



# CERTIFICATION BY ELECTED OFFICIAL OF HOURS REQUIRED - 600

IMRF Form 6.93-A (Rev. 05/2014)

**PLEASE PRINT OR TYPE**

## Purpose of Form

This form is for Board members and certain other elected officials to certify that the hours required to fulfill the duties of their office are equal to or more than the hourly standard for IMRF participants.

OFFICIAL'S FIRST NAME	MIDDLE INITIAL	LAST	JR., SR., II, etc.
STREET (MAILING) ADDRESS	CITY	STATE	ZIP + 4
EMPLOYER NAME	EMPLOYER IMRF I.D. NUMBER		

## CERTIFICATION BY ELECTED OFFICIAL

I hereby certify that:

- A) I understand that an elected position must normally require performance of duty for at least 600 hours in a twelve-month period in order to be eligible for IMRF participation. IMRF participation is not an automatic benefit of holding elected office.
- B) I understand that it is only the hours of actual work normally required to perform the duties of the office that are counted toward the IMRF hourly standard. Hours spent at meetings, preparing for meetings, in the office, and hours spent actually conferring with constituents are to be counted as performance of duty. Hours spent on-call or otherwise informally available to constituents do not count toward the IMRF hourly standard, nor does time spent traveling to meetings.
- C) I understand that 600 hours of work annually is an average of 12 hours of work per week for 50 weeks per year.
- D) The hours of work normally required to fulfill the duties of \_\_\_\_\_ for the  
*(Office Title)*  
\_\_\_\_\_ are at least 600 hours, which is the IMRF  
*(Name of Unit of Government)*  
hourly standard for this unit of government.
- E) I understand that any person who knowingly makes any false statement or falsifies or permits to be falsified any record of the Illinois Municipal Retirement Fund in an attempt to defraud IMRF is guilty of a Class 3 felony (40 ILCS 5/1-135).

\_\_\_\_\_  
Signature of Official

\_\_\_\_\_  
Date\* (MM/DD/YYYY)

\*You may be required to periodically renew this certificate.

### Illinois Municipal Retirement Fund

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

Member Services Representatives 1-800-ASK-IMRF (1-800-275-4673)



# ELECTION TO PARTICIPATE FOR QUALIFYING POSITION

IMRF Form 6.21 (Rev. 07/2014)

## INSTRUCTIONS

- Elected officials and city hospital workers have the option to participate if their position qualifies them for participation in IMRF. In order to elect to participate, they should complete this form and file it with IMRF.
- If an elected official chooses to participate in IMRF, that official must always participate while holding that same office, including subsequent terms of office. This means that an elected official who joins IMRF may not receive an IMRF pension during any term in that office.
- After the elected official or city hospital employee begins participation, he/she is eligible to apply for a maximum of 50 months of retroactive service credit. Use IMRF Form 6.04, "Application for Retroactive Service Credit."  
**PLEASE NOTE:** *The purchase of retroactive service will not modify your Tier Plan. Your Tier is determined by the date you elect to participate in IMRF.*
- The employer must have on file with IMRF Form 6.64, "Resolution Relating to Participation by Elected Officials," certifying that the position qualifies for participation in IMRF.
- A person appointed to a vacant elected position is considered to be an elected official and must also file this form if he/she elects to participate in IMRF.
- If an IMRF member currently holds another qualifying position and is electing to contribute member contributions through an elected or city hospital position which would not qualify in and of itself, please use form 6.23, "Election to Contribute Under Additional Position." You can also refer to the Manual for Authorized Agents, Section 6.10.
- All elected officials and city hospital employees whose position qualifies them for participation in IMRF, **even if they choose not to join**, are considered to be participants in an employer sponsored pension plan and therefore subject to the IRA deductibility limits imposed by the Internal Revenue Code of 1986.

### PLEASE PRINT OR TYPE - USE BLACK INK

EMPLOYEE'S FIRST NAME	MIDDLE INITIAL	LAST	JR., SR., II, ETC.	IMRF MEMBER ID OR LAST 4 DIGITS OF SSN
CURRENT POSITION TITLE	DEPARTMENT CODE		ELECTED/APPOINTED OFFICIAL..... <input type="checkbox"/> Y <input type="checkbox"/> N	CITY HOSPITAL WORKER..... <input type="checkbox"/> Y <input type="checkbox"/> N

EMPLOYER NAME	EMPLOYER IMRF I.D. NUMBER
STREET (MAILING) ADDRESS	CITY, STATE AND ZIP + 4

**CERTIFICATION BY ELECTED OFFICIAL OR 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 in all subsequent terms in this office.\*

**X** \_\_\_\_\_  
SIGNATURE OF ELECTED OFFICIAL OR CITY HOSPITAL EMPLOYEE

\_\_\_\_\_ DATE (MM/DD/YYYY)

**CERTIFICATION BY AUTHORIZED AGENT**  
I certify that the position which the above named person occupies qualifies him or her for membership in IMRF.\*

**X** \_\_\_\_\_  
SIGNATURE OF AUTHORIZED AGENT

\_\_\_\_\_ DATE (MM/DD/YYYY)

\* I understand that any person who knowingly makes any false statement or falsifies or permits to be falsified any record of the Illinois Municipal Retirement Fund in an attempt to defraud IMRF is guilty of a Class 3 felony (40 ILCS 5/1-135).

### Illinois Municipal Retirement Fund

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](http://www.imrf.org)