



A RESOLUTION RELATING TO TERMINATION OF PARTICIPATION BY ELECTED OFFICIALS IN THE ILLINOIS MUNICIPAL RETIREMENT FUND

IMRF Form 6.64T (03/12)

PLEASE ENTER Employer IMRF I.D. Number

RESOLUTION
Number _____

WHEREAS, the _____
EMPLOYER NAME

is a participant in the Illinois Municipal Retirement Fund:

WHEREAS, elected officials with the _____
EMPLOYER NAME

may participate in the Illinois Municipal Retirement Fund if they are in positions normally requiring performance of duty for

_____ hours or more per year; and
600 or 1,000

WHEREAS, this governing body can determine what the normal annual hourly requirements of its elected officials are, and should make such determination for the guidance and direction of the Board of Trustees of the Illinois Municipal Retirement Fund; and

WHEREAS, this governing body has previously determined that the following elected position required performance of duty for at least _____ hours per year: _____
600 or 1,000 ELECTED POSITION; and

WHEREAS, the duties and responsibilities of this position have changed and it no longer requires performance of duty for at least _____ hours per year, effective _____.
600 or 1,000 DATE (MM/DD/YY)

NOW THEREFORE BE IT RESOLVED that the _____
BOARD, COUNCIL, ETC.
of _____ finds that the position of _____
EMPLOYER NAME ELECTED POSITION

no longer qualifies for IMRF participation, as of _____.
DATE (MM/DD/YY)

CERTIFICATION

I, _____, the _____
NAME CLERK OR SECRETARY OF THE BOARD
of the _____, of the County of _____
EMPLOYER NAME COUNTY

State of Illinois, do hereby certify that I am keeper of its books and records and that the foregoing is a true and correct copy of a resolution duly adopted by its _____ at a meeting duly convened
BOARD, COUNCIL, ETC.

and held on the _____ DAY of _____, 20 _____.
DAY MONTH YEAR

Signature of Clerk or Secretary of the Board

Illinois Municipal Retirement Fund
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Member Services Representatives 1-800-ASK-IMRF (1-800-275-4673)