



PENSION ESTIMATE REQUEST

IMRF Form BF-20 (Rev. 11/2010)

- The amount of your IMRF pension is based on your final rate of earnings and years and months of service credit.
- If you have any questions while completing this form, please call an IMRF Member Services Representative at 1-800-ASK-IMRF. (1-800-275-4673)

PLEASE PRINT OR TYPE

Member's first name	Middle Initial	Last	Jr., Sr., II, etc.	IMRF Member ID
Street (Mailing) address				Telephone number (Home) ()
City, State and Zip + 4			County	Telephone number (Work) ()
<input type="checkbox"/> Check this box if this is a new address		Date	Signature	

Estimate One Anticipated Last Day of Work	Estimate Two Anticipated Last Day of Work
Unused, Unpaid Sick days to be included in estimate (Not to exceed 240 days)	Unused, Unpaid Sick days to be included in estimate (Not to exceed 240 days)

Additional Service credit

Have you ever participated in IMRF through another employer? Yes No

Do you plan to retire under the Early Retirement Incentive (ERI)? Yes No

If yes, calculate this estimate with _____ years and _____ months of ERI service (maximum of 5 years)

Do you have a Past Service Application on file? Yes No

If yes: calculate this estimate with _____ years and _____ months of Past Service

If you took a refund, served in the military or are eligible to purchase or convert other service, you may increase the amount of your pension. Contact IMRF to learn if you are eligible to purchase or convert past service.

Do you have reciprocal service in another Illinois Pension System(s)? Yes No

If IMRF is not the most recent retirement system you participated in, you should contact your most recent system to obtain a reciprocal pension estimate.

Name of Reciprocal System: _____ Dates: From _____ To _____

Name of Reciprocal System: _____ Dates: From _____ To _____

Additional payments

Project additional earnings with raises of _____% each year.

Do you expect to be paid for vacation, personal and/or sick days? Yes No

Do you expect to receive any other severance pay or bonus? Yes No

In total, how much will you receive? (If not known, leave blank) \$ _____

Comments:

Mail this completed form to:

IMRF
 2211 York Road, Suite 500, Oak Brook, IL 60523-2337
 Member Services Representatives 1-800-ASK-IMRF (1-800-275-4673)
www.imrf.org