



DISABILITY PAYMENT AGREEMENTS

Details are provided on the actual Agreement, Page 2.

- Your IMRF disability payment was reduced because you have a pending Social Security, workers' compensation and/or occupational disease claim.
- You have asked IMRF to increase your disability benefit to the full monthly disability benefit amount. You will receive the full monthly disability benefit for a specific number of months. At that time, your benefit will be reduced again.
- **Continued payment of your full IMRF monthly disability benefit is not a loan. It is a prepayment of future benefits.**
- When you receive your **first payment** for Social Security, workers' compensation and/or occupational disease benefit(s), you must repay IMRF for prepayment of future benefits.
- **IMRF will withhold payment of any benefits** (future disability, death, retirement, refund, etc.) **up to the amount of any prepayment you have not repaid to IMRF.**

Illinois Municipal Retirement Fund

2211 York Road Suite 500 Oak Brook, IL 60523-2337

Member Services Representatives 1-800-ASK IMRF (1-800-275-4673) Fax: (630) 706-4289

www.imrf.org



DISABILITY PAYMENT AGREEMENT

IMRF Form 5.48 (Rev. 02/2014)

Exhibit 5I
Page 2 of 3

Income Tax information on next page.

MEMBER'S LAST NAME Rowe		FIRST James	MIDDLE INITIAL J.	MEMBER ID	
1. IMRF FULL MONTHLY DISABILITY BENEFIT \$600.00	2. REDUCTION DATE (DATE FULL BENEFIT WILL BE REDUCED) 5/01/2014	3. REDUCTION AMOUNT (AMOUNT FULL BENEFIT WILL BE REDUCED BY) \$590.00	4. REDUCTION TYPE Social Security	5. IMRF FULL MONTHLY DISABILITY BENEFIT WILL BE PAID UNTIL 5/31/2015	

If you are awarded Social Security disability and/or workers' compensation or occupational disease benefits, this Prepayment Agreement must be corrected before we can issue future checks.

This Prepayment Agreement is entered into between IMRF and the member named above.

You (the member) have been awarded disability benefits by IMRF in the amount indicated in Box 1 above.

If you receive Social Security Administration and/or workers' compensation or occupational disease benefits, IMRF reduces its disability benefit. IMRF has estimated that, if awarded, your Social Security, workers' compensation and/or occupational disease benefit(s) would equal the monthly amount indicated in Box 3 above.

You have filed a claim for Social Security Administration and/or workers' compensation or occupational disease benefits (as indicated in Box 4), but no final determination on that claim has been made. You have asked IMRF not to reduce its disability benefit payments until a determination is made on your claim for Social Security Administration and/or workers' compensation or occupational disease benefits.

It is agreed by IMRF and you (the member):

- A. IMRF will pay you the full monthly disability benefit shown in Box 1 above. This payment consists of IMRF's full monthly disability benefit (after any reduction for Social Security disability or worker's compensation) plus an amount considered a "prepayment" of future IMRF benefits. IMRF agrees pay the full monthly disability benefit until the earliest of the following:
- a. You are no longer disabled or no longer entitled to IMRF disability benefits,
 - b. A final determination is made on your Social Security, workers' compensation and/or occupational disease benefit(s) claim, or
 - c. The date indicated in Box 5 above (the date IMRF benefit payments equal your member contributions, less 20% federal taxes, on deposit). *On that date IMRF must again reduce your disability benefit payment even if a final determination has not been made on your Social Security, workers' compensation and/or occupational disease benefit(s) claim.*
- B. You agree that if you are awarded disability benefits under your Social Security, workers' compensation and/or occupational disease benefit(s) claim, when you receive your **first payment** you will send documents notifying IMRF and return to IMRF the amount of the prepayment of future benefits.
- C. You understand and agree that **IMRF will withhold payment of any benefits** (future disability, death, retirement, refund, etc.) payable to you or to your beneficiaries **up to the amount of any prepayment you have not repaid to IMRF.**
- D. This agreement will become effective once you sign this form and it is received at IMRF's office. IMRF's payment of disability benefits as provided in this agreement will establish its official acceptance of this agreement.
- E. If you return to work on a trial basis, the monthly disability benefit from IMRF will be reduced dollar for dollar by the amount of earnings you receive during the trial work period.

MEMBER'S SIGNATURE X James Rowe	DATE (MM/DD/YYYY) 8/15/2014
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Instructions

1. Once IMRF receives this form and has evidence that you (the member) have applied for Social Security Administration and/or workers' compensation or occupational disease benefits (or that your claim is under consideration or appeal), IMRF will reinstate your IMRF disability benefit to the amount indicated in Box 1. Payment of the reinstated (unreduced) amount establishes IMRF's official acceptance of this agreement.
2. If you have a claim pending for Social Security and/or workers' compensation or occupational disease benefits, IMRF will pay you unreduced disability benefits until Social Security makes a decision regarding your claim **OR** until the date indicated in Box 5, which is limited to the earliest of:
 - a. The date your member contributions with IMRF have been exhausted (the benefit payments you received equal your member contributions, less 20% for federal taxes) or
 - b. The date you are no longer disabled and entitled to disability benefits, or
 - c. The month you reach your age for Social Security full retirement benefits, pending a determination on your claim for Social Security disability benefits.
3. If you are awarded the Social Security Administration and/or workers' compensation or occupational disease disability benefits as indicated in Box 6, this may result in overpayment/prepayment to you by IMRF. **The prepayment must be corrected before we can issue future checks.**

If you fail to pay IMRF for the benefit prepayment, IMRF **will withhold the amount from future benefit payments** to you or to your beneficiary.

Continued payment of your full IMRF monthly disability benefit is not a loan. It is a prepayment of future benefits.

4. **Inform IMRF immediately if**
 - a. You are awarded Social Security benefits or if the Social Security Administration has denied your request for reconsideration or appeal or
 - b. You are awarded workers' compensation or occupational disease benefits or if your claim is denied.

Federal Income Tax Information

Please be aware that by agreeing to this Disability Payment Agreement you may pay more federal income tax than you would have had you not accepted IMRF's unreduced disability benefit.

Please refer to the attached, "When you make repayments to IMRF" for more information. You can also refer the IRS Publication 525, Taxable and Non-Taxable Income.