



**ELECTION BY ELECTED COUNTY OFFICIAL T
IN IMRF ELECTED COUNTY OFFICIAL PLAN
IMRF Form 6.21B (Rev. 8/01)**

O PARTICIPATE
(as revised by P.A. 91-0685 on 01/26/00)

PLEASE REFER TO THE INSTRUCTIONS ON THE BACK OF THIS FORM

Please print or type — use black ink

Elected County Official's First name	Middle Initial	Last	Jr., Sr., II, etc.
Social Security Number _____	Current Office Title	Current Office Expires on:	Department Code

Employer name	Employer IMRF I.D. Number
Street (mailing) address	City, State and Zip + 4

DECLARATION BY ELECTED COUNTY OFFICIAL
I elect to participate in the IMRF Elected County Official (ECO) plan.

ACKNOWLEDGEMENTS

- I will contribute 7.50% of earnings and will be eligible for ECO benefits as described in the IMRF publication, "IMRF Revised Elected County Official Plan under P.A. 91-0685."
- To be eligible for the ECO formula, I need eight years of ECO service in the same position with the same county.
- My participation in the ECO program expires at the end of my current term of office. If I am re-elected, I must complete a new Form 6.21B at the beginning of my new term of office to remain in the ECO program.
- If I choose to stop participating in ECO, that decision will be irrevocable for this position as well as for any other elected county official position in any county I may hold in the future.

Signature of Elected County Official

Date

CERTIFICATION BY AUTHORIZED AGENT

I certify that the position which the above named person occupies qualifies him or her for membership in ECO. I further certify that ECO member contributions (7.50%) will be made from the member's earnings beginning with earnings paid in _____ 20 _____. (Refer to instructions on back.)

Signature of Authorized Agent

Date