

8081-R21
ILLINOIS MUNICIPAL RETIREMENT FUND

100 South Wacker Drive, Chicago, Illinois 60606

OUT-OF-STATE SERVICE CREDIT AUTHORIZATION
 (See instructions on reverse side)

Member Name <i>Schielzeth, Bruno</i>	Social Security Number [REDACTED]
Member Address <i>1202 South Lynn, Urbana, IL 61801</i>	Present Position <i>City Arborist</i>
Present Employer Name <i>City of Urbana</i>	Employer Number <i>69-033 3394</i>

Certification by Member

I certify that I was an employee of *City of Iowa City*
Name of Local Government

Iowa from *7-15-71* to *5-15-74*
Name of State Date Date

such service having been covered under *IPERS*
Name of Public Employee Pension System

whose address is *1000 East Grand Ave., Des Moines, Iowa 50319*
Street City State Zip Code

and that I have irrevocably forfeited all service credits in said pension system and am not entitled to benefits of any type therefrom. I understand that no service credits will be established under the Illinois Municipal Retirement Fund until I have made the required payment to IMRF.

9-15-80 *Bruno Schielzeth*
Date Signature of Member

Certification by Authorized Agent

I certify that the above named member was employed by this governmental unit in a participating position on *December 15, 1974* with a monthly rate of earnings of *\$1159*
Date

at the date of employment.

Oct 30, 1980 *[Signature]*
Date Signature of Authorized Agent

Certification by Clerk or Secretary of Governing Body

I certify that a regular or special meeting held on *November 17, 1980*
Date

the *Urbana City Council* of *City of Urbana, IL*
Name of Governing Body Name of Governmental Unit

authorized the granting of service credits for out-of-state service with the out-of-state governmental unit named herein from *July 15, 1971* to *May 15, 1974* (not to exceed 120 months for the above named member.)
Date Date

Nov. 20, 1980 *Clerk* *Ruth S. Brookens*
Date Clerk or Secretary Signature

INSTRUCTIONS FOR USE

1. File this form only if applicant:

- a. Has participated in IMRF at least two years.
- b. Was an employee of a local government in another state; and, as such, participated in a public employee pension system of that state, and has now irrevocably forfeited all rights to a benefit from that pension system.
- c. Is willing to make a lump sum payment to IMRF to establish the forfeited service. (Use the following table to make a rough estimate of cost to the applicant.)

Line

- (1) Rate of monthly earnings when service under IMRF commenced \$ _____
- (2) Number of months of out-of-state service to be established (not over 120) _____
- (3) Line 1 times line 2 (aggregate base earnings) \$ _____
- (4) Contribution, excluding interest, at 10% of line 3 \$ _____
- (5) Interest (5% a year, compounded annually, from date applicant entered IMRF participation to date of payment) \$ _____

- 2. The governing body must authorize the granting of these service credits.
- 3. The governmental unit's contribution for out-of-state service credit is made through future monthly payments. Therefore, a separate payment is not required. The actuary will take the out-of-state creditable service into account when he annually determines the employer contribution rate. This is the rate shown on IMRF Form 3.11, Monthly Participating Employee Report.
- 4. IMRF will mail to the member a remittance form which shows the amount the member must pay in a single cash payment due immediately, or deferred at the member's option for six, twelve, eighteen, or twenty-four months. Additional interest accumulates when the payment is deferred.

