



# REQUEST FOR PENSION IMPACT STATEMENT (P.A. 97-0609)

IMRF Form 3.22 (03/2012)

- Public Act 97-0609 requires employers to request a "Pension Impact Statement" from IMRF before increasing the earnings of an officer, executive, or manager by 12% or more. (See exceptions on back.)
- The Pension Impact Statement will provide
  - Effect the earnings increase could have on the member's pension
  - Estimated "Accelerated Payment" (amount employer will be required to pay immediately upon the member's retirement. (The Accelerated Payment is due when the member retires, not when the salary increases.)
- Once the employer receives the Pension Impact Statement from IMRF, the **individual approving the salary increase** will be required to sign and return the Pension Impact Statement to IMRF.
- Employers will be required to pay IMRF the **\$25 cost** associated with preparing the Pension Impact Statement.

EMPLOYER NAME	EMPLOYER NUMBER
MEMBER NAME	IMRF MEMBER ID OR LAST 4 DIGITS OF SSN
MEMBER MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> CIVIL UNION <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED	ESTIMATED RETIREMENT DATE (MONTH/YEAR)

MEMBER SALARY PRIOR TO INCREASE .....\$ _____	
MEMBER SALARY AFTER THE INCREASE.....\$ _____	
ESTIMATED PERCENTAGE INCREASE IN MEMBER'S ANNUAL SALARY ..... %	
ESTIMATED DATE (MONTH AND YEAR) OF INCREASE..... (MONTH/YEAR)	
NAME OF AUTHORITY APPROVING THE INCREASE (Print Name) (Will sign and return the Pension Impact Statement)	TITLE (Print Title) (e.g., Board President, Board Chair, Director)
<b>CERTIFICATION BY AUTHORIZED AGENT:</b> I certify that the salary information and salary increase for the above named member is in agreement with the governmental unit's records.	
<b>X</b>	
SIGNATURE OF AUTHORIZED AGENT*	DATE

\* I understand that any person who knowingly makes any false statement or falsifies or permits to be falsified any record of the Illinois Municipal Retirement Fund in an attempt to defraud IMRF is guilty of a Class 3 felony (40 ILCS 5/1-135).

## IMRF

Suite 500 2211 York Road Oak Brook IL 60523-2337

Employer-Only Phone: 1-800-728-7971 • Member Services Representatives: 1-800-ASK-IMRF (1-800-275-4673)

FAX 630-368-5398

# IMRF Pension Impact Statements

Public Act 97-0609 requires employers to request a “Pension Impact Statement” from IMRF before increasing the earnings of an officer, executive, or manager by 12% or more.

IMRF will use the information provided by you to calculate the estimated increase to the member’s future pension and the resulting estimated Accelerated Payment due from the employer *when the member retires*.

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## Earnings increases exempted from P.A. 97-0609

- Certain earnings increases greater than 12% are exempted from the Pension Impact Statement.
- Earnings increases exempted are those:
  - For members who are more than 10 years from retirement eligibility.
  - Resulting from standard employment promotions resulting in increased responsibility and workload
  - Resulting from an increase in the number of hours required to be worked
  - Paid under contracts or collective bargaining agreements entered into, amended or renewed before January 1, 2012

## Once you receive the Pension Impact Statement...

- The authority at the employer who is authorizing the earnings increase of 12% or more (e.g., Board president, Board Chair, Chief Financial Officer, Executive Director) must sign the Pension Impact Statement and return it to IMRF.
- Public Act 97-0609 also **requires employers to pay IMRF the \$25 cost** associated with preparing the Pension Impact Statement.

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**For more information on Public Act 97-0609,  
please refer to IMRF General Memorandum 620 or call an IMRF Member Services Representative  
at 1-800-728-7971 Monday through Friday, 7:30 a.m. to 5:30 p.m.**