

TERMINATION CHECK LIST

Do not submit this check list to IMRF—for employer’s use only.

Use this check list as a reference or place a copy in the member’s file. The completed check list then provides documentation of the termination process and should **not** be submitted to IMRF.

To avoid possible delay of benefits or refunds:

Notice of Termination of Participation (Form 6.41) is always required regardless of the reason for termination.

Termination Check List

Complete and file with IMRF

- ___ Notice of Termination of Participation (Form 6.41)
(If employer has Internet access, must submit via Employer Access)
Form 6.41 must be filed regardless of the reason for termination.

Use one of the four following check lists depending on the member’s reason for termination:

A. Separation (employee quits or is terminated from his or her position)

Member is **not** required to apply for a separation refund

- ___ For a refund of contributions, the member files an Application for Separation Refund (Form 5.10) with IMRF. (To be eligible for a refund, the member must terminate **employment** as well as IMRF participation. The member is **not** eligible for a refund if he or she will continue working for **the same unit of government** in a position that is not eligible for IMRF or in a position that will participate in a reciprocal or local police or fire fund.)

___ Employers should discuss COBRA with the member, see IMRF Manual for Authorized Agents

B. Retirement (see Retirement Check List)

- ___ A retiring member files an Application for Retirement Annuity (Form 5.20) with IMRF
- ___ Employers should discuss Health Insurance Continuation with retiring members, see IMRF Manual for Authorized Agents

C. Death (see Death Benefit Check List)

- ___ Employer must file Notice of Termination (Form 6.41) *(Form 6.41 can be completed online via your Employer Access Account)*
- ___ Advise survivors to contact IMRF at 1-800-ASK-IMRF (1-800-275-4673)
- ___ Discuss COBRA with surviving spouse (and dependents); see IMRF Manual for Authorized Agents

D. Disability (See Disability Check List)