



REVOCATION OF ELECTION TO PARTICIPATE IN ELECTED COUNTY OFFICIAL PLAN

IMRF Form 6.28 (Rev. 05/2013)

PLEASE PRINT

SECTION 1 — MEMBER INFORMATION				
MEMBER'S LAST NAME	FIRST	MIDDLE INITIAL	JR., SR., II, ETC.	IMRF MEMBER ID OR LAST 4 DIGITS OF SSN
CURRENT OFFICE TITLE				CURRENT OFFICE EXPIRES ON (MM/DD/YYYY)

SECTION 2 — EMPLOYER INFORMATION	
EMPLOYER NAME	EMPLOYER IMRF I.D. NUMBER

SECTION 3 - CERTIFICATION BY ELECTED COUNTY OFFICIAL		
<p>I hereby revoke my previous election to participate in the IMRF Elected County Official (ECO) plan. My participation in IMRF will continue. I understand that by revoking my election in the ECO Plan, I will:</p> <ul style="list-style-type: none"> • Freeze my ECO final rate of earnings, and • NOT be eligible to participate in the ECO plan at a future date, and • NOT be eligible to apply to convert any Regular or SLEP Service credit as ECO service credit, and • Continue to participate in the Illinois Municipal Retirement Fund in the Regular IMRF or SLEP plan (as appropriate), and • Be eligible only for Regular/SLEP plan death benefits (Surviving Spouse pension of 50%) until I retire with an ECO pension, and • Be eligible for ECO member death benefits only when I retire with an ECO pension. <p>I further understand and agree that this revocation of participation in the ECO plan MAY NOT BE RESCINDED. I will not be eligible to earn IMRF ECO service credit now or in the future.</p>		
<table border="1"> <tr> <td>SIGNATURE (WRITE - DO NOT PRINT OR TYPE)* X</td> <td>DATE (MM/DD/YYYY)</td> </tr> </table>	SIGNATURE (WRITE - DO NOT PRINT OR TYPE)* X	DATE (MM/DD/YYYY)
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***NOTE:** • If you joined ECO before January 26, 2000, **the revocation is effective on the last day of the month**, e.g., if the form is signed on March 2nd, the revocation is effective on March 31st.
• If you joined ECO on or after January 26, 2000, **the revocation is effective on the date this form is signed.**

SECTION 3 - AUTHORIZED AGENT'S CERTIFICATION		
AUTHORIZED AGENT'S NAME (Please print.)	TITLE	
DAYTIME TELEPHONE NUMBER (with Area Code)	FAX NUMBER (with Area Code)	EMAIL ADDRESS

Information required only for those members who joined ECO prior to January 26, 2000.

Do NOT complete if member joined ECO on or after January 26, 2000.

I certify that the above-named member currently participates in IMRF through the employer listed above and that he/she occupies a qualifying position.

1. Please enter the member's final annual salary earned as a member of the ECO plan\$ _____
2. Please enter the member's annual stipend as a member of the ECO plan\$ _____

SIGNATURE OF AUTHORIZED AGENT X	DATE (MM/DD/YYYY)
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Illinois Municipal Retirement Fund
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