



# ELECTED COUNTY OFFICIAL STIPEND PURCHASE

Under Public Act 96-0961; HB 4644

IMRF Form 6.94 (07/2010)

**Questions?** Please call IMRF Member Services Representatives at 1-800-ASK-IMRF (1-800-275-4673) Monday through Friday, 7:30 a.m. to 5:30 p.m.

Public Act 96-0961 allows elected county officials who were entitled to a state stipend between July 1, 2009, and June 30, 2010, but did not receive it (or did not receive all of it), to apply to IMRF to receive credit for the full rate of earnings normally associated with the stipend. This new law was effective July 2, 2010. Eligible members have six months after that date to apply. **IMRF must receive your application in our offices no later than January 3, 2011.**

### ELECTED COUNTY OFFICIALS:

1. Purchasing the balance of a stipend and/or opting out of ECO is an important financial decision. If you need more information, call 1-800-ASK-IMRF and ask to speak with a Representative trained in stipend and ECO issues. If a Representative is not available, you will be asked to leave your contact information in a separate voice mailbox.
2. If you have 18 or more years of ECO service, you may wish to request a pension estimate before purchasing your stipend. IMRF cannot refund your contributions once you receive credit for the stipend.
3. If you do **not** plan on retiring in the next four years, we recommend you speak with an IMRF Member Services Representative at 1-800-ASK-IMRF (1-800-275-4673) to understand your options.

### IMRF Member Information

Full Name \_\_\_\_\_  
*Last* *First* *M.I.*

Social Security # \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Address \_\_\_\_\_  
*Street Address* *Apt. #* *City, State, Zip*

Telephone ( ) \_\_\_\_\_ Alternate Phone ( ) \_\_\_\_\_

**X** \_\_\_\_\_  
IMRF Member Signature \_\_\_\_\_ Date \_\_\_\_\_

**After entering the information above, give this form to your employer.**

### IMRF Employer Information

Employer Name \_\_\_\_\_

Address \_\_\_\_\_  
*Street Address* *City, State, Zip*

Telephone ( ) \_\_\_\_\_ Alternate Phone ( ) \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

E-mail Address \_\_\_\_\_

<b>Total Stipend Amount Reported by Employer</b>	<b>\$</b>
<b>Month Stipend was Reported</b>	
<b>Position Held by Elected Official</b>	
<b>Annual Maximum Stipend Amount</b>	<b>\$</b>

**X** \_\_\_\_\_  
Employer Authorized Agent Signature \_\_\_\_\_ Date \_\_\_\_\_

**IMRF must receive your application in our offices NO LATER THAN JANUARY 3, 2011.**