07)

Read the instructions before completing this form
PLEASE PRINT OR TYPE

Purpose of Form

This Form is **only** to be used to **reclassify service credit** that was reported in error as regular IMRF service, but should have been reported as Sheriff's Law Enforcement Service credit.

NOTE: Possible Additional Documentation Needed

If the erroneous reporting continued for more than six (6) months, or was for a period of more than one (1) year ago, a copy of the member's **deputy sheriff's oath** must be filed with this Form.

MEMBER'S FIRST NAME	MIDDLE INITIAL	LAST	JR., SR., II, etc.	SOCIAL SECURITY NUMBER
				_____-_____-_____
STREET (MAILING) ADDRESS	CITY	STATE	ZIP + 4	TELEPHONE NO ( )
EMPLOYER NAME				EMPLOYER IMRF I.D. NUMBER

STATEMENT OF SERVICE

Service rendered by the member herein from _____ to _____
Date Date
was originally reported to IMRF as regular county employee service but should be recorded as Sheriff's Law Enforcement Service on

IMRF accounts.

CERTIFICATION BY SHERIFF

I hereby certify that the service period shown as Sheriff's Law Enforcement Service was rendered in the capacity of a full-time deputy sheriff according to the records of my office.

_____ _____
Signature of Sheriff Date

CERTIFICATION BY AUTHORIZED AGENT

The named member was on the County payroll for the period of services shown above.

_____ _____
Signature of Authorized Agent Date

CERTIFICATION BY MEMBER

I hereby certify that I was employed by the County as a full-time deputy sheriff.

_____ _____
Signature of Member Date

Illinois Municipal Retirement Fund
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Member Services Representatives 1-800-ASK-IMRF (1-800-275-4673)
www.imrf.org

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