



# PENSION ESTIMATE REQUEST

IMRF Form BF-20 (Rev. 11/2010)

- The amount of your IMRF pension is based on your final rate of earnings and years and months of service credit.
- If you have any questions while completing this form, please call an IMRF Member Services Representative at 1-800-ASK-IMRF. (1-800-275-4673)

### PLEASE PRINT OR TYPE

Member's first name	Middle Initial	Last	Jr., Sr., II, etc.	IMRF Member ID
Street (Mailing) address				Telephone number (Home) (        )
City, State and Zip + 4			County	Telephone number (Work) (        )
<input type="checkbox"/> Check this box if this is a new address		Date	Signature	

<b>Estimate One</b> <b>Anticipated Last Day of Work</b>	<b>Estimate Two</b> <b>Anticipated Last Day of Work</b>
<b>Unused, Unpaid Sick days to be included in estimate</b> (Not to exceed 240 days)	<b>Unused, Unpaid Sick days to be included in estimate</b> (Not to exceed 240 days)

#### Additional Service credit

Have you ever participated in IMRF through another employer?     Yes     No

Do you plan to retire under the Early Retirement Incentive (ERI)?     Yes     No

If yes, calculate this estimate with \_\_\_\_\_ years and \_\_\_\_\_ months of ERI service (maximum of 5 years)

Do you have a Past Service Application on file?     Yes     No

If yes: calculate this estimate with \_\_\_\_\_ years and \_\_\_\_\_ months of Past Service

If you took a refund, served in the military or are eligible to purchase or convert other service, you may increase the amount of your pension. Contact IMRF to learn if you are eligible to purchase or convert past service.

Do you have reciprocal service in another Illinois Pension System(s)?     Yes     No

**If IMRF is not the most recent retirement system you participated in, you should contact your most recent system to obtain a reciprocal pension estimate.**

Name of Reciprocal System: \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_

Name of Reciprocal System: \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_

#### Additional payments

Project additional earnings with raises of \_\_\_\_\_% each year.

Do you expect to be paid for vacation, personal and/or sick days?     Yes     No

Do you expect to receive any other severance pay or bonus?     Yes     No

In total, how much will you receive? (If not known, leave blank) \$ \_\_\_\_\_

#### Comments:


**Mail this completed form to:**

**IMRF**  
 2211 York Road, Suite 500, Oak Brook, IL 60523-2337  
 Member Services Representatives 1-800-ASK-IMRF (1-800-275-4673)  
[www.imrf.org](http://www.imrf.org)