

New Members



Welcome to IMRF!

Your IMRF membership is a major financial asset, so it's important to understand your account.

What is IMRF?

IMRF is a defined benefit plan that provides a lifetime of income protection. Your IMRF benefits include:

- **Retirement benefits**

With enough time and service credit, you can become eligible for an IMRF pension. You never outlive your IMRF pension—it is payable for life.

- **Disability**

Your IMRF benefits include disability protection if you become disabled. IMRF provides two types of disability benefits: temporary, and total and permanent.

- **Death benefits**

IMRF provides certain benefits to your beneficiaries if you pass away.

As a new member, what do I need to do first?

- Step 1: Read your welcome letter and review your membership information. If you notice any incorrect information, contact IMRF Member Services immediately.
- Step 2: Go to **IMRF Member Access** to sign into your account if you have one, or to sign up for your account if you don't. To stay informed about your IMRF account, you must use Member Access:
 - All future correspondence from IMRF will be posted electronically to your Member Access account—**it will not be mailed to you.**
 - Member Access is the best way to make changes to your personal information, complete and submit forms, and view your account information.
- Step 3: Complete your "**Designation of Beneficiary**" form (Available in Member Access). Your IMRF benefits include survivor benefits. If you do not have a beneficiary form on file with us, your default beneficiary is your estate.
- Step 4: Consider taking advantage of IMRF's Voluntary Additional Contributions (VAC) program—a valuable savings opportunity available only to IMRF members!

Understanding Tiers and Plans



Tiers

Your "Tier" determines your IMRF benefits. Your tier is determined by the first date you began participating in IMRF or certain Illinois reciprocal systems.

Regular Plan

Most IMRF members participate in the Regular plan. Regular plan members work for local units of government that participate in IMRF. Government types include school districts, cities, villages, townships, counties (except Cook), fire protection districts, library districts, and park districts.

If you **first** participated in IMRF or reciprocal system (except Judges or General Assembly retirement systems):

- Before January 1, 2011, you are in Tier 1
- On or after January 1, 2011, you are in Tier 2

Sheriff's Law Enforcement Personnel (SLEP) Plan

Membership in SLEP is based on several factors including the member's role at the employer and type of appointment. SLEP members include many Illinois county sheriffs and deputy sheriffs, correctional officers, forest preserve district rangers, airport police and police chiefs.

If you first participated in IMRF's SLEP plan:

- Before January 1, 2011, you are in SLEP Tier 1
- On or after January 1, 2011, you are in SLEP Tier 2

Elected County Official (ECO) Plans

The ECO plan is an alternative benefit plan for elected county officials and provides enhanced disability, retirement, and death benefits. Elected county offices include auditor, circuit court clerk, coroner, assessor (if elected), county clerk, sheriff, state's attorney, and treasurer.

If you first participated in ECO:

- Before January 26, 2000, you are in the Original ECO plan
- Between January 26, 2000, and December 31, 2010, you are in Revised ECO Tier 1
- On or after January 1, 2011, you are in Revised ECO Tier 2

All ECO plans were closed to new participants after August 8, 2011.

Please fill out this information if applicable.

*** If you previously participated in IMRF or any other Illinois Public Pension system, please check "yes" in box 8 of the Notice of Enrollment in IMRF Form. Also, please complete the information requested below and return to your designated Human Resources Representative. ***

Employee's Printed Name

Original IMRF or reciprocal system Entry Year - _____ (year only)

By signing my name below, I certify that this information is correct to the best of my knowledge.

Employee's Signature

Date

Your Contributions



What You Get By Contributing to IMRF

Once you are eligible for an IMRF pension you are **guaranteed your pension for life**. When you start receiving your IMRF pension, you will likely receive the total amount of your contributions back within the first few years of your retirement. The remaining lifelong pension payments you receive will be paid by your employer's contributions and investment earnings. This is why your IMRF pension is such a valuable benefit.

IMRF also provides important disability and death benefits.

You Never Lose Your Contributions

You are guaranteed a return of your IMRF contributions, paid as either:

- Your IMRF pension
- A refund
- Death benefits

Participation in IMRF is Required

If you are working in a position that qualifies for IMRF you must contribute -- IMRF is not an optional program. *(There are exceptions for city hospital workers and elected officials.)*

You Cannot Borrow from Your IMRF Contributions

You cannot borrow from your contributions or use them as collateral for a loan. As long as your contributions are on deposit with IMRF, they cannot be garnished or seized by any creditor.

Contributions are Tax-Deferred

You do not pay federal or Illinois income tax on the money used to make your contributions.

As of 12/1/2024:

Regular Tier 1 and Tier 2 Plan Members - Contribute 4.5% of employee salary toward their future IMRF pension.

SLEP Tier 1 and Tier 2 Plan Member - Contribute 7.5% of employee salary toward their future IMRF pension.



NOTICE OF ENROLLMENT IN IMRF

IMRF Form 6.

PLEASE PRINT OR TYPE ALL ANSWERS

How to complete this form

Employment Information

The Authorized Agent completes questions 9 through 16. *Refer to Section 3 of the Manual for Authorized Agents for information on eligibility requirements for participation in IMRF.*

- **Question 1 – Member name**

The name entered in Box 1 should be the name used to report the member's earnings to IMRF. Using the same name will better ensure that the member receives proper credit for contributions made and service earned.

- **Questions 2 - 10**

Enter the requested information.

- **Question 11**

Enter the requested information for each position the member will hold. If the date employed is different than the participation date (the date the member began working in the position(s) qualified under the annual hourly standard), please explain in the space provided. The Illinois Pension Code does not recognize reasons such as probationary, temporary or trial work period. Enter a detailed explanation why the member was not enrolled immediately. Refer to Section 3 of the Manual for Authorized Agents for more information regarding participation requirements. Full Time/Part Time applies only to SLEP. Circle the appropriate response.

- **Question 12**

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

Check "yes" if the member's earnings will be reported to IMRF other than on a monthly basis, e.g. annually, quarterly, etc.

If answered "yes" to either question and 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.

- **Question 13 A**

If the member is a police chief eligible for transfer into the Sheriff's Law Enforcement Personnel plan (SLEP), please complete and attach IMRF Form 6.22, "Election of Police Chief to Participate as SLEP Member." (*Refer to Section 3 of the SLEP supplement to the Manual for Authorized Agents for information on SLEP eligibility requirements.*)

- **Question 13 B**

Check "yes" if the member has been sworn in to perform police duties. (*Refer to Section 3 of the Manual for Authorized Agents for eligibility requirements.*)

- **Question 13 C**

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

- **Question 13 D**

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

- **Question 13 E and 14**

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

- **Question 15 - COUNTY EMPLOYERS ONLY**

If the employer is a county and the member is/was elected or appointed to elected office, complete question 15. If "yes" is checked and the member elected to participate in the Elected County Official plan, complete and attach IMRF Form 6.21B, "Election of Elected County Official to Participate in ECO."

- **Question 16 - SLEP EMPLOYERS ONLY**

If the member is a SLEP member, complete question 16. Indicate if member was appointed by either the Sheriff or Merit Commission.

AUTHORIZED AGENT PLEASE NOTE:

Social Security card/number

Tape a copy of the member's Social Security card in the box. IMRF uses Social Security numbers to identify members' accounts and files. Social Security numbers are also used on IRS statements issued by IMRF.

If the name in Box 1 is not the same as shown on the Social Security card, the member should take evidence to substantiate the change of name to a local Social Security office so a new card may be issued. Once issued, please forward a copy to IMRF.

If the member does not have a copy of his/her Social Security card, 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. If the member obtains a Social Security card after being enrolled, please forward a copy to IMRF.

When calling

When calling IMRF regarding enrollment, ask for the Enrollment Auditor.



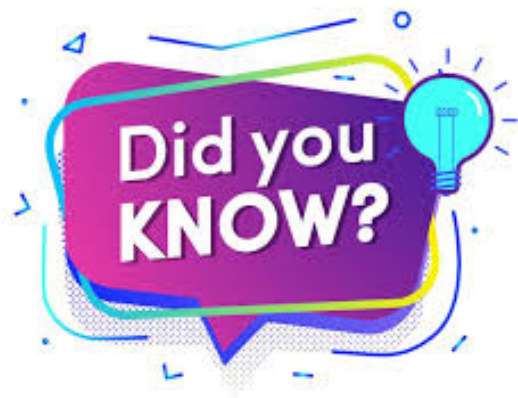
NOTICE OF ENROLLMENT IN IMRF

IMRF Form 6.10

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)				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.)
1. Last Name First Middle Initial Jr., Sr., II, etc.				
2. Social Security Number <div style="text-align: center;"> _ _ _ - _ _ - _ _ </div>				
3. Mailing Address				
City State Zip + 4 County				
4. Home Telephone No. ()		5. Birth Date: month/day/year		
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)] <div style="display: flex; flex-wrap: wrap; padding: 5px;"> <div style="width: 33%;"><input type="checkbox"/> IMRF (If indicating IMRF, are you currently collecting a pension from IMRF?)</div> <div style="width: 33%;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div style="width: 33%;"><input type="checkbox"/> Chicago Public School Teachers'</div> <div style="width: 33%;"><input type="checkbox"/> Cook County Annuity & Benefit Fund</div> <div style="width: 33%;"><input type="checkbox"/> General Assembly Retirement System</div> <div style="width: 33%;"><input type="checkbox"/> Judges' Retirement System</div> <div style="width: 33%;"><input type="checkbox"/> Laborers' Annuity & Benefit Fund</div> <div style="width: 33%;"><input type="checkbox"/> Cook County Forest Preserve Annuity & Benefit</div> <div style="width: 33%;"><input type="checkbox"/> Metro Water Reclaim. Retirement System</div> <div style="width: 33%;"><input type="checkbox"/> Municipal Employees Annuity & Benefit Fund</div> <div style="width: 33%;"><input type="checkbox"/> Park Employees' Annuity & Benefit Fund</div> <div style="width: 33%;"><input type="checkbox"/> State Universities Retirement System</div> <div style="width: 33%;"><input type="checkbox"/> State Employees' Retirement System</div> <div style="width: 33%;"><input type="checkbox"/> State Teachers' Retirement System</div> </div>				
I certify this information is correct to the best of my knowledge and belief.				
Employee signature (write; do not print or type) X			Date	

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													
<table style="width: 100%; border: none;"> <tr> <td style="width: 20%;">11. Position Information</td> <td style="width: 20%;">Date employed</td> <td style="width: 20%;">Participation date*</td> <td style="width: 20%;">Employee will participate in:</td> <td style="width: 10%;">(SLEP ONLY: CIRCLE ONE)</td> <td style="width: 10%;">Position Title(s)</td> </tr> <tr> <td></td> <td>mo day yr</td> <td>mo day yr</td> <td> <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) </td> <td></td> <td></td> </tr> </table>				11. Position Information	Date employed	Participation date*	Employee will participate in:	(SLEP ONLY: CIRCLE ONE)	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)		
11. Position Information	Date employed	Participation date*	Employee will participate in:	(SLEP ONLY: CIRCLE ONE)	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? <input type="checkbox"/> No <input type="checkbox"/> 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: <input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> Jun <input type="checkbox"/> Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sept <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> 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)		16. For SLEP employers only: Was SLEP member appointed by:													
E. City hospital worker? <input type="checkbox"/> No <input type="checkbox"/> Yes (attach Form 6.21)		<input type="checkbox"/> Sheriff <input type="checkbox"/> Merit Commission													
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) X			Date												



IMRF's Voluntary Additional Contribution Program is an Easy Way to Help You Save Additional Retirement Income!

Did you know IMRF offers a Voluntary Additional Contribution (VAC) Program? The VAC Program allows you to make voluntary additional contributions (VACs), which are then deposited into a separate IMRF account that consists only of your contributions and the interest you earn on them. (Your employer does *not* contribute to your VAC account.) **The current rate of interest for these accounts is 7.25%.**

VACs are:

- Limited to a maximum of 10% of your IMRF reportable earnings.
- After tax, not tax-deferred payroll deductions.
- Accrue interest differently than traditional saving accounts.

VACs continue to earn interest for as long as they are left on deposit with IMRF. VAC interest is credited differently from a traditional savings account:

- A traditional savings account credits interest on the current amount in the account.
- IMRF credits interest annually, at the end of the year based on the previous January 1 balance.

That means:

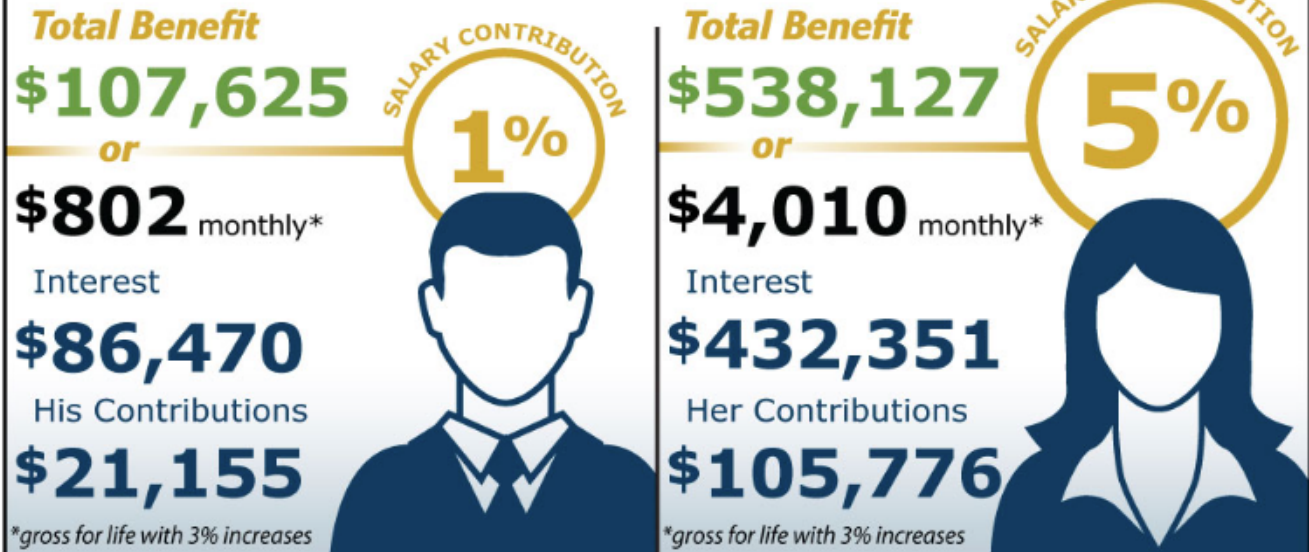
- You will not earn any interest the first year you begin making VACs.
- If you withdraw your contributions at any time during a year, you will not receive any interest on the contributions you withdraw.
- Contributions must stay in your account for you to receive interest on them. However, you would receive interest on any previously earned interest that remains in your account.

If you leave your VAC on deposit until you retire from IMRF, at retirement you may choose to receive your VACs as either:

- A lump sum; or
- A monthly annuity if your VAC balance is \$4,500 or more. (Employers do not contribute to this annuity.)

VAC SALARY CONTRIBUTION COMPARISON

Both members **started contributing to VAC at age 25** and earned **\$31,500** with 2% raises each year before retiring at age 67.



*gross for life with 3% increases

Photo provided courtesy of www.imrf.org

To start making VAC contributions, complete an "Election to Make/Change Voluntary Additional Contributions" form and return it to the Kendall County Treasurer's Office for processing. (You can get this form from the Kendall County Treasurer's Office or on-line through www.imrf.org)

If you have any questions about the VAC Program, please contact the Kendall County Treasurer's Office via benefits@kendallcountyil.gov or via telephone at 630-553-4124.



FOR1C00-0006X92



Election to Make or Change Voluntary Additional Contributions

Revised February 2020

Questions? Call 1-800-ASK-IMRF (275-4673).

You can upload this form online through Member Access at www.imrf.org

Please print in capital letters, using black ink.

MEMBER INFORMATION

IMRF Member ID Number

First Name

M.I.

Last Name

Jr., Sr., II, etc.

Mailing Address

County

City

State

Zip Code (zip+4 if known)

Telephone

Cell Phone

Email (If you have a Member Access account, you must update your email through Member Access)

CERTIFICATION BY MEMBER

I elect to (check one):

☐

Make Voluntary Additional Contributions to IMRF at the rate of _____% (NOT TO EXCEED 10%) and authorize my employer to deduct these contributions from my earnings.

☐

Change my Voluntary Additional Contributions to IMRF to the rate of _____% (NOT TO EXCEED 10%) and authorize my employer to deduct these contributions from my earnings.

☐

Stop my Voluntary Additional Contributions to IMRF.

Signature of Member (write; do not print or type)

Date (MM/DD/YYYY)

CERTIFICATION BY AUTHORIZED AGENT

I certify that Voluntary Additional Contributions will be made from the member's IMRF reportable earnings beginning with earnings paid in _____ 20_____ at the rate specified.

Signature of Authorized Agent (write; do not print or type)

Date (MM/DD/YYYY)

3 0 2 4 Kendall County
Employer Number Employer Name

For more information about the Voluntary Additional Contributions program, visit www.imrf.org

IMRF, 2211 York Road, Suite 500, Oak Brook, Illinois 60523-2337

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

www.imrf.org