



Locally funded, financially sound.



Member Access – How to apply for a separation refund

| ONLINE TOOLS | | |
|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| <p>APPLY FOR YOUR PENSION</p> <p>Your IMRF pension is payable for life.</p> <p>Start</p> | <p>APPLY FOR DISABILITY BENEFITS</p> <p>IMRF disability benefits protect you.</p> <p>Start</p> | <p>APPLY FOR A REFUND</p> <p>You have choices about what to do with your IMRF contributions.</p> <p>Start</p> |

Scroll down to the “ONLINE TOOLS” section in Member Access and click the Start button in the Apply for a Refund Widget

Disclaimer

If you no longer work for an IMRF employer, you may use this tool to apply for a refund of your IMRF member contributions. Before submitting your application, visit www.imrf.org to learn about the refund process. If you accept a contribution refund, you are giving up your IMRF pension (if any) as well as any IMRF disability or death benefits. **Your choice to accept a contribution refund is irrevocable** and an automatic 20% tax withholding will apply for the portion of your benefit subject to tax withholding. Also, make sure that your personal information on file with IMRF is accurate. If it is not, the refund options IMRF provides you will be inaccurate.

1

I understand and agree with the terms of the disclaimer.

Continue

2

Check the box next to “I understand and agree with the terms of the disclaimer,” then click the Continue button

My information

Please review the information below. If it is incorrect or incomplete, click **Update** and edit the information.

My personal information

Full name



Prior last name



Date of birth



Gender

Female

Update

Verify your personal information is correct. Click the Update button if you need to make changes.

My contact information

Residential address



Mailing address



Email address



Residential phone number

Not on file

Mobile phone number

Not on file

Update

Verify your contact information. Click the Update button to make any changes. Continue to scroll down

My Qualifying Spouse Information

Full Name



Prior Last Name

Not on file

Date of Birth

Not on file

Gender

Female

Marital Status

Not on file

Union Date



Update

i Your qualifying spouse is by law entitled to receive your survivor benefits. If you and your spouse pass away or if you do not have a qualifying spouse your survivor benefits are paid to your beneficiary(ies).

Qualifying Spouse Definition

A **qualifying spouse** is a person who, at the earlier of the date you retire or pass away, you are:

- Married to, but not separated from; or
- Living with in a common-law relationship continuously for a period of not less than one year, or of some permanence, if he/she is the parent of your child.

I confirm that  is my qualifying spouse.

Verify Spouse information and check the box if information is correct.

Please note: if you are single/unmarried, you will check a box confirming you do not have a spouse.

My Communication Preferences

Delivery Method

Tax Slips

Paper and Electronic Versions

Other Documents

Electronic Version Only 

Notification Preferences

Notice of Change

 **Email**

New Document on Portal

 **Email**

Email Address



Subscriptions

IMRF Fundamentals Newsletter

Subscribed

Survey Subscription

Subscribed

Allow Mailings from Outside Groups

Subscribed

[Update](#)

Verify your communication preferences, click the Update button to make any changes. Continue to scroll down

My beneficiary information

Regular Plan

Primary beneficiary(ies)

| Designated beneficiary ? | Date of birth | Contact information | Percentage ? |
|-----------------------------------------------------------------------------------|---------------|------------------------------------------------------------------------------------------------------|--------------|
|  | Not on file | Not on file Address Not on file Email address Not on file Mobile phone number | 50.00% |
|  | Not on file | Not on file Address Not on file Email address Not on file Mobile phone number | 50.00% |

Contingent beneficiary(ies) ?

| Designated beneficiary ? | Date of birth | Contact information | Percentage ? |
|-----------------------------------------------------------------------------------|---------------|------------------------------------------------------------------------------------------------------|--------------|
|  | Not on file | Not on file Address Not on file Email address Not on file Mobile phone number | 100.00% |

Update

Click the Next button under your beneficiary information.

My End of Employment Date

End of Employment Date

Please enter the date on which your employment will end.



[Previous](#) [Next](#)



Enter you end of employment date. This can be done by clicking on the calendar icon in the box. Once finished, click the Next button

My end of employment date

My end of employment date



My employment will end on

[Previous](#) [Submit](#) 



Scroll through the summary and click the Submit button at the bottom

Confirmation

✔ Your request has been submitted successfully.

Your confirmation number is

You submitted your request on

ⓘ Your request will be analyzed by your employer and you will be contacted once the review has been completed.

How to finalize your request

If any documents are needed to finalize your request, you will receive a Request for Information from IMRF Member Services.

Additional actions

View a printer-friendly version of your confirmation

Printable version

Close

Your claim is now submitted to IMRF for processing. You can now click the Close button.