



MEMBER EMPLOYMENT INFORMATION

IMRF Form 6.19 (Rev. 09/2013)

PLEASE READ INSTRUCTIONS ON BACK BEFORE COMPLETING.

PLEASE PRINT

MEMBER'S LAST NAME	FIRST NAME	MIDDLE INITIAL	JR., SR., II, ETC.	IMRF MEMBER ID OR LAST 4 DIGITS OF SSN
EMPLOYER NAME				EMPLOYER IMRF I.D. NUMBER

CHECK ONE (CORRECTED/MISSING, CHANGE PLAN, OR ADD PLAN)

CORRECTED OR MISSING INFORMATION FROM FORM 6.10:

SECTION A	DATE EMPLOYED (MM/DD/YYYY)	PARTICIPATION DATE (MM/DD/YYYY)*	EMPLOYEE WILL PARTICIPATE IN: <input type="checkbox"/> Regular <input type="checkbox"/> SLEP (FT /PT)
	DEPT. NAME	POSITION TITLE	

*If date employed is earlier than participation date, please explain:

CHANGE PLAN (check one only)

(When changing from any ECO plan to Regular or SLEP, please contact IMRF, as form 6.28 may be required)

- | | |
|---|---|
| <input type="checkbox"/> From Regular To SLEP (FT / PT) | <input type="checkbox"/> From SLEPTo Regular |
| <input type="checkbox"/> From ECO Regular To Regular | <input type="checkbox"/> From ECO SLEPTo Regular |
| <input type="checkbox"/> From ECO Regular To SLEP (FT/PT) | <input type="checkbox"/> From ECO SLEPTo SLEP (FT / PT) |
| <input type="checkbox"/> From ECO Regular To ECO SLEP | <input type="checkbox"/> From ECO SLEPTo ECO Regular |

SECTION B	PREVIOUS POSITION TITLE	DATE MEMBER TERMINATED POSITION (MM/DD/YYYY)
	NEW POSITION TITLE (SEE SECTION D BELOW)	DATE BEGAN WORKING IN POSITION (MM/DD/YYYY)
	NEW DEPARTMENT NAME	FIRST MONTH WAGES WILL BE REPORTED FOR NEW POSITION

ADD PLAN

SECTION C	NEW POSITION TITLE (See Section D below)	PARTICIPATES UNDER <input type="checkbox"/> Regular <input type="checkbox"/> SLEP (FT/PT)	DATE PARTICIPATION BEGAN (MM/DD/YYYY)
	NEW DEPARTMENT NAME	DATE MEMBER BEGAN NEW POSITION (MM/DD/YYYY)#	
	#If date member began new position is different than participation date, explain.	FIRST MONTH WAGES WILL BE REPORTED FOR NEW POSITION	

For any NEW position listed above is member: (see instructions on back)

- A. Working in a seasonal position?..... No Yes **OR**
 An elected official who will be paid irregularly?..... No Yes
 If member will hold a seasonal position and the seasonal employer is **not** a school district, park district, or recreation association, **OR** is an elected official who will be paid irregularly, check the months the member will **not** be paid:
 Jan Feb Mar Apr May Jun July Aug Sept Oct Nov Dec
- B. Police chief eligible for transfer into IMRF for SLEP coverage? No Yes (attach Form 6.22)
- C. Performing police duties?..... No Yes
- D. Performing fire protection duties?..... No Yes
- E. Performing teacher aide duties?..... No Yes
(see instructions for examples)
- F. City hospital worker? No Yes (attach Form 6.21)
- G. Elected official or appointed to elected office?
 No Yes (attach Form 6.21)
- H. For SLEP employers only: Was SLEP member appointed by:
 Sheriff Merit Commission

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

SIGNATURE OF AUTHORIZED AGENT (WRITE; DO NOT PRINT.) X	DATE (MM/DD/YYYY)
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Illinois Municipal Retirement Fund

2211 York Road Suite 500 Oak Brook, IL 60523-2337

Member Services Representatives 1-800-ASK IMRF (1-800-275-4673) Fax: (630) 706-4289

www.imrf.org

INSTRUCTIONS

- "PLAN" refers to either Regular, SLEP, or ECO.
- "SLEP" refers to Sheriff's Law Enforcement Personnel plan, "ECO" refers to the Elected County Official Plan (either ECO Regular or ECO SLEP).
- For any SLEP plan, please circle full time or part time (FT / PT).
- If a member was reported as Regular but should have been reported as SLEP, complete IMRF Forms 6.71, "Certification of Sheriff's Law Enforcement Service," and 3.20, "Employer's Report of Adjustments."

- If a member is terminating employment or no longer qualifies for IMRF participation, complete IMRF Form 6.41, "Notice of Termination," (must be submitted through Employer Access)
- Participation in IMRF is governed by Article 7 of the Pension Code. Refer to Section 3 of the Manual for Authorized Agents for details on IMRF participation.

SECTION A

- Use this section to provide **missing or corrected** information regarding a member's Form 6.10, "Notice of Enrollment."
- Please complete Section D if applicable.

SECTION B

- Use this section if a member is **changing** IMRF-covered positions **and** the change will result in the member changing IMRF plans.
- Please be sure to complete Section D to provide information about the member's **new** position.
- Please be sure to attach the appropriate form as indicated.
- If a member was reported as Regular but should have been reported as SLEP, complete IMRF Forms 6.71, "Certification of Sheriff's Law Enforcement Service," and 3.20, "Employer's Report of Adjustments."
- When changing from any ECO plan to Regular or SLEP, please contact IMRF as Form 6.28, "Revocation of Election to Participate in Elected County Official Plan," may be required.

SECTION C

- Use this section if a member will assume an **additional** IMRF-covered position **and**, under the additional position, the member will participate under a different IMRF plan.
- Please be sure to complete Section D to provide information about the member's **new** position.

SECTION D

Complete this section if the member is **changing positions** OR will participate in a **new** position.

For Questions:

A Check "yes" if the

- Member is in a position that requires at least six months of consecutive service but less than 12 in any 12-month period **OR**
- Member's earnings will be reported to IMRF other than on a monthly basis, e.g. annually, quarterly, etc.

If answer is "yes" to either question **and** the seasonal employer is not a school district, park district, or recreation association, **or** if the employee will be paid irregularly (applies only to elected officials), check the months the employee will not be paid.

B Check "yes" if the member is a police chief eligible for transfer into SLEP. Please complete and attach IMRF Form 6.22, "Election of Police Chief to Participate as SLEP Member."

C Check "yes" if the member has been sworn in to perform police duties.

D Check "yes" if the member will perform fire protection duties. (Refer to Section 3 of the Manual for Authorized Agents for eligibility requirements.)

E Check "yes" if the member will provide instructional support in the classroom, tutor, supervise students, or perform clerical tasks required by teachers.

F If the member is a city hospital worker, please complete and attach IMRF Form 6.21, "Election to Participate."

G If the member is an elected official or appointed to elected office, please complete and attach IMRF Form 6.21, "Election to Participate."

H For SLEP employers only: If the member is a SLEP member, indicate if member was appointed by either a Sheriff or Merit Commission.

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