



# NOTICE OF ENROLLMENT IN IMRF

IMRF Form 6.10 (Rev. 10/07)

**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)**

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. Martial Status     Single     Married     Divorced     Widowed

7. Gender     Female     Male

8. Are you currently participating or have you previously participated in IMRF or any other Illinois Public Pension systems?  
 **No**                       **Yes [please check the box(es) to identify the pension system(s)]**  
 IMRF (If indicating IMRF, are you currently collecting a pension from IMRF?)     Yes     No  
 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

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

**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.)**

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                      **CITY OF BERWYN**                      10. Employer IMRF I.D. Number                      **3326**

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="radio"/> Regular <input type="radio"/> ECO <input type="radio"/> SLEP ( FT / PT )		
_____	_____	<input type="radio"/> Regular <input type="radio"/> ECO <input type="radio"/> 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? .....  No     Yes    **OR**  
 Is employee an elected official who will be paid irregularly? .....  No     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:

Jan     Feb     Mar     Apr     May     Jun     Jul     Aug     Sept     Oct     Nov     Dec

13. Is employee:

A. Police chief eligible for transfer into IMRF for SLEP coverage?  
 **No**  
 **Yes (attach Form 6.22)**

B. Performing police duties? .....  No     Yes

C. Performing fire protection duties? .....  No     Yes

D. Performing teacher aide duties? .....  No     Yes  
 (see instructions for examples)

E. City hospital worker?  
 **No**  
 **Yes (attach Form 6.21)**

14. Elected official or appointed to elected office?  
 **No**  
 **Yes (attach Form 6.21)**

15. For County employers only: Has member elected to participate in the Elected County Official (ECO) plan?  
 **No**  
 **Yes (attach Form 6.21B)**

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