

Active Employee IMRF Enrollment Eligibility



Urbana Park District
303 W University Ave
Urbana, IL 61801
Phone: 217-367-1536
www.urbanaparks.org

SECTION 1 To be completed by supervisor

Employee's Name: _____ Date _____

- Increase in positions or hours Decrease in positions or hours Periodic evaluation of IMRF eligibility

Determine the hourly requirements of the employee's positions (district-wide).

_____	X	_____	=	_____
Average number of hours per week		Number of weeks per year		Total hours per year
If the total is 1000 or more hours, the position is covered by IMRF.				
Insert additional explanation or calculations as needed:				

- Employee should be enrolled immediately into IMRF Position not covered by IMRF

SECTION 2 To be completed by employee

In order to determine cross-district employment and subsequent IMRF eligibility, please record all current District positions and calculate the total anticipated annual hours for those positions.

Position	Average hours per week	X	Number of weeks per year	=	Total Hours
Combined total for all positions:					

SECTION 3 Employee and supervisor review and sign

- I understand I will work **less than 1000 hours** in all Urbana Park District positions combined in the next twelve months. I understand that I will not be a participant in the IMRF program and that no deductions for that program will be made from my pay.
- I have been informed that the Urbana Park District anticipates that I will work **more than 1000 hours** for the UPD in the next twelve months. I understand that I will be a participant in the IMRF program and that deductions for that program will be made from my pay.

I acknowledge that this position is an at-will employment position, which means that the employer or I can end my employment at any time.

Employee Signature _____ Date _____

Coordinator/Supervisor Signature _____ Date _____

IMRF Authorized Agent Signature _____ Date _____

Enrollment Completed, If Applicable Date _____