



TERMINATION OF IMRF PARTICIPATION

Exhibit 6BB

IMRF Form 6.41 (Rev. 10/09)

Please print or type

Member terminations should be submitted online via Employer Access at www.imrf.org

1. Employer Name City of Anywhere		2. Employer Number 0 9 9 9 9	
3. Member's Last Name Doe		First John	Middle Initial J.
4. Social Security Number 0 0 0 - 0 0 - 0 0 0 0		5. Last day of participation and/or employment (month) June (date) 10 (year) 2009	

COMPLETE EITHER 6A OR 6B:

6A. Terminated participation only (employment continuing)

- Member **not** eligible for separation refund.
- When employment terminates, submit **revised** 6.41.

- ☐ Change from IMRF qualifying position to nonqualifying position
- ☐ Change from IMRF to another Illinois public retirement system
- ☐ Retire while continue to work in a nonqualifying position
(Member applied for an IMRF pension but will continue working in a position that does not qualify for IMRF.)

6B. Terminated employment and participation

- ☐ Resignation
- ☐ Resignation medical
Member voluntarily resigned for health/medical reasons. Attach a copy of the member's resignation letter or the employer letter acknowledging member's voluntary resignation.

- ☐ Dismissal
- ☐ Dismissal medical
Employer terminated member's employment for health/medical reasons.
- ☒ Retirement
- ☐ Death
Work Accident? ☐ yes ☐ no
If death occurred while a contributing member, the date IMRF coverage stopped should be same as the date of death.
- ☐ Military Leave
- ☐ Term expired (elected officials only)

MONTH DATE YEAR

☐ Other - please explain: _____

7. FINAL EARNINGS AND CONTRIBUTIONS REPORT

The member's final paycheck data will be on the Report of Earnings and Contributions for the month of **July 2009**
Wages and contributions can be reported no later than one month after the last day of participation, month/year
e.g., last day of participation is May 15, report wages for May and June but not July.

8. UNUSED UNPAID SICK DAYS, COMPLETE FOR ALL MEMBERS EXCEPT ELECTED OFFICIALS

The IMRF member was under an established sick leave plan which is available to all employees or class of employees and the member accumulated **96** whole days of **unused sick days (do not enter hours)** for which the member will **not be paid**.
no. of days; if none, enter NONE

9. COMPLETE THIS SECTION IF MEMBER OWES IMRF CONTRIBUTIONS

The member carries an unpaid contribution balance of \$_____ previously charged to this employer's account under IMRF charge advice number (enter charge advice number): _____. Since the member has not reimbursed this employer for this amount, please deduct it from the member's benefit payment and transfer the credit to the employer's account.

10. CERTIFICATION BY AUTHORIZED AGENT

I certify to the Illinois Municipal Retirement Fund Board of Trustees that the above information is true and correct to the best of my knowledge and belief.

AUTHORIZED AGENT signature Albert Agents	Date June 10, 2009
---	---------------------------

This form is not an application for any benefit. Benefits must be claimed by the member on the appropriate application.

Illinois Municipal Retirement Fund
2211 York Road, Suite 500, Oak Brook Illinois 60523-2337
Member Services Representatives 1-800-ASK-IMRF (1-800-275-4673)