

Madison County Government

PREPARING FOR RETIREMENT

While we can't make the decisions for you, we can assist you along the way and give you the best information possible to make those decisions. All employees and their situations are different at retirement. The below steps will help guide each individual through this process. Feel free to visit Payroll Services, in Room 154 of the Administration building with any questions. Our doors are open most days from 8:30 – 4:30, call 296-4026 in advance if you would like to schedule a specific meeting time. Employees seeking financial or tax advice when preparing for retirement should talk to your financial advisor.

Visit the Madison County "Employee Home" webpage at <http://www.co.madison.il.us>, and click on the Preparing for Retirement link. You will find detailed information and many helpful forms and links.

1. **Create an IMRF Member Access Account:** Go to www.imrf.org and create a member access account. You will use this account to prepare and file your IMRF pension application and view your pension benefits during retirement. You will also be able to register for any of the IMRF retirement workshops.
Date Completed: _____
(Recommended: as early as possible)
2. **Set a Date:** Pick a date you wish to retire. Use the IMRF Calculator via member access account or call 1-800-275-4673 if you need help picking a date. This will allow you to enter multiple amounts and figure out which date works best for you.
**Tip 1: Retiring at the beginning of the month, i.e. June 1, will allow you to have insurance through the end of the month without paying the full portion, however, you will not receive a pension check for that month. If you retire at the end of the month, i.e. May 31, you will owe the full insurance amount, but you will receive a pension check for the month of June. If your Pension is more than the cost of your health insurance, you may want to consider using the end of the month as your retirement date.*

**Tip 2: In order to be eligible for the IMRF "13th payment" in the following year, you must retire on or before June 30.*
Date Completed: _____
(Recommended: 6 months in advance)
3. **Contact Social Security:** For Social Security benefit information visit www.ssa.gov/planners/retire. They recommend applying for retirement benefits three months before you want your benefits to begin.
Date Completed: _____
(Recommended: 6 months in advance)
4. **Notify Your Department:** Notify your department as far in advance as possible. A two week written notice would be appreciated in most cases.
Date Completed: _____
(Recommended: as early as possible)
5. **Complete IMRF Pension Application:** Complete the IMRF Pension Application via the IMRF Member Access Account or visit Payroll Services for the forms. IMRF requests one month in advance to ensure timely payment of your first pension check.
Date Completed: _____
(Recommended: 1 month in advance)

Surviving Spouse and Voluntary Additional Contributions (VAC) refunds will be processed after IMRF receives your Pension Application. The estimated amount of these refunds can be found on the IMRF Member Access Account.

6. **Contact Payroll Services and Safety & Risk:** Contact Payroll Services to discuss IMRF benefits, final leave payout. Sick, Vacation, and Comp balances will be paid out on your final paycheck (Sick Hours payout is half up to 480 hours for members enrolled in IMRF, or up to 960 hours for employees enrolled in SLEP. Any remaining hours not paid are sent to IMRF for additional service credit). Contact Safety & Risk to discuss insurance continuation paperwork and payments.

Date Completed: _____
(Recommended: as soon as you have questions)

**Tip 3: You may deduct several months of premiums for continuation of your group health/dental/vision coverage on a pretax basis from your last lump-sum paycheck. The number of months of premiums being prepaid on a pretax basis cannot exceed the number of months left in the plan year (December 1st through November 30th).*

7. **Contact Nationwide 457(b) Retirement Specialist:** If you have a large balance due to be paid out, Contact our Nationwide Retirement Specialist, TBD. Many employees elect to contribute some or all of their final pay into the 457 Deferred Comp plan. For 2019 the maximum limit is \$25,000 with the Over Age 50 Catch Up option, but there is a special 457(b) Three-Year Catch Up option which increases the maximum amount to \$38,000 (additional form required for eligibility). Here are a few reasons to consider:

Date Completed: _____
(Recommended: 1-2 months in advance)

- Power of growth- Put the value of your unpaid leave toward your future by investing it for potential growth.
- Avoid tax shock- Transferring your payout to your 457(b) account defers the taxes. You will also avoid paying any state taxes at all.
- Easy to contribute- Contact Colin for the appropriate forms and turn them into Payroll.
- Easy to withdraw- After retirement, you can discuss your options to withdraw your contributions, including lump-sum, partial-sum, annuity, or rollover.

**Tip 4: For employees receiving the Surviving Spouse or VAC refund, you will also have the option of depositing these lump sum payments into your 457(b) account. IMRF will process these 1-2 months after first pension check.*

8. **Contact Safety & Risk Management:** For additional assistance regarding the employee medical plan, contact Safety & Risk Management at ext. 4566 or ext. 5516.

Date Completed: _____
(Recommended: as soon as you have questions)

9. **Relax and Enjoy Retirement:**

Date Completed: _____ TBD

Contacts:

Payroll

Nicole Burr: 296-4026

Nationwide (www.nrsforu.com)

Retirement Specialist

Andrew Friedrich: 706-296-3328

Customer Support: 1-877-677-3678

Safety & Risk Management

Cheryl Reynolds: 296-4566

Social Security (www.ssa.gov/planners/retire)

Social Security Admin: 1-800-772-1213

Alton Office: 1-855-285-6006

East St. Louis Office: 1-877-700-4849

IMRF (www.imrf.org)

Customer Services: 1-800-275-4673



Applying for Your IMRF Pension

Congratulations on your upcoming retirement!

Please use this checklist when applying for IMRF retirement benefits.

1. File this form one month before your retirement date.

- Include required documents (**copies** not originals) with your application. **Print your IMRF Member ID number on all documents** you attach to this form.
 - **Married or in a civil union for at least one year:** your Birth Certificate and your Marriage Certificate or Civil Union Certificate.
 - **Divorced:** your Birth Certificate and your Judgment of Dissolution of Marriage/Civil Union (Divorce Decree) - **first page and Judge's signature page only.**
 - **Widowed, never married, or never in a civil union:** your Birth Certificate.
- If you do not have all the required documents, submit your completed application without them. Send any missing documents to IMRF as soon as possible.
- You may mail or fax the form and materials to IMRF. **Fax # (630) 706-4289**

DATE FORM MAILED/FAXED TO IMRF _____

DOCUMENTS INCLUDED:
(Check box if mailed/faxed with form.
Fill in date next to item if mailed/faxed later.)

- ☐ Birth Certificate _____
- ☐ Marriage Certificate _____
- ☐ Civil Union Certificate _____
- ☐ Judgment of Dissolution of Marriage/Civil Union (Divorce Decree) - **first page and Judge's signature page only.**

2. This form contains Form 5.20 and Form 1199:

Form 5.20 Application for IMRF Pension and Form 1199 Application for Direct Deposit. Please complete both Form 5.20 and Form 1199 and **return both forms together at the same time.***

- Be sure to **sign both forms.**
- **Direct Deposit of your monthly benefit payment is mandatory.** Your payment **must be directly deposited** into your checking, savings or a brokerage account.

FORM 5.20/1199 COMPLETION:
(Check these key boxes to ensure you have completed the paper form fully.)*

- ☐ Member information provided
- ☐ Spouse/marital status information provided, if applicable
- ☐ Reciprocal service information provided, if applicable
- ☐ Both forms signed by Member
- ☐ Direct Deposit information provided

3. Next steps:

- **After we receive your application,** you will receive an IMRF Retirement Packet, which contains:
 - *Insights for Retiring Members* booklet
 - **IMRF Form 6.11A**, "Designation of Beneficiary for Annuitants" (**Return immediately.***)
 - **IMRF Form W4-P**, "Withholding Certificate for Pension or Annuity Payments" (**Return immediately.***)
 - Health Insurance Continuation Form (*paper format only*)
 - Self-addressed return envelope

ADDITIONAL FORMS SUBMITTED:
(Check box and fill in date next to item if form was mailed, faxed, or electronically submitted via Member Access.)

- ☐ IMRF Form 6.11A _____
- ☐ Form W4-P _____
- ☐ Health Insurance Continuation Form _____

***NOTE:** You can submit Forms 5.20, 1199, 6.11A and W4-P online via **Member Access**. See following page for more information regarding IMRF's Member Access.

**Be sure to create a
Member Access
account so you can
have 24/7 access
to your
IMRF records!
www.imrf.org**

IMRF

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

Member Services Representatives: 1-800-ASK-IMRF (1-800-275-4673) FAX: 630-706-4289

www.imrf.org

Frequently Asked Questions

Q When will I receive my first pension payment?

A For the typical member who leaves his or her IMRF employer and is immediately eligible to draw their pension, the *effective* date will be the first of the month following your last day of work. Even though the pension is *effective* on a certain date does not mean that a member will receive a payment on that date. To release your payment, we need to have a properly-completed Form 5.20 (Application for IMRF Pension) from you and Form 6.41 (Notice of Termination) from your employer stating that you are no longer an employee. Once we have these two items, it generally takes about two weeks to direct deposit your first pension payment.

Q How do I choose the Optional Plan (*the plan that pays more money up front and, at age 62, is reduced*)?

A Typically, an Option Letter is mailed to you about six or eight weeks after you receive your final paycheck. The letter asks you to choose between the *Standard Plan* and the *Optional Plan*. In the meantime, you will start receiving your pension based on the Standard Plan. If you choose the Optional Plan, IMRF will issue an adjusting payment to you for the difference between the Standard and Optional Plan for the pension payments you have already received. It generally takes approximately two weeks to process this adjusting payment.

Q Is the time frame for receiving the Option Letter the same for a member retiring under the Reciprocal Act (*the coordination of your IMRF service with another public retirement system in Illinois*)?

A It generally takes longer to process retirements this way due to the coordination between IMRF and the Reciprocal retirement system(s).

Q Since my pension payment will be direct deposited, how will I know how much money is being deposited into my account?

A You will receive a notice for the first payment that is direct deposited. Thereafter, you will receive a notice three times a year, advising you of the amount being deposited. These notices are sent in January, July (with the "13th payment," once eligible), and in December. If at any other time during the year your deposit amount changes, we will send you a notice. Federal withholding or health insurance deductions are the most common reasons for mid-year changes to a member's deposit amount. You may also find your monthly deposit amount via your IMRF Member Access account. See below for more information.

Create a Member Access account...

Using your IMRF Member Access account will be a great help when completing your retirement process. You will also be able to:

- Register for an IMRF Retiree Workshop
- View and change your beneficiary information
- Change your Direct Deposit information (1199)
- Change your personal information securely
- Submit forms (*5.20, 6.11A and W4-P*) online
- Access annual 1099-R tax forms
- Change your withholding information (W4-P)
- Review your annual Retiree Benefit Statement

Log on to www.imrf.org to create your Member Access account today.



APPLICATION FOR IMRF PENSION

IMRF Form 5.20 (Rev. 06/2012)

PLEASE PRINT OR TYPE

You can complete and submit this form electronically via **Member Access**. You can print paper forms from www.imrf.org.

MEMBER'S FIRST NAME MIDDLE INITIAL LAST JR., SR., II, ETC.			IMRF MEMBER ID	
MEMBER'S MAILING ADDRESS				
CITY		STATE	ZIP+4	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
MEMBER'S BIRTH DATE (MM/DD/YY)		DAYTIME TELEPHONE NO.		LAST DAY OF WORK (MM/DD/YY)
MARITAL STATUS <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> MARRIED <input type="checkbox"/> CIVIL UNION <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED			GENDER OF SPOUSE <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
SPOUSE'S FIRST NAME MIDDLE INITIAL LAST JR., SR., II, ETC.			SPOUSE'S SOCIAL SECURITY NUMBER _____	
DATE OF MARRIAGE/CIVIL UNION (MM/DD/YY)			SPOUSE'S DATE OF BIRTH (MM/DD/YY)	
SERVICE WITH OTHER ILLINOIS PUBLIC RETIREMENT SYSTEMS (SUCH AS STATE EMPLOYEES', STATE TEACHERS', ETC.) IF YOU ARE ALREADY RECEIVING RETIREMENT BENEFITS FROM THE SYSTEM, PLEASE DO NOT LIST IT HERE.				
NAME OF SYSTEM		DATES FROM TO		
IF YOU WILL RETIRE UNDER IMRF EARLY RETIREMENT INCENTIVE, SUBMIT FORM 5.21 , "NOTICE TO RETIRE UNDER ERI." INDICATE THE YEARS / MONTHS YOU WISH TO PURCHASE: _____ YEARS _____ MONTHS				
I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. X _____ MEMBER'S SIGNATURE (WRITE; DO NOT PRINT OR TYPE) _____ DATE _____				

Completed form may be mailed to: **IMRF**

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

Member Services Representatives: 1-800-ASK-IMRF (1-800-275-4673) FAX: 630-706-4289

www.imrf.org



APPLICATION FOR DIRECT DEPOSIT

IMRF Form 1199 (07/07) - **Included with Form 5.20**

This form should be completed by the Benefit Recipient
(IMRF Member or the person receiving the IMRF benefit payment).

You can complete and submit this form electronically via **Member Access**. You can print paper forms from www.imrf.org.

MEMBER/ANNUITANT'S FIRST NAME MIDDLE INITIAL LAST JR., SR., II, ETC.		IMRF MEMBER ID	
ACCOUNT INFORMATION Important: The name of the person who will receive the IMRF benefit payments must be on this account. Please provide the information requested below. If you are unsure of any of the requested information, contact the financial institution where you have your account. (See the bottom of this page for more information.)			
NAME OF FINANCIAL INSTITUTION		BRANCH TELEPHONE NUMBER	
BRANCH ADDRESS (NUMBER, STREET)		CITY	STATE ZIP
ACCOUNT NUMBER			
FINANCIAL INSTITUTION ROUTING NUMBER (SEE BELOW)		TYPE OF ACCOUNT	
<div><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></div>		<div><input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS</div>	
<p>I authorize and request the Illinois Municipal Retirement Fund to direct IMRF recurring payments for crediting to my account at the financial organization designated above. This authorization is not an assignment of my right to receive payment and revokes all prior payment direction notifications applicable to these payments. I understand that the financial organization designated reserves the right to cancel this agreement by notice to me; however, this authorization will remain in effect with IMRF until cancelled by notice from me or by my death. Further, I understand and agree that IMRF will stop direct deposit if I fail to keep IMRF informed of my current address. I also permit the release by the bank or financial institution of my current address to IMRF. I understand that a new form 1199 is required if I change my financial institution, my account number or my name.</p> <p>X _____ Signature of Benefit Recipient, Power of Attorney*, or Guardian* *Attach court documents if not already submitted</p> <p>_____ Date</p>			

FINANCIAL INSTITUTION ROUTING NUMBER

A routing number is a nine-digit number, and is a completely separate number from your account number.

If you have a savings or brokerage account, you should call the financial institution where you have your account to obtain the correct routing number.

If you have a checking account, see the sample at right for how to get your account number and the correct routing number from your blank checks. (Note: If you have temporary checks, call the financial institution where you have your account to obtain the correct routing number.)

Mary Member
John Member
123 Main Street
Anywhere, IL 60606

Date _____

Pay to the Order of _____ \$ _____

Bank of Anywhere
Anywhere, IL 00000

For _____

Nine-digit Routing Number: 123456789

Account Number: 1122334455

9676

Do not include the check number as part of your account number. (The check number is generally printed immediately after your account number.)

Completed form may be mailed to: **IMRF**

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

Member Services Representatives: 1-800-ASK-IMRF (1-800-275-4673) FAX: 630-706-4289

www.imrf.org



Designation of Beneficiary for Annuitant \$3,000 Death Benefit

IMRF Form 6.11A (Rev. 05/2019)

Questions? Call 1-800-ASK-IMRF (275-4673)

Who can complete this form

We can accept the **signature of the annuitant only** on this form. If someone other than the annuitant signs this form, including an agent under a power of attorney, the form will not be accepted.

If you make any corrections on this form

If you make any corrections on this beneficiary form, **you must initial the correction**. If you do not, **the form will not be accepted**.

Benefits payable upon your death

\$3,000 lump sum death benefit

On this form, you name the person(s) who will receive the \$3,000 lump sum death benefit.

Guaranteed contributions and interest lump sum

You are guaranteed the return of your member contributions and interest in the form of pension payments or a death benefit. Most IMRF retirees receive this guaranteed amount as pension payments within the first few years of retirement. However, if at the time of your death you have any remaining contributions and interest on file and there is no surviving spouse annuity or special needs annuity that will be paid, this guaranteed amount will be included in the lump sum death benefit paid to the beneficiary(ies) you name on this form.

If you do not have a valid designation form on file with IMRF, the lump sum death benefit will be paid to your estate. You cannot designate the person to receive the lump sum death benefit by your Will. You must file a Designation of Beneficiary form with IMRF.

Monthly Surviving Spouse pension

A monthly Surviving Spouse pension may also be payable if you were married or in a civil union for at least one year prior to the date you stopped participating in IMRF. See the back of the form for details.

How to complete this form

Primary Beneficiary(ies)

If you do not have a valid Designation of Beneficiary form on file with IMRF, your estate is automatically your beneficiary. If you want any other arrangement, you must submit a Designation of Beneficiary form to IMRF. You can name any person, church, trust, charity or organization. If your primary beneficiaries do not survive you, IMRF will pay the benefit to your Secondary Beneficiary(ies). If no Primary or Secondary Beneficiary(ies) survives, the benefit will be paid to your estate.

Note of caution for married members or members in a civil union

If you want to ensure that your spouse receives the \$3,000 lump sum benefit, you must name your spouse as your only primary beneficiary. **If you divorce**, your former spouse is no longer your beneficiary. If you want your ex-spouse to be your beneficiary for the \$3,000 lump sum benefit, you must file a new form after the date of your divorce.

If you name more than one Primary Beneficiary

The persons listed become "co-beneficiaries" and will share the lump sum death benefit according to the percentages you enter. **If you leave the percentages blank and have not checked the "Split Shares Equally" box, or if the shares do not add up to 100%, the form will not be processed.**

Secondary Beneficiary(ies)

Your Secondary Beneficiary(ies) will receive the death benefit payable by IMRF if no Primary Beneficiary survives. You can name any person, church, trust, charity or organization as your Secondary Beneficiary. You may also name more than one Secondary Beneficiary.

If you are naming someone considered a minor (either under age 18 OR age 21—read below)

You have two options to choose how benefits will be paid to a beneficiary who is considered a minor:

- Name your beneficiary on this form. In this case, if your beneficiary is 18 or older at the time of your death, the benefit payment will be paid directly to him/her. If your beneficiary is under the age of 18, the benefit payment will be paid in care of his/her legal guardian.
- Name a custodian for your beneficiary on this form, under the Illinois Uniform Transfer to Minors Act (IUTMA). The custodian must be 21 years of age or older. In this case, if your beneficiary is 21 or older at the time of your death, the benefit payment will be paid directly to him/her. If your beneficiary is under the age of 21, the benefit payment will be paid in care of the person you named as your beneficiary's custodian. The IUTMA option:
 - Allows you to direct the benefit payment to someone other than the minor's guardian.
 - Prevents your beneficiary from receiving a benefit payment directly until he/she is age 21.

To name an individual as a custodian under IUTMA, enter the name of the individual on this form, followed by the words "as custodian for (name of minor) under the IUTMA."

If a named beneficiary does not survive

If a named beneficiary does not survive, his or her shares will be distributed among any surviving beneficiaries you named on this form.

If you are naming a trust

Please provide the number and/or date of the trust.

Signature, date and returning the completed form

You must sign, date, and file this form with IMRF. You can mail or fax the completed form to IMRF directly. The information on this form does not become effective **until your form has been received and approved by IMRF's Oak Brook or Springfield office.**

You can complete this Designation of Beneficiary form online through your Member Access account. Visit **www.imrf.org**.

How to find your IMRF Member ID

To protect your personal information, IMRF has assigned you a unique seven digit identification number for you to use in place of your Social Security Number on all forms you send to IMRF. You can find your IMRF Member ID Number in your Member Access account at www.imrf.org. Your Member ID Number is also printed on all correspondence IMRF sends you, including your annual annuitant statement.



Designation of Beneficiary for Annuitant \$3,000 Death Benefit

IMRF Form 6.11A (Rev. 05/2019)

Please print—use black ink.

BOX 1. NAME OF PERSON RECEIVING PENSION (ANNUITANT)

Last Name	First Name	Middle Initial	Jr., Sr., II, etc.	IMRF Member ID
Street (Mailing) Address				City, State, and Zip (zip+4 if known)
Telephone	Cell Phone		Email*	

**If you have an IMRF Member Access account, you must update your email through Member Access*

Birthdate (MM/DD/YYYY)	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Civil Union	<input type="checkbox"/> Married <input type="checkbox"/> Divorced	Gender of Spouse <input type="checkbox"/> Male <input type="checkbox"/> Female	
Spouse's Last Name	First Name	Middle Initial	Maiden (if applicable)	Marriage/Civil Union Date (MM/DD/YYYY)

Important: IMRF will NOT process this form if the total of all shares in Box 2 does not equal 100% and there is more than one primary beneficiary, or if you leave the percentages blank and have not checked the "Split Shares Equally" box. This also applies to Box 3 if you name more than one secondary beneficiary.

BOX 2. PRIMARY BENEFICIARY(IES)

For \$3,000 Lump Sum Death Benefit

Refer to instructions if naming a minor or a trust.

Enter the % share to each beneficiary below **OR** check the "Split Shares Equally" box.

Last Name	First Name	Middle Initial	Social Security Number (optional)	Relationship	% Share to each	<input checked="" type="radio"/> OR Split Shares Equally
						<input type="checkbox"/>
TOTAL					100%	100%

BOX 3. SECONDARY BENEFICIARY(IES)

Benefit will be paid to this beneficiary(ies) if no primary beneficiary(ies) survives.

Refer to instructions if naming a minor or a trust.

Enter the % share to each beneficiary below **OR** check the "Split Shares Equally" box.

Last Name	First Name	Middle Initial	Social Security Number (optional)	Relationship	% Share to each	<input checked="" type="radio"/> OR Split Shares Equally
						<input type="checkbox"/>
TOTAL					100%	100%

BOX 4. Signature (WRITE, DO NOT TYPE OR PRINT) of annuitant (person receiving pension) only.
(Form **will not be accepted** if someone other than the annuitant signs the form.)

X

Date

Read the conditions on the next page. Completed form may be mailed to:

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

Member Services Representatives: 1-800-ASK-IMRF (275-4673) FAX: 630-706-4289

\$3,000 Lump Sum Death Benefit

This designation of beneficiary form

- Provides for payment of the IMRF \$3,000 lump sum death benefit and revokes (cancels) any prior beneficiary designation.
- Will be effective when it has been received and approved by IMRF's Oak Brook or Springfield office.
- Is subject to Illinois law and to rules and regulations established by the IMRF Board of Trustees.

IMRF's acceptance of this form does not mean that a lump sum death benefit will be payable if your beneficiaries are not otherwise entitled to one.

Whether a lump sum death benefit is payable and the amount paid will be determined at the time of death under applicable laws and regulations.

Who is eligible to be a beneficiary?

You may designate any person, whether or not a relative, or any church, trust, charity or organization as a Primary or Secondary beneficiary.

You may provide the address and telephone number(s) of the beneficiary(ies) you list on this form on a separate sheet of paper and attach it to the form.

You cannot name a creditor (such as a bank, credit union, or loan company) as your beneficiary as a means of providing security for a debt.

Shares to each named beneficiary

If you name more than one beneficiary and you do not check the "Split Shares Equally" box, you must write in specific shares (percentages). These shares MUST add up to 100% or the form will not be processed.

If a named beneficiary does not survive, his or her shares will be distributed among any surviving beneficiaries you named on this form.

Death of a retired IMRF member

Upon your death, if you have not submitted a valid Designation of Beneficiary form to IMRF, the lump sum death benefit will be paid to your estate.

If you have a valid Designation of Beneficiary form on file with IMRF, the \$3,000 lump sum death benefit will be paid to your Primary Beneficiary(ies).

If no Primary Beneficiary(ies) survives, the \$3,000 death benefit will be paid to your Secondary Beneficiary(ies).

If no Primary or Secondary Beneficiary(ies) survives, the lump sum death benefit will be paid to your estate.

If any member contributions and interest have not been paid as retirement and survivor's pension payments, IMRF will pay the remainder to the Primary Beneficiary(ies) designated by the deceased retired member and on file with IMRF.

IMRF Surviving Spouse Pension

A surviving spouse pension may be payable to your spouse if **you and your spouse were married or in a civil union for at least one year prior to the date you stopped participating in IMRF.**

If you and your spouse were married or in a civil union less than one year prior to the date you stopped participating in IMRF, your surviving spouse will not receive a surviving spouse pension.

If you are divorced after your pension begins, but you were married to your former spouse when you retired and for at least one year before you stopped participating in IMRF, your former spouse will be eligible for a surviving spouse pension.

If your qualifying spouse pre-deceases you and you remarry or enter into a new civil union, your second spouse would be eligible for a surviving spouse

pension if you are married or in a civil union for at least one year prior to your death.

Upon the death of a person receiving a surviving spouse pension, no death benefit is available. However, if any member contributions and interest have not been paid as retirement and survivor's pension payments, IMRF will pay the remainder to the Primary Beneficiary(ies) designated by the deceased retired member and on file with IMRF.

If no Primary Beneficiary survives, IMRF will pay the Secondary Beneficiary(ies) designated by the deceased retired member and on file with IMRF. If no Primary or Secondary beneficiary(ies) survives, any remaining member contributions and interest will be paid to the surviving spouse annuitant's estate. (See your Certificate of Benefits regarding Survivor Benefits.)

Withholding Certificate for Pension or Annuity Payments

OMB No. 1545-0074

2020

Future developments. For the latest information about any future developments related to Form W-4P, such as legislation enacted after it was published, go to www.irs.gov/FormW4P.

Purpose of form. Form W-4P is for U.S. citizens, resident aliens, or their estates who are recipients of pensions, annuities (including commercial annuities), and certain other deferred compensation. Use Form W-4P to tell payers the correct amount of federal income tax to withhold from your payment(s). You may also use Form W-4P to choose (a) not to have any federal income tax withheld from the payment (except for eligible rollover distributions or for payments to U.S. citizens to be delivered outside the United States or its possessions), or (b) to have an additional amount of tax withheld.

Your options depend on whether the payment is periodic, nonperiodic, or an eligible rollover distribution, as explained on pages 2 and 3. Your previously filed Form W-4P will remain in effect if you don't file a Form W-4P for 2020.

General Instructions

Section references are to the Internal Revenue Code.

Follow these instructions to determine the number of withholding allowances you should claim for pension or annuity payment withholding for 2020 and any additional amount of tax to have withheld. Complete the worksheet(s) using the taxable amount of the payments.

If you don't want any federal income tax withheld (see *Purpose of form*, earlier), you can skip the worksheets and go directly to the Form W-4P below.

Sign this form. Form W-4P is not valid unless you sign it.

You can also use the estimator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider using this estimator if you have a more complicated tax situation, such as if you have more than one pension or annuity, a working spouse, or a large amount of income outside of your pensions. After your Form W-4P takes effect, you can also use this estimator to see how the amount of tax you're having withheld compares to your projected total tax for 2020. If you use the estimator, you don't need to complete any of the worksheets for Form W-4P.

Note that if you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty

unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return.

Filers with multiple pensions or more than one income. If you have more than one source of income subject to withholding (such as more than one pension or a pension and a job, or you're married filing jointly and your spouse is working), read all of the instructions, including the instructions for the Multiple Pensions/More-Than-One-Income Worksheet, before beginning.

Other income. If you have a large amount of income from other sources not subject to withholding (such as interest, dividends, or capital gains), consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. See Pub. 505, Tax Withholding and Estimated Tax, for more information. Get Form 1040-ES and Pub. 505 at www.irs.gov/FormsPubs. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 5 or the estimator at www.irs.gov/W4App to make sure you have enough tax withheld from your payments. If you have income from wages, see Pub. 505 or use the estimator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or Form W-4P.

Note: Social security and railroad retirement payments may be includible in income. See Form W-4V, Voluntary Withholding Request, for information on voluntary withholding from these payments.

Withholding From Pensions and Annuities

Generally, federal income tax withholding applies to the taxable part of payments made from pension, profit-sharing, stock bonus, annuity, and certain deferred compensation plans; from individual retirement arrangements (IRAs); and from commercial annuities. The method and rate of withholding depend on (a) the kind of payment you receive; (b) whether the payments are to be delivered outside the United States or its possessions; and (c) whether the recipient is a nonresident alien individual, a nonresident alien beneficiary, or a foreign estate. Qualified distributions from a designated Roth account or Roth IRA are nontaxable and, therefore, not subject to withholding. See page 3 for special withholding rules that apply to payments to be delivered outside the United States and payments to foreign persons.

----- Separate here and give Form W-4P to the payer of your pension or annuity. Keep the worksheet(s) for your records. -----

Withholding Certificate for Pension or Annuity Payments

OMB No. 1545-0074

2020

► For Privacy Act and Paperwork Reduction Act Notice, see page 6.

Your first name and middle initial	Last name	Your social security number
Home address (number and street or rural route)		Claim or identification number (if any) of your pension or annuity contract
City or town, state, and ZIP code		

Complete the following applicable lines.

- Check here if you **do not want any** federal income tax withheld from your pension or annuity. (Don't complete line 2 or 3.) ► ☐
- Total number of allowances and marital status you're claiming for withholding from each **periodic** pension or annuity payment. (You may also designate an additional dollar amount on line 3.) ►
Marital status: ☐ Single ☐ Married ☐ Married, but withhold at higher Single rate. (Enter number of allowances.)
- Additional amount, if any, you want withheld from each pension or annuity payment. (**Note:** For periodic payments, you can't enter an amount here without entering the number (including zero) of allowances on line 2.) ► \$

Your signature ►

Date ►

Because your tax situation may change from year to year, you may want to refigure your withholding each year. You can change the amount to be withheld by using lines 2 and 3 of Form W-4P.

Choosing not to have income tax withheld. You (or in the event of death, your beneficiary or estate) can choose not to have federal income tax withheld from your payments by using line 1 of Form W-4P. For an estate, the election to have no income tax withheld may be made by the executor or personal representative of the decedent. Enter the estate's employer identification number (EIN) in the area reserved for "Your social security number" on Form W-4P.

You may not make this choice for eligible rollover distributions. See *Eligible rollover distribution—20% withholding* below.

Caution: There are penalties for not paying enough federal income tax during the year, either through withholding or estimated tax payments. New retirees, especially, should see Pub. 505. It explains your estimated tax requirements and describes penalties in detail. You may be able to avoid quarterly estimated tax payments by having enough tax withheld from your pension or annuity using Form W-4P.

Periodic payments. Withholding from periodic payments of a pension or annuity is figured using certain withholding tables that are also used to figure withholding from wages. Periodic payments are made in installments at regular intervals over a period of more than 1 year. They may be paid annually, quarterly, monthly, etc.

If you want federal income tax to be withheld, you must designate the number of withholding allowances on line 2 of Form W-4P and indicate your marital status by checking the appropriate box. You can't designate a specific dollar amount to be withheld. However, you can designate an additional amount to be withheld on line 3.

If you don't want any federal income tax withheld from your periodic payments, check the box on line 1 of Form W-4P and submit the form to your payer. However, see *Payments to Foreign Persons and Payments To Be Delivered Outside the United States* on page 3.

Caution: If you don't submit Form W-4P to your payer, the payer must withhold from periodic payments as if you're married claiming three withholding allowances. Generally, this means that tax will be withheld if the taxable amount of your pension or annuity is at least \$2,095 a month.

If you submit a Form W-4P that doesn't contain your correct social security number (SSN), the payer must withhold as if

you're single claiming zero withholding allowances even if you checked the box on line 1 to have no federal income tax withheld.

There are some kinds of periodic payments for which you can't use Form W-4P because they're already defined as wages subject to federal income tax withholding. These payments include retirement pay for service in the U.S. Armed Forces and payments from certain nonqualified deferred compensation plans and tax-exempt organizations' deferred compensation plans described in section 457. Your payer should be able to tell you whether Form W-4P applies.

For periodic payments, your Form W-4P stays in effect until you change or revoke it. Your payer must notify you each year of your right to choose not to have federal income tax withheld (if permitted) or to change your choice.

Nonperiodic payments—10% withholding. Your payer must withhold at a flat 10% rate from the taxable amount of nonperiodic payments (but see *Eligible rollover distribution—20% withholding* below) **unless** you choose not to have federal income tax withheld. Distributions from an IRA that are payable on demand are treated as nonperiodic payments. You can choose not to have federal income tax withheld from a nonperiodic payment (if permitted) by submitting Form W-4P (containing your correct SSN) to your payer and checking the box on line 1. However, see *Payments to Foreign Persons and Payments To Be Delivered Outside the United States* on page 3. Generally, your choice not to have federal income tax withheld will apply to any later payment from the same plan. You can't use line 2 for nonperiodic payments. But you may use line 3 to specify an additional amount that you want withheld.

Caution: If you submit a Form W-4P that doesn't contain your correct SSN, the payer can't honor your request not to have income tax withheld and must withhold 10% of the payment for federal income tax.

Eligible rollover distribution—20% withholding. Distributions you receive from qualified pension or annuity plans (for example, 401(k) plans and section 457(b) plans maintained by a governmental employer) or tax-sheltered annuities that are eligible to be rolled over to an IRA or qualified plan are subject to a flat 20% federal withholding rate on the taxable amount of the distribution. The 20% withholding rate is required, and you can't choose not to have income tax withheld from eligible rollover distributions. Don't give Form W-4P to your payer unless you want an additional amount withheld. In that case, complete line 3 of Form W-4P and submit the form to your payer.

Note: The payer won't withhold federal income tax if the entire distribution is transferred by the plan administrator in a direct rollover to a traditional IRA or another eligible retirement plan (if allowed by the plan), such as a 401(k) plan, qualified pension plan, governmental section 457(b) plan, section 403(b) contract, or tax-sheltered annuity.

Distributions that are (a) required by federal law, (b) one of a specified series of equal payments, or (c) qualifying "hardship" distributions are **not** "eligible rollover distributions" and aren't subject to the mandatory 20% federal income tax withholding. See Pub. 505 for details. See also *Nonperiodic payments—10% withholding* on page 2.

Tax relief for victims of terrorist attacks. For tax years ending after September 10, 2001, disability payments for injuries incurred as a direct result of a terrorist attack directed against the United States (or its allies), whether outside or within the United States, aren't included in income. You may check the box on line 1 of Form W-4P and submit the form to your payer to have no federal income tax withheld from these disability payments. However, you must include in your income any amounts that you received or would've received in retirement had you not become disabled as a result of a terrorist attack. See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

Changing Your "No Withholding" Choice

Periodic payments. If you previously chose not to have federal income tax withheld and you now want withholding, complete another Form W-4P and submit it to your payer. If you want federal income tax withheld at the 2020 default rate (married with three allowances), write "Revoked" next to the checkbox on line 1 of the form. If you want tax withheld at a different rate, complete line 2 on the form.

Nonperiodic payments. If you previously chose not to have federal income tax withheld and you now want withholding, write "Revoked" next to the checkbox on line 1 and submit the Form W-4P to your payer.

Payments to Foreign Persons and Payments To Be Delivered Outside the United States

Unless you're a nonresident alien, withholding (in the manner described above) is required on any periodic or nonperiodic payments that are to be delivered to you outside the United States or its possessions. Don't check the box on line 1 of Form W-4P. See Pub. 505 for details.

In the absence of a tax treaty exemption, nonresident aliens, nonresident alien beneficiaries, and foreign estates are generally subject to a 30% federal withholding tax under section 1441 on the taxable portion of a periodic or nonperiodic pension or annuity payment that is from U.S. sources. However, most tax treaties provide that private pensions and annuities are exempt from withholding and tax. Also, payments from certain pension plans are exempt from withholding even if no tax treaty applies. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for details. A foreign person should submit Form W-8BEN, Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting, to the payer before receiving any payments. The Form W-8BEN must contain the foreign person's taxpayer identification number (TIN).

Statement of Federal Income Tax Withheld From Your Pension or Annuity

By February 1 of next year, your payer will furnish a statement to you on Form 1099-R, Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc., showing the total amount of your pension or annuity payments and the total federal income tax withheld during the year. If you're a foreign person who has provided your payer with Form W-8BEN, your payer instead will furnish a statement to you on Form 1042-S, Foreign Person's U.S. Source Income Subject to Withholding, by March 15 of next year.

Specific Instructions

Personal Allowances Worksheet

Complete this worksheet on page 4 first to determine the number of withholding allowances to claim.

Line C. Head of household please note: Generally, you can claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

Line D. Child tax credit. When you file your tax return, you may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required SSN. To learn more about this credit, see Pub. 972, Child Tax Credit and Credit for Other Dependents. To reduce the tax withheld from your payments by taking this credit into account, follow the instructions on line D of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total income includes all of your pensions, wages, and other income, including income earned by a spouse if you're filing a joint return.

Line E. Credit for other dependents. When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who does not meet the age or SSN requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your payments by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total income includes all of your pensions, wages, and other income, including income earned by a spouse if you're filing a joint return.

Line F. Other credits. You may be able to reduce the tax withheld from your payments if you expect to claim other tax credits, such as tax credits for education (discussed in Pub. 970). If you do so, your payments will be larger, but the amount of any refund that you receive when you file your tax return will be smaller. Follow the instructions for the worksheet for converting credits to allowances in Pub. 505 if you want to reduce your withholding by taking these credits into account. If you compute all your credits using that worksheet in Pub. 505, enter "-0-" on lines D and E.

Deductions, Adjustments, and Additional Income Worksheet

Complete this worksheet to determine if you're able to reduce the tax withheld from your pension or annuity payments to account for your itemized deductions and other adjustments to income, such as deductible IRA contributions. If you do so, your refund at the end of the year will be smaller, but your payments will be larger. You're not required to complete this worksheet or reduce your withholding if you don't wish to do so.

You can also use this worksheet to figure out how much to increase the tax withheld from your payments if you have a large amount of other income not subject to withholding, such as interest, dividends, or capital gains.

Another option is to take these items into account and make your withholding more accurate by using the estimator at www.irs.gov/W4App. If you use the estimator, you don't need to complete any of the worksheets for Form W-4P.

Multiple Pensions/More-Than-One-Income Worksheet

Complete this worksheet if you receive more than one pension, if you have a pension and a job, or if you're married filing jointly and have a working spouse or a spouse who receives a pension. If you don't complete this worksheet, you might have too little tax withheld. If so, you will generally owe tax when you file your tax return and may be subject to a penalty.

Use the Multiple Pensions/More-Than-One-Income Worksheet from only one Form W-4P to figure the number of allowances you're entitled to claim and any additional amount of tax to withhold from all pensions. If you (and/or your spouse if filing jointly) have two or more pensions, withholding will generally be more accurate if only the Form W-4P for the highest paying pension (a) claims any allowances after lines A through B in the Personal Allowances Worksheet or any allowances in the Deductions, Adjustments, and Additional Income Worksheet; and (b) uses the Multiple Pensions/More-Than-One-Income Worksheet. If you (and/or your spouse if filing jointly) have a pension and a job, withholding will generally be more accurate if the Form W-4P for the pension doesn't claim

any allowances after lines A through B in the Personal Allowances Worksheet or any allowances in the Deductions, Adjustments, and Additional Income Worksheet. However, you may need to use the Multiple Pensions/More-Than-One-Income Worksheet. If you (and/or your spouse if filing jointly) have more than one pension (or a pension and a job) and you need to complete a new Form W-4P or Form W-4 for a pension or a job, you (and/or your spouse) will generally get more accurate withholding by completing new Form(s) W-4P or Form(s) W-4 for all other pensions and jobs. See Pub. 505 for details.

Another option is to use the estimator at www.irs.gov/W4App to figure your withholding more precisely.

Personal Allowances Worksheet (Keep for your records.)

- A** Enter "2" for yourself **A** _____
- B** Enter "1" if you will file as married filing jointly **B** _____
- C** Enter "1" if you will file as head of household **C** _____
- D Child tax credit.** See Pub. 972 for more information.
- If your total income will be less than \$72,351 (\$105,051 if married filing jointly), enter "4" for each eligible child.
 - If your total income will be from \$72,351 to \$181,950 (\$105,051 to \$351,400 if married filing jointly), enter "2" for each eligible child.
 - If your total income will be from \$181,951 to \$200,000 (\$351,401 to \$400,000 if married filing jointly), enter "1" for each eligible child.
 - If your total income will be higher than \$200,000 (\$400,000 if married filing jointly), enter "-0-" **D** _____
- E Credit for other dependents.** See Pub. 972 for more information.
- If your total income will be less than \$72,351 (\$105,051 if married filing jointly), enter "1" for each eligible dependent.
 - If your total income will be from \$72,351 to \$181,950 (\$105,051 to \$351,400 if married filing jointly), enter "1" for every two dependents (for example, "-0-" for one dependent, "1" if you have two or three dependents, and "2" if you have four dependents).
 - If your total income will be higher than \$181,950 (\$351,400 if married filing jointly), enter "-0-" **E** _____
- F Other credits.** If you have other credits, see the worksheet for converting credits to allowances in Pub. 505 and enter the amount from that worksheet here. If you compute all your credits using that worksheet in Pub. 505, enter "-0-" on lines D and E **F** _____
- G** Add lines A through F and enter the total here **G** _____

For accuracy,
complete all
worksheets
that apply.

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, or if you have a large amount of other income not subject to withholding and want to increase your withholding, see the **Deductions, Adjustments, and Additional Income Worksheet** on page 5.
- If you **have more than one source of income subject to withholding** or are **married filing jointly and you and your spouse both have income subject to withholding** and your combined income from all sources exceeds \$13,000 (\$25,000 if married filing jointly), see the **Multiple Pensions/More-Than-One-Income Worksheet** on page 5 to avoid having too little tax withheld, or use the estimator for more accuracy.
- If **neither** of the above situations applies, **stop here** and enter the number from line G on line 2 of Form W-4P above.

Deductions, Adjustments, and Additional Income Worksheet

Note: Use this worksheet *only* if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of other income not subject to withholding.

- 1 Enter an estimate of your 2020 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income. See Pub. 505 for details **1** \$ _____
- 2 Enter: $\left\{ \begin{array}{l} \$24,800 \text{ if you're married filing jointly or qualifying widow(er)} \\ \$18,650 \text{ if you're head of household} \\ \$12,400 \text{ if you're single or married filing separately} \end{array} \right\}$ **2** \$ _____
- 3 **Subtract** line 2 from line 1. If zero or less, enter "-0-" **3** \$ _____
- 4 Enter an estimate of your 2020 adjustments to income, qualified business income deduction, and any additional standard deduction for age or blindness. See Pub. 505 for information about these items **4** \$ _____
- 5 **Add** lines 3 and 4 and enter the total **5** \$ _____
- 6 Enter an estimate of your 2020 other income not subject to withholding (such as dividends, interest, or capital gains) **6** \$ _____
- 7 **Subtract** line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses **7** \$ _____
- 8 **Divide** the amount on line 7 by \$4,300 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction **8** _____
- 9 Enter the number from the **Personal Allowances Worksheet**, line G, on page 4 **9** _____
- 10 **Add** lines 8 and 9 and enter the total here. If zero or less, enter "-0-". If you plan to use the **Multiple Pensions/More-Than-One-Income Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4P, line 2, on page 1 **10** _____

Multiple Pensions/More-Than-One-Income Worksheet

Note: Use this worksheet *only* if the instructions under line G from the **Personal Allowances Worksheet** direct you here. This applies if you (and your spouse if married filing jointly) have more than one source of income subject to withholding (such as more than one pension, or a pension and a job, or you have a pension and your spouse works).

- 1 Enter the number from the **Personal Allowances Worksheet**, line G, on page 4 (or from line 10 above if you used the **Deductions, Adjustments, and Additional Income Worksheet**) **1** _____
- 2 Find the number in **Table 1** on page 6 that applies to the **LOWEST** paying pension or job and enter it here. However, if you're married filing jointly and the amount from the highest paying pension or job is \$75,000 or less and the combined amounts for you and your spouse are \$107,000 or less, do not enter more than "7" **2** _____
- 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4P, line 2, on page 1. **Do not** use the rest of this worksheet **3** _____

Note: If line 1 is **less than** line 2, enter "-0-" on Form W-4P, line 2, on page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

- 4 Enter the number from line 2 of this worksheet **4** _____
- 5 Enter the number from line 1 of this worksheet **5** _____
- 6 **Subtract** line 5 from line 4 **6** _____
- 7 Find the amount in **Table 2** on page 6 that applies to the **HIGHEST** paying pension or job and enter it here **7** \$ _____
- 8 **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed **8** \$ _____
- 9 **Divide** line 8 by the number of payments remaining in 2020. For example, divide by 8 if you're paid every month and you complete this form in April 2020. Enter the result here and on Form W-4P, line 3, on page 1. This is the additional amount to be withheld from each payment **9** \$ _____

Table 1

Married Filing Jointly		All Others	
If wages from LOWEST paying job or pension are—	Enter on line 2 above	If wages from LOWEST paying job or pension are—	Enter on line 2 above
\$0 - \$799	0	\$0 - \$799	0
800 - 5,100	1	800 - 5,100	1
5,101 - 9,400	2	5,101 - 9,400	2
9,401 - 13,700	3	9,401 - 13,700	3
13,701 - 18,000	4	13,701 - 22,000	4
18,001 - 22,300	5	22,001 - 27,500	5
22,301 - 26,600	6	27,501 - 32,000	6
26,601 - 35,000	7	32,001 - 40,000	7
35,001 - 40,000	8	40,001 - 60,000	8
40,001 - 46,000	9	60,001 - 75,000	9
46,001 - 55,000	10	75,001 - 85,000	10
55,001 - 60,000	11	85,001 - 95,000	11
60,001 - 70,000	12	95,001 - 100,000	12
70,001 - 75,000	13	100,001 - 110,000	13
75,001 - 85,000	14	110,001 - 115,000	14
85,001 - 95,000	15	115,001 - 125,000	15
95,001 - 125,000	16	125,001 - 135,000	16
125,001 - 155,000	17	135,001 - 145,000	17
155,001 - 165,000	18	145,001 - 160,000	18
165,001 - 175,000	19	160,001 - 180,000	19
175,001 - 180,000	20	180,001 and over	20
180,001 - 195,000	21		
195,001 - 205,000	22		
205,001 and over	23		

Table 2

Married Filing Jointly		All Others	
If wages from HIGHEST paying job or pension are—	Enter on line 7 above	If wages from HIGHEST paying job or pension are—	Enter on line 7 above
\$0 - \$25,350	\$430	\$0 - \$7,375	\$430
25,351 - 85,850	520	7,376 - 37,625	520
85,851 - 176,650	950	37,626 - 83,025	950
176,651 - 332,200	1,030	83,026 - 160,800	1,030
332,201 - 420,300	1,380	160,801 - 204,850	1,380
420,301 - 627,650	1,510	204,851 - 515,900	1,510
627,651 and over	1,590	515,901 and over	1,590

Privacy Act and Paperwork Reduction Act Notice

We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request federal income tax withholding from periodic pension or annuity payments based on your withholding allowances and marital status; (b) request additional federal income tax withholding from your pension or annuity; (c) choose not to have federal income tax withheld, when permitted; or (d) change or revoke a previous Form W-4P. To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s). Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths

and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.



HEALTH INSURANCE CONTINUATION THROUGH EMPLOYER - PREMIUM DEDUCTION AUTHORIZATION

IMRF Form 7.10 (Rev. 08/2013)

INSTRUCTIONS

- Please submit this form **no later than** the 10th of the month prior to the month additions or changes are to take effect, e.g., submit the form no later than March 10th for the deductions to begin with the April payment.
- If you are **adding a member's deduction**, the member's signature **is** required.
- If you are **changing the amount of an existing deduction authorization**, the member's signature is **not** required.

PLEASE PRINT

SECTION 1 - MEMBER'S INFORMATION				
MEMBER'S LAST NAME	FIRST NAME	MIDDLE INITIAL	(JR.SR.II,ETC)	SOCIAL SECURITY NUMBER X X X - X X -
HOME STREET (MAILING) ADDRESS				
CITY, STATE AND ZIP				DAYTIME TELEPHONE NUMBER (with Area Code) ()

SECTION 2 - MEMBER AUTHORIZATION *(required to add a member's deduction)*

I authorize and request the Illinois Municipal Retirement Fund (IMRF) to deduct insurance premiums from my IMRF benefit payment and to remit the amount deducted to the employer offering insurance. I authorize IMRF to release information to the employer offering insurance or its insurance carrier in order to ensure proper handling of premiums. I understand IMRF will adjust deductions in response to changes in the premiums. **I further understand IMRF will not deduct more than one premium from a benefit payment** (IMRF will not make-up back premiums), and that **IMRF will cease making any deduction if the premiums exceed my IMRF benefit amount.**

This authorization is not an assignment of my right to receive payment. This authorization will remain in effect with IMRF until cancelled by written notice from me or until my former employer notifies IMRF that a premium deduction is no longer required.

X

SIGNATURE *(Check appropriate box below.)*

DATE (MM/DD/YYYY)

* Member signs if member is receiving benefit payment; spouse signs if spouse is receiving surviving spouse benefit.

☐ MEMBER

☐ SURVIVING SPOUSE

Print form and give to Employer to complete Section 3.

SECTION 3 - AUTHORIZED AGENT'S CERTIFICATION *(required to add or change a member's deduction)*

THE REMITTANCE WILL BE SENT TO THE EMPLOYER IN ALL CASES

EMPLOYER NAME		EMPLOYER IMRF I.D. NUMBER	
STREET (MAILING) ADDRESS		CITY, STATE AND ZIP	
POLICY NUMBER	MONTHLY PREMIUM \$	MONTH & YEAR DEDUCTION TO BEGIN (MM/YYYY)	
AUTHORIZED AGENT'S NAME (Please print.)		TITLE	
DAYTIME TELEPHONE NUMBER (with Area Code)	FAX NUMBER (with Area Code) ()	EMAIL ADDRESS	
EMPLOYER CONTACT, IF OTHER THAN AUTHORIZED AGENT		DAYTIME TELEPHONE NUMBER (with Area Code) ()	
SIGNATURE OF AUTHORIZED AGENT X		DATE (MM/DD/YYYY)	

**FOR IMRF
USE ONLY**

DATE ENTERED

DATE EFFECTIVE

Illinois Municipal Retirement Fund

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

Member Services Representatives 1-800-ASK IMRF (1-800-275-4673) Fax: (630) 706-4289

www.imrf.org