



MEMBER INFORMATION CHANGE

IMRF Form 6.20 (Rev. 1/04)

PLEASE PRINT OR TYPE

INSTRUCTIONS

- When changing a Social Security number, please attach a copy of the Social Security card.
- If name change is due to change in marital status, please attach Form 6.11, "Designation of Beneficiary."
- If this form is being completed by a member, please file a copy of this form with your employer.
- **Forms must be signed for processing by IMRF.**
- If the member is receiving a benefit from IMRF or has a benefit application pending, the member must sign this form.

PREVIOUS INFORMATION — Complete all items				
MEMBER'S FIRST NAME	MIDDLE INITIAL	LAST	JR., SR., II, ETC.	SOCIAL SECURITY NUMBER _____ - _____ - _____
ADDRESS (NUMBER, STREET)		APT #	CITY	STATE ZIP +4
COUNTY	HOME TELEPHONE (INCLUDE AREA CODE) ()		BIRTHDATE	
MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED			GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	

CORRECT INFORMATION — Complete all items				NEW ADDRESS EFFECTIVE DATE
MEMBER'S FIRST NAME	MIDDLE INITIAL	LAST	JR., SR., II, ETC.	SOCIAL SECURITY NUMBER _____ - _____ - _____
ADDRESS (NUMBER, STREET)		APT #	CITY	STATE ZIP +4
COUNTY	HOME TELEPHONE (INCLUDE AREA CODE) ()		BIRTHDATE	
MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED			GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	

IMRF ACCOUNT STATUS (CHECK ONE ONLY PLEASE)	
<input type="checkbox"/> ACTIVE — You currently participate in IMRF.	<input type="checkbox"/> RETIRED — You currently have a retirement claim with IMRF.
<input type="checkbox"/> ACTIVE — You currently have a disability claim with IMRF.	<input type="checkbox"/> INACTIVE — You no longer participate in IMRF. However, you still have funds on account.

EMPLOYER INFORMATION	
EMPLOYER NAME	EMPLOYER IMRF I.D. NUMBER
Must have signature for processing. Member must sign if he or she is receiving a benefit from IMRF or has a benefit application pending. Otherwise, the member OR Authorized Agent signature is required.	
X _____	_____
SIGNATURE	DATE

Mail this completed form to:

Illinois Municipal Retirement Fund

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

Member Service Representatives 800/ASK-IMRF (1-800-275-4673)