



Employer Compliance Review Questionnaire - Other

Please complete this questionnaire and email to IMRF.

Employer Name: _____ ER# _____

In addition to salary for 2020 and 2021, did the employer provide the following benefits to any IMRF members? If yes, please provide the name of an IMRF member receiving that benefit.

YES NO

Are any expense allowances (car, uniform, tools, etc) paid through payroll to any IMRF members? Please provide a description and/or a copy of the benefit from the benefit book, contract, etc.

_____ (name of IMRF member)

Type of allowance(s):

Do any IMRF members use an employer provided vehicle for personal use, the taxable value which is added to their W2?

_____ (name of IMRF member)

Does the Employer offer group term Life over \$50K as a fringe benefit to any IMRF members?

_____ (name of IMRF member)

Does the Employer pay IMRF member contributions (4.5%) on behalf of any members as a fringe benefit?

_____ (name of IMRF member)

If YES, does the Employer "gross-up" the member's wages?

Yes No

Where does the Employer get the money used for the Board paid IMRF member contributions?

Empty rectangular box for answer.

Is stipend/compensation offered to any IMRF members in lieu of health insurance? Please provide a description and/or copy of the benefit from the benefit book, contract, etc.

_____ (name of IMRF member)

Does the employer pay into any Health Savings Account (H.S.A.) for any IMRF members as a fringe benefit?

_____ (name of IMRF member)

Does the Employer pay into any Deferred Compensation Plans (e.g., 457, Annuity, etc) for any IMRF members as a fringe benefit?

_____ (name of IMRF member)

Does the Employer offer a 401(a) plan to any IMRF members?

_____ (name of IMRF member)

Does the Employer offer a 401(k) plan to any IMRF members?

_____ (name of IMRF member)

If YES, date plan established

_____ (mm/dd/yy)

Are there any other types of payment paid to IMRF members that are not salary or wages (i.e. awards, bonus payments, gift cards, non-cash gifts, etc)? If so, please describe:

_____ (type of payment)

_____ (name of IMRF member)

_____ (type of payment)

_____ (name of IMRF member)

_____ (type of payment)

_____ (name of IMRF member)



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Please list all component units, discrete component units, or joint agreements with the Employer (i.e. library, nursing home, joint emergency telephone board, etc.). **Please provide copies of all intergovernmental agreement(s).**

YES NO

Does the Employer report wages to IMRF for any employee from the entities listed above? Please identify the entity(ies) below:

Did any IMRF member receive Worker's Compensation in the previous or current year?
(If yes, please refer to IMRF Checklist for additional information needed).

_____ (name of IMRF member)

Does the Employer supplement the Workers' Compensation?

Does the Employer have a Workers' Compensation policy? **If yes, please provide a copy of the policy.**

Has the Employer changed payroll systems in the last two years?

_____ (date)

Does the Employer have a formal policy regarding sick time payouts at Retirement? If so, please describe or attach the policy.

Does the Employer pay out for unused sick time at retirement?

Does the Employer report unused sick days to IMRF for service credit?

Are any IMRF retirees currently working for the employer? If yes, please list their name(s) and date they returned to work:

If there are more retirees than lines below, please submit a separate list documenting name and return to work date.

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

For reporting purposes, please provide the name and email address of the Employer's COO (i.e., Administrator, Manager, Executive Director)

Name: _____

Email: _____

CEO (i.e., Board President)

Name: _____

Email: _____

Questionnaire Completed by: _____ ER# _____

Signature: _____ Date: _____