



# ELECTION OF POLICE CHIEF TO PARTICIPATE AS A SLEP MEMBER

IMRF Form 6.22 (Rev. 8/2012)

**PLEASE PRINT OR TYPE****INSTRUCTIONS****Chief of Police:**

- Before electing to participate in IMRF, the chief should contact IMRF and request an estimate of the cost to transfer his/her police pension service before enrolling.
- If the police chief wishes to elect to participate as SLEP, he/she must do so **within 90 days** of his/her appointment as police chief.

**Authorized Agent (AA)**

- Before enrolling the police chief in IMRF, the AA should obtain an estimate of the cost to the municipality of the chief's IMRF participation.
- The AA would enroll the police chief in IMRF via **Employer Access**. (IMRF Form 6.22 will be automatically generated after the online enrollment is complete. The form may be printed, completed and submitted via mail or fax.)
- The AA should promptly notify the payroll unit to make the proper IMRF participating deductions from the chief's next payroll earnings and to report these deductions **via Employer Access**.

*Please retain a copy of this form for your records.*

MEMBER'S FIRST NAME <b>James</b>	MIDDLE INITIAL	LAST <b>Smith</b>	JR., SR., II, ETC.	SOCIAL SECURITY NUMBER <b>0 0 0 0 0 0 0 0</b>
STREET (MAILING) ADDRESS <b>123 Main Street</b>				TELEPHONE NUMBER + AREA CODE <b>(000) 000 - 0000</b>
EMPLOYER NAME <b>Village of Anywhere</b>				EMPLOYER IMRF I.D. NUMBER <b>0 0 0 0 0</b>
STREET (MAILING) ADDRESS <b>456 Village Drive</b>		CITY, STATE AND ZIP + 4 <b>Anywhere, IL 60000</b>		

List All Police Pension Fund Service You Wish To Transfer	Approximate Commissioned Period	Was Service Forfeited By Refund	
<b>City of Anywhere</b>	<b>6/2000 - 9/2006</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No

**CERTIFICATION BY MEMBER**

I certify that I am an appointed chief of police, am currently eligible to participate in the police fund, have elected to participate in the Illinois Municipal Retirement Fund as a SLEP member, and have authorized deductions to be made from my earnings as required under the provisions of the Illinois Pension Code.

**I understand that this election may not be revoked as long as I perform police duties with an IMRF employer.**

*James Smith*  
Signature of Chief of Police

**11/30/2010**

Date

**CERTIFICATION BY AUTHORIZED AGENT**

I certify that the above named member was appointed police chief of this municipality on (date) **11/15/2010**.

*Annie Agent*  
Signature of Authorized Agent

**11/30/2010**

Date

**Illinois Municipal Retirement Fund**

Suite 500, 2211 York Road, Oak Brook Illinois 60523-2374 630/368-1010

Member Services Representatives 800/ASK-IMRF (1-800-275-4673)