



APPLICATION TO SERVE AS REPRESENTATIVE PAYEE FOR ANNUITANT BY NURSING HOME OR HOSPITAL

IMRF Form 5.63 (Rev. 04/2018)

Please print—use black ink

INSTRUCTIONS

- You should submit this application if you are the administrator of a nursing home or hospital who has assumed the responsibility for the care of an IMRF annuitant. The annuitant must be confined to the nursing home or hospital and be physically unable to sign his or her check or be mentally incompetent to handle his or her own affairs. IMRF will issue checks payable to the nursing home or hospital as the official Representative Payee.
- **Annuity payments must be used solely for the use and benefit of the annuitant.**

IMRF ANNUITANT AND REPRESENTATIVE PAYEE INFORMATION

IMRF Annuitant's Last Name	First	Middle Initial	Jr., Sr., II, etc..	IMRF Member ID or Last 4 Digits of SSN
Name of Nursing Home or Hospital				
Street Address	City	State	Zip Code + 4	
Telephone Number				

As the administrator of the above-named nursing home or hospital, I certify that:

1. The above-named IMRF annuitant is confined to the nursing home or hospital and is physically unable to sign his or her checks, or is mentally incompetent to handle his or her affairs.
2. I will apply the proceeds of the annuitant's checks solely to the use and benefit of the annuitant.
3. The annuitant is a permanent resident of long term care.
4. I will immediately notify the Illinois Municipal Retirement Fund of any of the following:
 - a. If the annuitant dies.
 - b. If the annuitant leaves the nursing home or hospital.
 - c. If my position with the nursing home or hospital is terminated.

I certify the above statements are correct to the best of my knowledge and belief. I am aware that pursuant to the Illinois Pension Code, 40 ILCS 5/1-135, any person who knowingly makes any false statement or falsifies or permits to be falsified any record in an attempt to defraud IMRF is guilty of a Class 3 felony. If the IMRF Board has a reasonable suspicion that a false record has been filed with the Fund, it is required to report the matter to the appropriate state's attorney for investigation.

Signature of Administrator	Date (MM/DD/YY)
X	
Name of Administrator (please print)	

IMRF

2211 York Road Suite 500 Oak Brook, IL 60523-2337
Member Services Representatives 1-800-ASK-IMRF (275-4673) Fax: (630) 706-4289
www.imrf.org