



# NOTICE OF ENROLLMENT IN IMRF

IMRF Form 6.10 (Rev. 10/07)

Please print or type — Use Black Ink.  
Please do not use a highlighter anywhere on the form.

**MEMBER INFORMATION (to be completed by member - please print or type)**

1. Last Name		First	Middle Initial	Jr., Sr., II, etc.
2. Social Security Number				
3. Mailing Address				
City	State	Zip + 4	County	
4. Home Telephone No. ( )		5. Birth Date: month/day/year		

## TAPE A COPY OF SOCIAL SECURITY CARD IN THIS SPACE

If a copy of the Social Security card is not attached, IMRF will use the Social Security number entered on this form. Any IRS penalties that result from an incorrect Social Security number will be the responsibility of the IMRF employer. (Do not staple card—use tape and please stay within this border.)

6. Marital Status		<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed	7. Gender		<input type="checkbox"/> Female	<input type="checkbox"/> Male
8. Are you currently participating or have you previously participated in IMRF or any other Illinois Public Pension systems?									
<input type="checkbox"/> No <input type="checkbox"/> Yes [please check the box(es) to identify the pension system(s)]									
<input type="checkbox"/> IMRF (If indicating IMRF, are you currently collecting a pension from IMRF?) <input type="checkbox"/> Yes <input type="checkbox"/> No									
<input type="checkbox"/> Chicago Public School Teachers'			<input type="checkbox"/> Cook County Annuity & Benefit Fund			<input type="checkbox"/> General Assembly Retirement System			
<input type="checkbox"/> Judges' Retirement System			<input type="checkbox"/> Laborers' Annuity & Benefit Fund			<input type="checkbox"/> Cook County Forest Preserve Annuity & Benefit			
<input type="checkbox"/> Metro Water Reclaim. Retirement System			<input type="checkbox"/> Municipal Employees Annuity & Benefit Fund			<input type="checkbox"/> Park Employees' Annuity & Benefit Fund			
<input type="checkbox"/> State Universities Retirement System			<input type="checkbox"/> State Employees' Retirement System			<input type="checkbox"/> State Teachers' Retirement System			

I certify this information is correct to the best of my knowledge and belief.

Employee signature (write; do not print or type) <b>X</b>	Date
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**EMPLOYMENT INFORMATION - ALL FIELDS MUST BE COMPLETED (to be completed by employer — please print or type)**

9. Employer Name				10. Employer IMRF I.D. Number	
11. Position Information		Employee will participate in:		(SLEP ONLY: CIRCLE ONE)	
Date employed	Participation date*			Position Title(s)	
mo day yr	mo day yr				
		<input type="checkbox"/> Regular <input type="checkbox"/> ECO <input type="checkbox"/> SLEP ( FT / PT )			
		<input type="checkbox"/> Regular <input type="checkbox"/> ECO <input type="checkbox"/> SLEP ( FT / PT )			

\*If date employed is earlier than participation date, explain in detail why the member was not enrolled immediately. The Illinois Pension Code does not recognize "probationary," "temporary," or "trial work period." Refer to Section 3 of the Authorized Agents Manual for details on participation requirements.

12. Will employee work in a seasonal position? .....  No  Yes **OR**  
 Is employee an elected official who will be paid irregularly? .....  No  Yes  
 If employee will hold a seasonal position and the seasonal employer is **not** a school district, park district, or recreation association, **OR** if employee is an elected official who will be paid irregularly, check the months the employee will **not** be paid:  
 Jan  Feb  Mar  Apr  May  Jun  Jul  Aug  Sept  Oct  Nov  Dec

13. Is employee:		14. Elected official or appointed to elected office?	
A. Police chief eligible for transfer into IMRF for SLEP coverage? <input type="checkbox"/> No <input type="checkbox"/> Yes (attach Form 6.22)		<input type="checkbox"/> No <input type="checkbox"/> Yes (attach Form 6.21)	
B. Performing police duties? ..... <input type="checkbox"/> No <input type="checkbox"/> Yes		15. For County employers only: Has member elected to participate in the Elected County Official (ECO) plan?	
C. Performing fire protection duties? ..... <input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> No <input type="checkbox"/> Yes (attach Form 6.21B)	
D. Performing teacher aide duties? ..... <input type="checkbox"/> No <input type="checkbox"/> Yes (see instructions for examples)			
E. City hospital worker? <input type="checkbox"/> No <input type="checkbox"/> Yes (attach Form 6.21)			

I certify this information is correct to the best of my knowledge and belief, and that the person named above is employed in a position which qualifies him or her for membership in IMRF with the above employer.

Authorized Agent signature (write; do not print or type) <b>X</b>	Date
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