

Suggested Resolution to Include Cash Payments IMRE Related to Health Insurance as IMRF Earnings

IMRF Form 6.75 (01/2018)

PLEASE ENTER Employer IMRF I.D. Number

WHEREAS, the governing body of an IMRF participating unit of government may elect to include in IMRF earnings cash payments in lieu of or related to healthcare benefits; and WHEREAS, the
WHEREAS, standard member earnings reportable to the Illinois Municipal Retirement Fund do not include the value of health insurance or cash payments in lieu of or related to healthcare benefits; and WHEREAS, the governing body of an IMRF participating unit of government may elect to include in IMRF earnings cash payments in lieu of or related to healthcare benefits; and WHEREAS, the
health insurance or cash payments in lieu of or related to healthcare benefits; and WHEREAS, the governing body of an IMRF participating unit of government may elect to include in IMRF earnings cash payments in lieu of or related to healthcare benefits; and WHEREAS, the
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payments in lieu of or related to healthcare benefits; and WHEREAS, the
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cash payments made separately from salary and made in lieu of or related to healthcare benefits as earnings reportable to IMRF and it is desirable that it do so. NOW THEREFORE BE IT RESOLVED that the of the of the does hereby elect to
IMRF and it is desirable that it do so. NOW THEREFORE BE IT RESOLVED that the of the of the does hereby elect to
IMRF and it is desirable that it do so. NOW THEREFORE BE IT RESOLVED that the of the of the does hereby elect to
NOW THEREFORE BE IT RESOLVED that the of the BOARD, COUNCIL, etc does hereby elect to
does hereby elect to
does hereby elect to
does hereby elect to
include as earnings reportable to IMRF cash payments made separately from salary and made in lieu of or related to
healthcare benefits effective
EFFECTIVE DATE
BE IT FURTHER RESOLVED that is authorized and directed CLERK OF SECRETARY OF THE BOARD
to file a duly certified copy of this resolution with the Illinois Municipal Retirement Fund.
CERTIFICATION
I,, the
NAME CLERK OR SECRETARY
of the of the County of
EMPLOYER NAME COUNTY State of Illipsia, do bershy partify that Lam keeper of its backs and records and that the foregoing is a true and correct conv.
State of Illinois, do hereby certify that I am keeper of its books and records and that the foregoing is a true and correct copy
of a resolution duly adopted by its at a meeting duly convened
GOVERNING BODY
and held on the , 20
SIGNATURE OF CLERK OR SECRETARY OF THE BOARD