



NOTICE OF ENROLLMENT IN IMRF

IMRF Form 6.10 (Rev. 9/00)

Please print or type — Use Black Ink

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

6. Sex Male Female 7. Marital Status Single Married Divorced Widowed

8. Please indicate whether you are currently participating or have previously participated in other Illinois Public Pension systems, other than IMRF

No Yes [please check the box(es) to identify the other pension system(s)]

Chicago Public School Teachers' Cook County Annuity & Benefit Fund General Assembly Retirement System

Judges' Retirement System Laborers' Annuity & Benefit Fund Cook County Forest Preserve Annuity & Benefit

Metro Water Reclaim, Retirement System Municipal Employees Annuity & Benefit Fund Park Employees' Annuity & Benefit Fund

State Universities Retirement System State Employees' Retirement System State Teachers' Retirement System

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.)

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

Employee signature (write; do not print or type)

Date

EMPLOYMENT INFORMATION (to be completed by employer — please print or type)

9. Employer Name 10. Employer IMRF I.D. Number

11. Complete for each position employee holds:

Date employed MO DAY YR	Participation date* MO DAY YR	Employee will participate in	Dept. name/number	Position Title
_____	_____	<input type="checkbox"/> Regular IMRF <input type="checkbox"/> SLEP	_____	_____
_____	_____	<input type="checkbox"/> Regular IMRF <input type="checkbox"/> SLEP	_____	_____
_____	_____	<input type="checkbox"/> Regular IMRF <input type="checkbox"/> SLEP	_____	_____

*If date employed is earlier than participation date, please explain in detail.

12. Is member:

- A. Elected official or appointed to elected office?
 No Yes (attach Form 6.21; County Employers, see Q. 14)
- B. City hospital worker?
 No Yes (attach Form 6.21)
- C. Police chief eligible for transfer into IMRF for SLEP coverage?
 No Yes (attach Form 6.22)
- D. Performing police duties? No Yes

E. Performing fire protection duties? No Yes

13. Will employee

- A. Work in a seasonal position? No Yes
- B. Be paid irregularly? No Yes

14. FOR COUNTY EMPLOYERS ONLY

If 12A is checked yes, has member elected to participate in the Elected County Official (ECO) plan?
 No Yes (attach Form 6.21A)

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)

Date

Illinois Municipal Retirement Fund

2211 York Road, Suite 500, Oak Brook Illinois 60523-2374 630-368-1010

Service Representatives 1-800-ASK-IMRF (1-800-275-4673)

www.imrf.org

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