



MEMBER EMPLOYMENT INFORMATION

IMRF Form 6.19 (Rev. 09/2013)

PLEASE READ INSTRUCTIONS ON BACK BEFORE COMPLETING.

PLEASE PRINT

MEMBER'S LAST NAME Doe	FIRST NAME John	MIDDLE INITIAL A.	JR., SR., II, ETC.	SOCIAL SECURITY NUMBER 000 - 00 - 0000
EMPLOYER NAME City of Anywhere				EMPLOYER IMRF I.D. NUMBER 0 0 0 0 0

CHECK ONE (CORRECTED/MISSING, CHANGE PLAN, OR ADD PLAN)

☐ CORRECTED OR MISSING INFORMATION FROM FORM 6.10:

DATE EMPLOYED (MM/DD/YYYY) 11/21/2013	PARTICIPATION DATE (MM/DD/YYYY)* 11/21/2013	EMPLOYEE WILL PARTICIPATE IN: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> SLEP (FT / PT)
DEPT. NAME Public Works	POSITION TITLE Engineer	

*If date employed is earlier than participation date, please explain:

☐ CHANGE PLAN (check one only)

(When changing from any ECO plan to Regular or SLEP, please contact IMRF, as form 6.28 may be required)

- | | |
|---|--|
| <input type="checkbox"/> From Regular To SLEP (FT / PT) | <input type="checkbox"/> From SLEP To Regular |
| <input type="checkbox"/> From ECO Regular To Regular | <input type="checkbox"/> From ECO SLEP To Regular |
| <input type="checkbox"/> From ECO Regular To SLEP (FT/PT) | <input type="checkbox"/> From ECO SLEP To SLEP (FT / PT) |
| <input type="checkbox"/> From ECO Regular To ECO SLEP | <input type="checkbox"/> From ECO SLEP To ECO Regular |

PREVIOUS POSITION TITLE	DATE MEMBER TERMINATED POSITION (MM/DD/YYYY)
NEW POSITION TITLE (SEE SECTION D BELOW)	DATE BEGAN WORKING IN POSITION (MM/DD/YYYY)
NEW DEPARTMENT NAME	FIRST MONTH WAGES WILL BE REPORTED FOR NEW POSITION

☐ ADD PLAN

NEW POSITION TITLE (See Section D below)	PARTICIPATES UNDER <input type="checkbox"/> Regular <input type="checkbox"/> SLEP (FT/PT)	DATE PARTICIPATION BEGAN (MM/DD/YYYY)
NEW DEPARTMENT NAME	DATE MEMBER BEGAN NEW POSITION (MM/DD/YYYY)#	
#If date member began new position is different than participation date, explain.	FIRST MONTH WAGES WILL BE REPORTED FOR NEW POSITION	

For any NEW position listed above is member: (see instructions on back)

- A. Working in a seasonal position?..... ☐ No ☐ Yes **OR**
 An elected official who will be paid irregularly?..... ☐ No ☐ Yes
 If member will hold a seasonal position and the seasonal employer is **not** a school district, park district, or recreation association, **OR**
 is an elected official who will be paid irregularly, check the months the member will **not** be paid:
☐ Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ Jun ☐ July ☐ Aug ☐ Sept ☐ Oct ☐ Nov ☐ Dec
- B. Police chief eligible for transfer into IMRF for SLEP coverage?
☐ No ☐ Yes (attach Form 6.22)
- C. Performing police duties?..... ☐ No ☐ Yes
- D. Performing fire protection duties?..... ☐ No ☐ Yes
- E. Performing teacher aide duties?..... ☐ No ☐ Yes
 (see instructions for examples)
- F. City hospital worker? ☐ No ☐ Yes (attach Form 6.21)
- G. Elected official or appointed to elected office?
☐ No ☐ Yes (attach Form 6.21)
- H. For **SLEP employers only**: Was SLEP member appointed by:
☐ Sheriff ☐ Merit Commission

I certify this information is correct to the best of my knowledge and belief.

SIGNATURE OF AUTHORIZED AGENT (WRITE; DO NOT PRINT.) X <i>Albert Agnew</i>	DATE (MM/DD/YYYY) 11/30/2013
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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

INSTRUCTIONS

- “PLAN” refers to either Regular, SLEP, or ECO.
- “SLEP” refers to Sheriff’s Law Enforcement Personnel plan, “ECO” refers to the Elected County Official Plan (either ECO Regular or ECO SLEP).
- For any SLEP plan, please circle full time or part time (FT / PT).
- If a member was reported as Regular but should have been reported as SLEP, complete IMRF Forms 6.71, “Certification of Sheriff’s Law Enforcement Service,” and 3.20, “Employer’s Report of Adjustments.”
- If a member is terminating employment or no longer qualifies for IMRF participation, complete IMRF Form 6.41, “Notice of Termination,” (must be submitted through Employer Access)
- Participation in IMRF is governed by Article 7 of the Pension Code. Refer to Section 3 of the Manual for Authorized Agents for details on IMRF participation.

SECTION A

- Use this section to provide **missing or corrected** information regarding a member’s Form 6.10, “Notice of Enrollment.”
- Please complete Section D if applicable.

SECTION B

- Use this section if a member is **changing** IMRF-covered positions **and** the change will result in the member changing IMRF plans.
- Please be sure to complete Section D to provide information about the member’s **new** position.
- Please be sure to attach the appropriate form as indicated.
- If a member was reported as Regular but should have been reported as SLEP, complete IMRF Forms 6.71, “Certification of Sheriff’s Law Enforcement Service,” and 3.20, “Employer’s Report of Adjustments.”
- When changing from any ECO plan to Regular or SLEP, please contact IMRF as Form 6.28, “Revocation of Election to Participate in Elected County Official Plan,” may be required.

SECTION C

- Use this section if a member will assume an **additional** IMRF-covered position **and**, under the additional position, the member will participate under a different IMRF plan.
- Please be sure to complete Section D to provide information about the member’s **new** position.

SECTION D

Complete this section if the member is **changing positions** OR will participate in a **new** position.

For Questions:

- A Check “yes” if the
- Member is in a position that requires at least six months of consecutive service but less than 12 in any 12-month period **OR**
 - Member’s earnings will be reported to IMRF other than on a monthly basis, e.g. annually, quarterly, etc.
- If answer is “yes” to either question **and** the seasonal employer is not a school district, park district, or recreation association, **or** if the employee will be paid irregularly (applies only to elected officials), check the months the employee will not be paid.
- B Check “yes” if the member is a police chief eligible for transfer into SLEP. Please complete and attach IMRF Form 6.22, “Election of Police Chief to Participate as SLEP Member.”
- C Check “yes” if the member has been sworn in to perform police duties.
- D Check “yes” if the member will perform fire protection duties. (Refer to Section 3 of the Manual for Authorized Agents for eligibility requirements.)
- E Check “yes” if the member will provide instructional support in the classroom, tutor, supervise students, or perform clerical tasks required by teachers.
- F If the member is a city hospital worker, please complete and attach IMRF Form 6.21, “Election to Participate.”
- G If the member is an elected official or appointed to elected office, please complete and attach IMRF Form 6.21, “Election to Participate.”
- H For SLEP employers only: If the member is a SLEP member, indicate if member was appointed by either a Sheriff or Merit Commission.

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