



## IMRF Benefit Protection Leave

Revised December 2021

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

You can upload this form online through Member Access at [www.imrf.org](http://www.imrf.org)

Please print in capital letters, using black ink.

### MEMBER INFORMATION

IMRF Member ID Number

First Name Kelsey M.I. E Last Name Timken Jr., Sr., II, etc.

Home Address [REDACTED] County [REDACTED]

City [REDACTED] State [REDACTED] Zip Code (zip+4 if known) [REDACTED]

Telephone [REDACTED] Cell Phone [REDACTED]

Email (If you have a Member Access account, you must update your email through Member Access)

Employer Number of Current Employer [REDACTED] Current Employer Name City of Collinsville

### CERTIFICATION BY MEMBER

I certify that I will be (or have been) on leave of absence beginning 10/01/2020  
and ending 10/27/2020 for a total of 1 months. (Indicate on Line 2 on next page.)  
Date (MM/DD/YYYY) Date (MM/DD/YYYY)

I understand that service credit (not more than 12 months) for this leave cannot be established until I have paid my IMRF member contributions in an amount equal to the approximate contributions I would have made if actively employed during the leave of absence, plus interest (if applicable).

Signature [REDACTED] Date (MM/DD/YYYY) 04/14/2025

### MEMBER INSTRUCTIONS

1. To apply for a benefit protection leave, you must be in an employment relationship with an IMRF employer.
2. You cannot have more than 12 months of Benefit Protection Leave over your entire IMRF career.
3. Both the Authorized Agent and the Governing Body of the employer you were working for at the time of your leave must certify the second page of this form, or it will not be accepted, and you will not qualify for this leave.
4. Visit [www.imrf.org](http://www.imrf.org) for more information about the benefit protection leave, including your eligibility for IMRF benefits during your leave period.

IMRF Member ID Number

Employer Number of Employer at Time of Leave Employer Name at Time of Leave

**CERTIFICATION BY AUTHORIZED AGENT**

I certify that:

- I have calculated the estimated employer cost of the member's leave.
- I have advised the governing body of the amount of such cost.
- The cost will be paid through future monthly employer contributions.

<b>1. Average Monthly Earnings</b> (Determine the monthly average by dividing by 12 the IMRF reported earnings for the 12 months prior to the leave)	\$ 3,464.29	If a member begins or ends their benefit protection leave for part of a month, you can credit member wages to their normal amount in the first and/or last month of the portion of unpaid leave only.
<b>2. Number of Months of the Leave</b> (limited to 12 months)	1	
<b>3. Total estimated earnings that would have been paid during the leave of absence</b> (line 1 times line 2)	\$ 3,464.29	
<b>4. Average Employer Cost Rate</b>	X 11.00%	Reported wages provide service credit, so benefit protection leave in those months only affect reported earnings.
<b>5. Estimated cost of this leave to employer</b> (line 3 times 11%)	\$ 381.07	
<b>6. Estimated/exact earnings to be reported when the employee returns to work</b>	Month in which earnings amount will be reported: November 2020	Amount \$ 2,584.34

Signature of Authorized Agent (write; do not print or type)

Date (MM/DD/YYYY)

**CERTIFICATION BY CLERK OR SECRETARY OF GOVERNING BODY**

I certify that at a regular or special meeting held on \_\_\_\_\_, the

Date (MM/DD/YYYY)

\_\_\_\_\_'s Governing Body approved the leave of absence stated herein and the  
Employer  
estimated employer cost as herein determined.

Signature of Clerk or Secretary (write; do not print or type)

Date (MM/DD/YYYY)

Title (Clerk or Secretary)

IMRF, 2211 York Road, Suite 500, Oak Brook, Illinois 60523-2337  
Member Services Representatives: 1-800-ASK-IMRF (275-4673) FAX: 630-706-4289  
[www.imrf.org](http://www.imrf.org)