



ELECTION TO PARTICIPATE FOR QUALIFYING POSITION

IMRF Form 6.21 (Rev. 6/2019)

If you are in an elected position or are a city hospital worker, you have the option to participate in IMRF (if your position qualifies).

Employee's Last Name	First	Middle Initial	Jr., Sr., II, etc.	IMRF Member ID or Last 4 Digits of SSN
Street (Mailing) Address			City, State and Zip + 4	
Current Position Title				
Employer Name			Employer IMRF ID Number	

CERTIFICATION BY CITY HOSPITAL EMPLOYEE

I certify that:

- I am electing to participate in the Illinois Municipal Retirement Fund and have authorized payroll deductions to be made from my earnings as required under the Illinois Pension Code. I understand that this election may not be revoked, and that I must continue IMRF participation as long as the position continues to qualify for participation.

X

Signature of City Hospital Employee

Date (MM/DD/YYYY)

CERTIFICATION BY ELECTED OFFICIAL

I certify that:

- I am electing to participate in the Illinois Municipal Retirement Fund and have authorized payroll deductions to be made from my earnings as required under the Illinois Pension Code.
- I understand that my elected position must normally require performance of duty for at least _____ hours
600 or 1,000
in a twelve-month period in order to be eligible for IMRF participation. *Governing body members: If you were first elected to this position on or after 1/1/2018, the position must require 1,000 hours to be eligible for IMRF participation.*
- I understand that it is only the hours of actual work normally required to perform the duties of the office that I can count toward the IMRF hourly standard, such as hours spent at meetings, preparing for meetings, in the office, and hours spent actually conferring with constituents. **I cannot count hours spent on-call or being informally available to constituents, or time spent traveling to meetings.**
- The hours of work normally required to fulfill the duties of _____
(Office Title)
for the _____
(Name of Unit of Government) are at least _____ in a twelve-month period.
600 or 1,000
- I understand that this election may not be revoked, and that I must continue IMRF participation (as long as the position continues to qualify for participation) in all subsequent terms in this office.

X

Signature of Elected Official

Date (MM/DD/YYYY)

CERTIFICATION BY AUTHORIZED AGENT

I certify that as of _____ the position above qualifies for membership in IMRF.
Position Qualification Date (MM/DD/YYYY)

X

Signature of Authorized Agent

Date (MM/DD/YYYY)

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