

VILLAGE OF LOMBARD
REQUEST FOR BOARD OF TRUSTEES ACTION
For Inclusion on Board Agenda

DISTRICT # _____

Resolution or Ordinance (Blue) Waiver of First Requested _____
 Recommendations of Boards, Commissions & Committees (Green)
 Other Business (Pink)

TO : PRESIDENT AND BOARD OF TRUSTEES

FROM: David A. Hulseberg, Village Manager

DATE : December 3, 2012 B of T December 6, 2012

SUBJECT: IMRF Early Retirement Incentive (ERI)

SUBMITTED BY: Kathleen Dunne, Human Resources Administrator

BACKGROUND/POLICY IMPLICATIONS:

The IMRF ERI program allows employees to purchase up to an additional five years of service and five years on their age for the purpose of determining their pension. Normal retirement age under IMRF is age 60. However, an employee with more than 20 years of service may retire at age 55, with a reduced pension for each month under the age of 60. To be eligible for the ERI program, an employee must be at least age 50 and have 20 years of service. The cost for the employee is 4.5% of their highest 12 consecutive months of salary, which generally are the most recent 12 months, for each year of service purchased, up to a maximum of 22.5% of salary for all 5 years. The employer cost is determined by an actuary for IMRF, and this is the cost that is provided on the attached spreadsheet. Details of the Early Retirement Incentive (ERI) is also attached.

The above Early Retirement Incentive (ERI) has ben approved by AFSCME, Teamsters and SEIU unions.

Fiscal Impact/Funding Source:

Review (as necessary):

Finance Director _____ Date _____
Village Manager *David A. Hulseberg* _____ Date 12/4/12

NOTE: All materials must be submitted to and approved by the Village Manager's Office by 12:00 noon, Wednesday, prior to the Agenda distribution.

VILLAGE OF LOMBARD VOLUNTARY IMRF EARLY RETIREMENT INCENTIVE

The Village of Lombard is offering a voluntary Early Retirement Incentive (ERI) for Tier 1 (hired before 1/1/11) eligible employees. The Board of Trustees has tentatively approved the ERI program on 11/15/12, subject to union approval.

To be eligible to retire under the IMRF ERI under Regular Tier 1, you would need to meet the following criteria:

- * You must be participating in IMRF on the effective date of the ERI program.
- * You must be at least age 50 and have at least 20 years of service credit by your date of retirement (the 20 years cannot include converted sick leave service credit). Please note: To qualify for a *regular* Tier 1 pension, you would have to have at least eight years of service credit and must be at least age 55.

Tier 1 employees who retire under the ERI may purchase from **one month up to five years** of additional service credit. For each month of service purchased, the age used to calculate the retirement benefit is increased by the same number of months. For each year of service credit you purchase, you will pay 4.5% of your highest 12 consecutive months of salary within your final rate of earnings period. Please contact IMRF for member contributions service credit payment options. ERI example:

- * You retire under Tier 1 and are 52 ½ years (52 years, 6 months) and have 21 years of service:
- * You purchase 2 ½ years (2 years, 6 months) of service credit.
- * The age used to calculate your retirement benefit increases from 52 ½ years to 55 years.
- * The service credit used to calculate your retirement increases from 21 years to 23 years and 6 months.

You may qualify for a maximum of one year (240 days) of additional service credit for unused, unpaid sick days. You earn one month of service credit for every 20 days of unused, unpaid sick leave or fraction thereof. For example:

Unused, unpaid sick days	Additional months of service credit
1 - 20	1 month
21 - 40	2 months
41 - 60	3 months
61 - 80	4 months
81 - 100	5 months

101 – 120	6 months
121 – 140	7 months
141 – 160	8 months
161 – 180	9 months
181 – 200	10 months
201 – 220	11 months
221 – 240	12 months

ADDITIONAL OPTION - SICK BUY BACK PROGRAM

Any regular full-time employee who retires after twenty (20) years of continuous service shall receive payment for any sick time in excess of 100 days (800 hours) at the rate of one quarter day per day of sick leave balance.

RETIREMENT NOTIFICATION

An employee wishing to retire under the ERI, shall give a written notice to Human Resources at least ninety (90) days prior to the effective retirement date. It is strongly recommended that you receive a pension estimate from IMRF prior to your intention to retire so you have an idea of what your pension payments will be. The IMRF Pension Estimate Request form is attached.

You will also need to complete the attached form 5.21, "Notice of Intent to Retire Under IMRF ERI" to notify IMRF of your intention to retire under the ERI. The Village of Lombard will have the discretion to determine the timing of your retirement. Seniority will be considered as part of the process. However, the Village of Lombard will work with you regarding the timing of your retirement. You will have up to one year from the effective date of the ERI program. The details of the ERI effective period are below:

Effective date of ERI program: March 15, 2013

Termination date can be: March 15, 2013 through March 15, 2014

You will also need to fill out the attached form 5.20 to apply for your IMRF pension.

Please note: If you return to work for any IMRF employer, your IMRF pension will be suspended (from the date of employment), and you will repay IMRF any enhanced pension that you receive from this ERI. The only exception is you can hold an elected position and continue to receive your ERI pension if you choose to not participate in IMRF and your pension is not based on any service earned in that position during any term of office. You will also receive your monthly pension by having your payment electronically deposited into your checking, savings, or brokerage account.



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 Service 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.	Social Security number
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:

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



NOTICE OF INTENT TO RETIRE UNDER EMPLOYER'S IMRF EARLY RETIREMENT INCENTIVE

IMRF Form 5.21 (Rev. 1/2011)

INSTRUCTIONS

- IMRF employers can adopt by resolution the IMRF Early Retirement Incentive (ERI) program.
- If your employer has adopted the IMRF ERI and you intend to retire under the ERI, **you may file this form at any time, but no later than when you file your application for retirement (IMRF Form 5.20).**
- This Notice of Intent does not guarantee your eligibility for the ERI nor for an IMRF pension.
- Your last date of employment will be determined by your employer. However, you may request to retire before June 30 so you will be eligible to receive the following year's Supplemental Benefit Payment ("13th payment").
- To claim an IMRF pension, you must file IMRF Form 5.20, "Application for Retirement Annuity."
- To estimate your cost for the ERI, refer to the IMRF Early Retirement Incentive Booklet.
- **If you do not receive acknowledgement of your Notice of Intent within three weeks, CONTACT IMRF.**

PLEASE PRINT OR TYPE -- USE BLACK INK

Member's First name	Middle Initial	Last	Jr., Sr., II, etc.	Social Security Number
Street (mailing) address				City
State and Zip + 4				Date of Birth month/date/year

DECLARATION

I elect to participate in the IMRF early retirement incentive program.

ACKNOWLEDGEMENTS

I have read, understand, and have been allowed to inquire regarding the following conditions of this early retirement incentive:

- I must contribute my usual member contributions (Regular 4.50%, SLEP 7.5%, ECO 7.50%) for each year and month of IMRF service credit I wish to purchase. (Cost is reduced by 3/4% if member has no eligible spouse.)
- I will pay a percentage of the highest 12 consecutive months used in calculating my final rate of earnings.
- My IMRF service credit and age will be increased by the years and months I purchase.
- **If I return to work for any IMRF employer in any position, my IMRF pension will be suspended** (from the date of employment), and I will repay IMRF any enhanced pension I received from this early retirement incentive. **Exception:** you can hold an elected position and continue to receive your ERI pension if you choose to not participate in IMRF *and* your pension is not based on any service earned in that position during any term of office.
- To claim an IMRF pension, I must submit IMRF Form 5.20, "Application for Retirement Annuity," within one year of the effective date of my employer's IMRF ERI program. I understand that if I retire after one year from the effective date of my employer's IMRF ERI program, I will be unable to retire under the ERI.

Signature of Member

Date

Illinois Municipal Retirement Fund

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

Member Services Representatives 1-800-ASK-IMRF (1-800-275-4673)

www.imrf.org



Applying for Your IMRF Pension

Congratulations on your upcoming retirement!

Please use this checklist when applying for IMRF retirement benefits.

1. File this form one month before your retirement date.

- Include required documents (copies not originals) with your application. **Print your Social Security number on all documents** you attach to this form.
 - **Married or in a civil union for at least one year:** your Birth Certificate and your Marriage Certificate or Civil Union Certificate.
 - **Divorced:** your Birth Certificate and your Judgment of Dissolution of Marriage/Civil Union (Divorce Decree) - **first page and Judge's signature page only.**
 - **Widowed, never married, or never in a civil union:** your Birth Certificate.
- If you do not have all the required documents, submit your completed application without them. Send any missing documents to IMRF as soon as possible.
- You may mail or fax the form and materials to IMRF. Fax # (630) 706-4289

DATE FORM MAILED/FAXED TO IMRF _____

DOCUMENTS INCLUDED:

(Check box if mailed/faxed with form. Fill in date next to item if mailed/faxed later.)

- Birth Certificate _____
- Marriage Certificate _____
- Civil Union Certificate _____
- Judgment of Dissolution of Marriage/Civil Union (Divorce Decree) - **first page and Judge's signature page only.**

2. This form contains Form 5.20 and Form 1199:

Form 5.20 Application for IMRF Pension and Form 1199 Application for Direct Deposit. Please complete both Form 5.20 and Form 1199 and return both forms together at the same time.*

- Be sure to **sign both forms.**
- **Direct Deposit of your monthly benefit payment is mandatory.** Your payment **must be directly deposited** into your checking, savings or a brokerage account.

FORM 5.20/1199 COMPLETION:

(Check these key boxes to ensure you have completed the paper form fully.)*

- Member information provided
- Spouse/marital status information provided, if applicable
- Reciprocal service information provided, if applicable
- Both forms signed by Member
- Direct Deposit information provided

3. Next steps:

- **After we receive your application,** you will receive an IMRF Retirement Packet, which contains:
 - *Insights for Retiring Members* booklet
 - **IMRF Form 6.11A**, "Designation of Beneficiary for Annuitants" (Return immediately.)*
 - **IMRF Form W4-P**, "Withholding Certificate for Pension or Annuity Payments" (Return immediately.)*
 - Health Insurance Continuation Form (*paper format only*)
 - Self-addressed return envelope

ADDITIONAL FORMS SUBMITTED:

(Check box and fill in date next to item if form was mailed, faxed, or electronically submitted via Member Access.)

- IMRF Form 6.11A _____
- Form W4-P _____
- Health Insurance Continuation Form _____

***NOTE:** You can submit Forms 5.20, 1199, 6.11A and W4-P online via **Member Access.** See following page for more information regarding **IMRF's Member Access.**

Illinois Municipal Retirement Fund

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

Member Services Representatives: 1-800-ASK-IMRF (1-800-275-4673) FAX: 630-706-4289

www.imrf.org

IMRF Form 5.20 (Rev. 06/2012)

Be sure to create a Member Access account so you can have 24/7 access to your IMRF records!

www.imrf.org/myimrf

Frequently Asked Questions

Q When will I receive my first pension payment?

A For the typical member who leaves his or her IMRF employer and is immediately eligible to draw their pension, the *effective* date will be the first of the month following your last day of work. Even though the pension is *effective* on a certain date does not mean that a member will receive a payment on that date. To release your payment, we need to have a properly-completed Form 5.20 (Application for IMRF Pension) from you and Form 6.41 (Notice of Termination) from your employer stating that you are no longer an employee. Once we have these two items, it generally takes about two weeks to direct deposit your first pension payment.

Q How do I choose the Optional Plan (*the plan that pays more money up front and, at age 62, is reduced*)?

A Typically, an Option Letter is mailed to you about six or eight weeks after you receive your final paycheck. The letter asks you to choose between the *Standard Plan* and the *Optional Plan*. In the meantime, you will start receiving your pension based on the Standard Plan. If you choose the Optional Plan, IMRF will issue an adjusting payment to you for the difference between the Standard and Optional Plan for the pension payments you have already received. It generally takes approximately two weeks to process this adjusting payment.

Q Is the time frame for receiving the Option Letter the same for a member retiring under the Reciprocal Act (*the coordination of your IMRF service with another public retirement system in Illinois*)?

A It generally takes longer to process retirements this way due to the coordination between IMRF and the Reciprocal retirement system(s).

Q Since my pension payment will be direct deposited, how will I know how much money is being deposited into my account?

A You will receive a notice for the first payment that is direct deposited. Thereafter, you will receive a notice three times a year, advising you of the amount being deposited. These notices are sent in January, July (with the "13th payment," once eligible), and in December. If at any other time during the year your deposit amount changes, we will send you a notice. Federal withholding or health insurance deductions are the most common reasons for mid-year changes to a member's deposit amount. You may also find your monthly deposit amount via your IMRF Member Access account. See below for more information.

Create a Member Access account...

Using your IMRF Member Access account will be a great help when completing your retirement process. You will also be able to:

- Register for an IMRF Retiree Workshop
- View and change your beneficiary information
- Change your Direct Deposit information (1199)
- Change your personal information securely
- Submit forms (*5.20, 6.11A and W4-P*) online
- Access annual 1099-R tax forms
- Change your withholding information (W4-P)
- Review your annual Retiree Benefit Statement

Log on to www.imrf.org/myimrf to create your Member Access account today.



APPLICATION FOR IMRF PENSION

IMRF Form 5.20 (Rev. 06/2012)

PLEASE PRINT OR TYPE

You can complete and submit this form electronically via *Member Access*. You can print paper forms from www.imrf.org.

MEMBER'S FIRST NAME MIDDLE INITIAL LAST JR., SR., II, ETC.			SOCIAL SECURITY NUMBER		
MEMBER'S MAILING ADDRESS					
CITY		STATE		ZIP+4	
GENDER			<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		
MEMBER'S BIRTH DATE (MM/DD/YY)		DAYTIME TELEPHONE NO.		LAST DAY OF WORK (MM/DD/YY)	
MARITAL STATUS			GENDER OF SPOUSE		
<input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> MARRIED <input type="checkbox"/> CIVIL UNION <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED			<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		
SPOUSE'S FIRST NAME MIDDLE INITIAL LAST JR., SR., II, ETC.			SPOUSE'S SOCIAL SECURITY NUMBER		
DATE OF MARRIAGE/CIVIL UNION (MM/DD/YY)			SPOUSE'S DATE OF BIRTH (MM/DD/YY)		
SERVICE WITH OTHER ILLINOIS PUBLIC RETIREMENT SYSTEMS (SUCH AS STATE EMPLOYEES', STATE TEACHERS', ETC.) IF YOU ARE ALREADY RECEIVING RETIREMENT BENEFITS FROM THE SYSTEM, PLEASE DO NOT LIST IT HERE.					
NAME OF SYSTEM		FROM		DATES TO	
IF YOU WILL RETIRE UNDER IMRF EARLY RETIREMENT INCENTIVE, SUBMIT FORM 5.21, "NOTICE TO RETIRE UNDER ERI." INDICATE THE YEARS / MONTHS YOU WISH TO PURCHASE: _____ YEARS _____ MONTHS					
I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.					
X _____ MEMBER'S SIGNATURE (WRITE; DO NOT PRINT OR TYPE)			_____ DATE		

Completed form may be mailed to: **Illinois Municipal Retirement Fund**

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

Member Services Representatives 1-800-ASK-IMRF (1-800-275-4673) FAX: 630-706-4289

www.imrf.org



APPLICATION FOR DIRECT DEPOSIT

IMRF Form 1199 (07/07) - *Included with Form 5.20*

This form should be completed by the Benefit Recipient (IMRF Member or the person receiving the IMRF benefit payment).

You can complete and submit this form electronically via *Member Access*. You can print paper forms from www.imrf.org.

MEMBER/ANNUITANT'S FIRST NAME MIDDLE INITIAL LAST JR., SR., II, ETC.			SOCIAL SECURITY NUMBER		
ACCOUNT INFORMATION Important: The name of the person who will receive the IMRF benefit payments must be on this account. Please provide the information requested below. If you are unsure of any of the requested information, contact the financial institution where you have your account. (See the bottom of this page for more information.)					
NAME OF FINANCIAL INSTITUTION			BRANCH TELEPHONE NUMBER		
BRANCH ADDRESS (NUMBER, STREET)		CITY	STATE	ZIP	
ACCOUNT NUMBER					
FINANCIAL INSTITUTION ROUTING NUMBER (SEE BELOW)				TYPE OF ACCOUNT	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> CHECKING	<input type="checkbox"/> SAVINGS
<p>I authorize and request the Illinois Municipal Retirement Fund to direct IMRF recurring payments for crediting to my account at the financial organization designated above. This authorization is not an assignment of my right to receive payment and revokes all prior payment direction notifications applicable to these payments. I understand that the financial organization designated reserves the right to cancel this agreement by notice to me; however, this authorization will remain in effect with IMRF until cancelled by notice from me or by my death. Further, I understand and agree that IMRF will stop direct deposit if I fail to keep IMRF informed of my current address. I also permit the release by the bank or financial institution of my current address to IMRF. I understand that a new form 1199 is required if I change my financial institution, my account number or my name.</p> <p>X _____ Date _____ Signature of Benefit Recipient, Power of Attorney*, or Guardian* *Attach court documents if not already submitted</p>					

FINANCIAL INSTITUTION ROUTING NUMBER

A routing number is a nine-digit number, and is a completely separate number from your account number.

If you have a savings or brokerage account, you should call the financial institution where you have your account to obtain the correct routing number.

If you have a checking account, see the sample at right for how to get your account number and the correct routing number from your blank checks. (Note: If you have temporary checks, call the financial institution where you have your account to obtain the correct routing number.)

Mary Member
John Member
123 Main Street
Anywhere, IL 60606

Date _____

Pay to the Order of **SAMPLE** \$ _____

Bank of Anywhere
Anywhere, IL 00000

For _____

123456789: **1122334455** || **9676**

Nine-digit Routing Number

Account Number

Dollars

Do not include the check number as part of your account number. (The check number is generally printed immediately after your account number.)

Completed form may be mailed to: **Illinois Municipal Retirement Fund**
2211 York Road, Suite 500, Oak Brook, Illinois 60523-2337
Member Services Representatives 1-800-ASK-IMRF (1-800-275-4673) FAX: 630-706-4289
www.imrf.org

**Actuarial Analysis of
The Potential Effect of
IMRF's Early Retirement Incentive Program
For
03112 - VILLAGE OF LOMBARD
(Regular Members)**

1 Year Window Beginning

3/15/2013

IMRF Retirement Incentive 5-Year Window Program

Actuarial Analysis for
03112 - VILLAGE OF LOMBARD
 (Regular Members)

Summary of Valuation Results and Input Variables
Window Period: 03/15/2013 Through 03/15/2014

<u>EMPLOYEES AFFECTED BY WINDOW *</u>	
1. Presently eligible to retire with full or reduced benefits	
a. Number	19
b. Annual Payroll	\$1,593,028
2. Number newly eligible to retire	
a. Number	21
b. Annual Payroll	\$1,679,314
<u>INPUT VARIABLES</u>	
3. Employees presently eligible to retire, who	
a. Would have retired without this window	0
b. Are induced to retire during this window **	19
4. Employees newly eligible to retire who are induced to retire during window period **	21
5. Total number assumed to retire during window period: (3a) + (3b) + (4)	40
6. Total across-the-board pay increase since 12/31/2011	1.75%

* Persons covered by Elected County Official benefit provisions with this employer were not included in this study.

** Inducement to retire is consistent with the assumptions for the Reserve Transfer Program.

IMRF Retirement Incentive 5-Year Window Program

Actuarial Analysis for

03112 - VILLAGE OF LOMBARD

(Regular Members)

Summary of Valuation Results

Window Period: 03/15/2013 Through 03/15/2014

IMRF COSTS						
1. Unpaid ERI Liability Exists? (See Note Below)	No					
2. Additional Liability Created by Window	5,467,168					
3. Schedule of Increase in Employer Contribution to IMRF based on indicated amortization of liability increase	Amortization Years					
	5 Years	6 Years	7 Years	8 Years	9 Years	10 Years
First Year	1,209,684	1,024,390	892,176	793,136	716,217	654,782
Second Year	1,258,084	1,065,353	927,858	824,864	744,869	680,976
Third Year	1,308,406	1,107,979	964,961	857,853	774,666	708,219
Fourth Year	1,360,742	1,152,296	1,003,570	892,157	805,647	736,550
Fifth Year	1,415,191	1,198,388	1,043,711	927,853	837,864	766,007
Sixth Year		1,246,341	1,085,459	964,966	871,387	796,638
Seventh Year			1,128,893	1,003,564	906,241	828,512
Eighth Year				1,043,721	942,491	861,651
Ninth Year					980,204	896,117
Tenth Year						931,975
Total Estimate Cost First Year	6,552,107	6,794,746	7,046,627	7,308,115	7,579,584	7,861,426

NOTE:

An employer cannot adopt an ERI program until the cost of a previous ERI program is paid in full. A resolution adopting ERI with an effective date prior to the pay-of date is void. Call 1 800 ASK IMRF and ask to speak with Corey Lockwood, Employer Account Analyst, to request a written confirmation of the current balance.

IMRF Retirement Incentive 5-Year Window Program

Actuarial Analysis for

03112 - VILLAGE OF LOMBARD

(Regular Members)

Window Period: 03/15/2013 Through 03/15/2014

Individual Member Results

Name	SSN	New Salary	Lump Sum Wages	Total Service	ERI Cost
BRATSCHUN, JOHN	XXX-XX-4938	72,790.93	0.00	32.33	157,022.94
BYRD, THOMAS	XXX-XX-3188	83,700.57	0.00	36.67	111,363.12
CARLSON, BROCK	XXX-XX-7734	77,447.01	0.00	24.83	152,170.57
CILELLA, DAVID	XXX-XX-8160	54,140.16	0.00	33.33	104,446.03
COLPO, DANIEL	XXX-XX-2510	69,597.00	0.00	25.42	83,975.94
DRENTH, CAMEO	XXX-XX-3259	72,543.68	0.00	28.83	89,815.05
DRENTH, JEFFREY	XXX-XX-8340	91,162.91	0.00	29.92	184,801.39
FAIRBAIRN, ANNE	XXX-XX-4458	103,382.07	0.00	25.75	181,033.31
FRAZIER, TERRI	XXX-XX-3603	55,970.64	0.00	26.50	120,037.18
GLENNON, NOREEN	XXX-XX-1756	64,896.15	0.00	28.00	113,992.93
HERZA, LINDA	XXX-XX-0046	62,290.33	0.00	25.42	98,037.74
HILGERS, KENT	XXX-XX-0513	70,073.19	0.00	32.33	146,051.82
HOOPERWERF, ERIC	XXX-XX-2218	71,281.98	0.00	25.42	112,302.43
HOWELL, GERALD	XXX-XX-0744	109,584.75	0.00	21.25	151,574.09
HULSEBERG, DAVID	XXX-XX-3282	167,129.46	0.00	24.00	294,310.94
IZZI, JAMES	XXX-XX-2734	86,826.33	0.00	34.42	162,543.13
JONES, ALAN	XXX-XX-4793	73,953.94	0.00	38.58	54,862.24
KALISIK, FRANK	XXX-XX-3897	90,097.59	0.00	20.83	117,709.84
KALKE, DENISE	XXX-XX-9661	67,836.73	0.00	32.83	143,120.99
KATSOOLIAS, PATRICI	XXX-XX-4529	62,818.42	0.00	29.42	90,679.82
KLIORIS, THEODOR	XXX-XX-7514	98,522.49	0.00	20.25	111,412.23
KOSTUCHOWSKI, KEVIN	XXX-XX-2538	70,812.91	0.00	23.75	83,547.62
KOTT, JOELYN	XXX-XX-5297	86,523.11	0.00	24.42	138,273.65
KREMSKE, STEVEN	XXX-XX-7913	103,739.21	0.00	30.00	226,905.24
KUEHNLENZ, PAUL	XXX-XX-1373	90,664.34	0.00	22.75	164,907.13
KUSINSKI, BRIAN	XXX-XX-9147	40,536.18	0.00	32.67	84,818.88
MAHONEY, MARGARE	XXX-XX-1390	63,547.96	0.00	22.25	94,105.56
MANNINO, JOHN	XXX-XX-9522	99,238.81	0.00	25.58	119,713.06
MCGHINNIS, LARRY	XXX-XX-4990	122,095.93	0.00	30.58	201,169.38
MYERS, SHARON	XXX-XX-8216	72,335.09	0.00	21.50	100,476.90
OSTRICK, GEO	XXX-XX-5925	73,282.39	0.00	33.17	149,361.33
PAYER, EDWARD	XXX-XX-4944	68,891.87	0.00	34.58	117,031.56
PODESTA, ANGELA	XXX-XX-3521	113,689.35	0.00	22.25	210,759.79
RYAN, THOMAS	XXX-XX-2764	100,491.35	0.00	35.33	169,506.59
SANDERS, GINA	XXX-XX-3165	62,290.33	0.00	24.58	87,780.89
SCHWAB, RAYMOND	XXX-XX-7441	103,382.07	0.00	23.67	185,830.46
SIMONS, DANIEL	XXX-XX-8239	102,572.14	0.00	35.42	181,963.72
TAYLOR, DAVID	XXX-XX-0322	75,360.12	0.00	29.33	166,148.55
THOMAS, SCOTT	XXX-XX-1040	49,845.29	0.00	25.83	82,850.96
TROJANOWSKI, LARRY	XXX-XX-2411	66,996.27	0.00	35.00	120,753.04
Total		3,272,341.05	0.00		5,467,168.05

RESOLUTION
R_____13

A RESOLUTION APPROVING THE IMRF EARLY RETIREMENT INCENTIVE

WHEREAS, the Corporate Authorities of the Village of Lombard have reviewed the proposed Early Retirement Agreement between the IMRF and the Village of Lombard, as attached hereto and marked Exhibit "A"

WHEREAS, the Corporate Authorities deem it to be in the best interest of the Village of Lombard to approve such agreement.

NOW, THEREFORE, BE IT RESOLVED BY THE PRESIDENT AND BOARD OF TRUSTEES OF THE VILLAGE OF LOMBARD, DU PAGE COUNTY, ILLINOIS as follows:

SECTION 1: That the Village Manager and/or his designee(s) be and hereby is authorized to sign on behalf of the Village of Lombard said agreement.

Adopted this _____ day of _____, 2012.

Ayes: _____

Nays: _____

Absent: _____

Approved this _____ day of _____, 2012.

Peter Breen
Acting Village President

ATTEST:

Brigitte O'Brien
Village Clerk



SUGGESTED FORM OF RESOLUTION TO ADOPT EARLY RETIREMENT INCENTIVE

PLEASE ENTER
Employer IMRF I.D. Number

IMRF Form 6.77 (01/2011) See notes on back regarding ERI Cost Estimates and Dissolutions

RESOLUTION

Number _____

WHEREAS, Section 7-141.1 of the Illinois Pension Code provides that a participating employer may elect to adopt an early retirement incentive program offered by the Illinois Municipal Retirement Fund by adopting a resolution or ordinance; and

WHEREAS, the goal of adopting an early retirement program is to realize a substantial savings in personnel costs by offering early retirement incentives to employees who have accumulated many years of service credit; and

WHEREAS, IMRF has prepared an actuarial estimate of the cost of an early retirement incentive program for _____ and the additional liability created by the early retirement incentive

EMPLOYER NAME
is estimated to be \$ _____; and

WHEREAS, the _____ has reviewed the cost estimate and determined that the adoption of an early retirement incentive is in the best interests of the _____; therefore be it

RESOLVED by the _____ of _____ that:

(1) The _____ does hereby adopt the Illinois Municipal Retirement Fund

early retirement incentive program as provided in Section 7-141.1 of the Illinois Pension Code. The early retirement incentive program shall take effect on _____.

(2) In order to help achieve a true cost savings, an employee who retires under the early retirement incentive program shall lose those incentives if he or she later accepts employment with any IMRF employer in any position. (Exception: employee can hold an elected position if he/she chooses to not participate in IMRF and the pension is not based on any service earned in that position during any term of office.)

(3) In order to utilize an early retirement incentive as a budgeting tool, the _____

will use its best efforts either to limit the number of retiring employees replaced or to limit the salaries paid to the replacement employees.

(4) The effective date of each employee's retirement under this early retirement incentive program shall be set by _____ and shall be no earlier than the effective date of the program and no later than one year after

that effective date; except that the employee may require that the retirement date set by the employer be no later than the June 30 next occurring after the effective date of the program and no earlier than the date upon which the employee qualifies for retirement.

(5) To be eligible for the early retirement incentive under this Section, the employee must have attained age 50 and have at least 20 years of creditable service by his or her retirement date; and

(6) As of the date of the adoption of this Resolution, the _____ is () is not () aware of the pending dissolution of _____.

(Note: Failure to disclose a potential dissolution shall void this Resolution. If the Board, Council, etc. is aware of the pending dissolution of the IMRF employer, then the successor unit(s) of local government must approve the adoption of the early retirement incentive in order for this Resolution to be effective. If there is no successor, submit your resolution for approval from the IMRF Board of Trustees.)

(7) The _____ shall promptly file a certified copy of this resolution (ordinance) with the Board of Trustees of the Illinois Municipal Retirement Fund.

CERTIFICATION

I, _____ the _____ of the _____ of the County of _____, State of Illinois, do hereby certify that I am the keeper of the books and records of the _____ and that the foregoing is a true and correct copy of a resolution (ordinance) _____ duly adopted by the _____ at a meeting duly convened and held on the _____ day of _____, 20_____.

If applicable, I further certify that this Resolution has been submitted to the successor unit(s) of local government and that said unit(s) of local government has/have adopted a resolution approving the adoption of the early retirement incentive for _____.

EMPLOYER NAME
A copy of the approval resolution is attached hereto.
SEAL

CLERK OR SECRETARY OF THE BOARD

ERI cost estimates

- When an employer submits the ERI resolution to IMRF, it should include a copy of the cost estimate for the period of the adopted ERI.
- Contact your IMRF Field Representative to request a cost estimate. Your local Field Representative will be able to calculate the annual increased pension costs. The cost estimate will be completed at no charge to the employer.
- If an employer submits the ERI resolution without a cost estimate:
 - IMRF will not implement the program, and
 - The employer will need to both conduct the cost estimate and adopt a second resolution.

Dissolutions

- If an employer is dissolving and its IMRF assets and liabilities will be transferred to:
 - One successor unit of government—the dissolving employer must provide the ERI Cost Study to the successor, and the successor must also approve the ERI. A copy of the successor unit's resolution approving the ERI must be available to IMRF upon request.
 - More than one successor unit of government—the dissolving employer must provide the ERI Cost Study to each successor, and a majority of the successors must approve the ERI. Copies of the successor units' resolutions approving the ERI must be available to IMRF upon request.
 - No successor unit of government and the law does not specify responsibility for the IMRF assets and obligations—the IMRF Board of Trustees must approve the ERI.
- If a dissolving employer submits the ERI resolution without approval by successor unit(s) of local government or without a request for IMRF Board of Trustee approval when no successors exist, IMRF will not implement the ERI program.
- If IMRF is unaware that these requirements were not met and pays an ERI enhanced pension to a member who:
 - Retired at age 55 or older under Regular Tier 1 (age 50 for SLEP and SLEP ECO) or at age 62 or older under Regular Tier 2, the member will lose the ERI enhancements and be required to pay IMRF the difference between the ERI enhanced pension and the pension he or she would have received without the ERI—less the amount he or she paid for the ERI.
 - Retired at less than age 55 under Regular Tier 1 or less than age 62 under Regular Tier 2, the member will be required to repay IMRF for all pension payments received—less the amount paid for the ERI.

RESOLUTION
R_____13

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WHEREAS, the Corporate Authorities deem it to be in the best interest of the Village of Lombard to approve such agreement.

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Adopted this _____ day of _____, 2012.

Ayes: _____

Nays: _____

Absent: _____

Approved this _____ day of _____, 2012.

Peter Breen
Acting Village President

ATTEST:

Brigitte O'Brien
Village Clerk