

<u>OFFICE USE ONLY</u>		Office #:	
Tier 1 <input type="checkbox"/>	Tier 2 <input type="checkbox"/>	Tier 3 <input type="checkbox"/>	Other <input type="checkbox"/>
<b>Notes:</b>			



*Laborers' and Retirement Board Employees'  
Annuity and Benefit Fund of Chicago*

## **MEMBERSHIP INFORMATION FORM**

### **LABORERS' AND RETIREMENT BOARD EMPLOYEES' ANNUITY AND BENEFIT FUND OF CHICAGO**

**Please read carefully and answer all questions. Upon completion of this form, please sign the last page.**

Each employee is required to complete this Membership Information Form and return it to the LABF. This form is a permanent record.

The information that you provide will be used to determine your benefits. Therefore, it is of the utmost importance that the following questions be answered completely and accurately. The LABF also requires certain documentation to verify identification of its members and to determine benefits. Required documents are listed on the last page.

Please be advised that the LABF requires Social Security Number(s) for tax reporting purposes, internal verification, and administrative services associated with the payment of retirement and other benefits.

**PLEASE PRINT. USE INK. ALL INFORMATION IS REQUIRED.**

#### **EMPLOYEE INFORMATION**

1. Full name: \_\_\_\_\_  
 First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Suffix \_\_\_\_\_ Maiden (if applicable) \_\_\_\_\_
2. Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ 3. Gender: Male  Female  Prefer to not answer
4. Address: \_\_\_\_\_  
 Street Address \_\_\_\_\_ Apt. # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
5. Primary phone: \_\_\_\_\_  
 Area Code \_\_\_\_\_ Alternate phone: \_\_\_\_\_  
 Area Code \_\_\_\_\_
6. Email: \_\_\_\_\_
7. Date of birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ 8. Place of birth: \_\_\_\_\_  
 Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_
9. Father's full name (Living or Deceased): \_\_\_\_\_
- Mother's full name including maiden name (Living or Deceased): \_\_\_\_\_
10. Employer: \_\_\_\_\_ 11. Start date of your current employment: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_
12. Title: \_\_\_\_\_ 13. Department/Bureau: \_\_\_\_\_
14. Employee Number (If available): \_\_\_\_\_

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**PLEASE ANSWER ALL QUESTIONS**

## MARITAL STATUS

Illinois recognizes legal civil unions between two people. Therefore, all pension benefits made available to a married member and his or her spouse are also available to a member and his or her civil union partner. The eligibility requirements for benefits are the same for a civil union partner and for a married spouse. Any LABF publication or communication which includes the word spouse or widow, also means and includes parties to a civil union. Any use of the term marriage also includes civil unions.

15. Current marital status:  Never Married  Married/Civil Union  Divorced  Widowed

**CURRENT MARRIAGE:** If you are legally married, even if you are separated from your spouse, you must complete questions 15 – 21.

16. Spouse's full name: \_\_\_\_\_  
 First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Suffix \_\_\_\_\_ Maiden (if applicable) \_\_\_\_\_

17. Spouse's Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ 18. Spouse's date of birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Month Day Year

19. Spouse's gender: Please specify: \_\_\_\_\_ Prefer to not answer

20. Date of marriage: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Place of marriage: \_\_\_\_\_  
 Month Day Year City State/Province Country

21. Spouse's father's full name (Living or Deceased): \_\_\_\_\_  
 Spouse's mother's full name including maiden name (Living or Deceased): \_\_\_\_\_

**PREVIOUS MARRIAGES:** Please complete all of the following, if applicable:

22. For each of **your** previous legal marriages.

FULL NAME (INCLUDE MAIDEN NAME, IF APPLICABLE)	MARRIAGE		DISSOLUTION	
	DATE (MONTH/DAY/YEAR)	LOCATION (CITY, STATE/PROVINCE, COUNTRY)	DATE (MONTH/DAY/YEAR)	LOCATION (CITY, STATE/PROVINCE, COUNTRY)
	/ /		/ /	
			<input type="checkbox"/> DIVORCE <input type="checkbox"/> ANNULMENT <input type="checkbox"/> DEATH	
	/ /		/ /	
			<input type="checkbox"/> DIVORCE <input type="checkbox"/> ANNULMENT <input type="checkbox"/> DEATH	

23. For each of **your spouse's** previous legal marriages.

FULL NAME (INCLUDE MAIDEN NAME, IF APPLICABLE)	MARRIAGE		DISSOLUTION	
	DATE (MONTH/DAY/YEAR)	LOCATION (CITY, STATE/PROVINCE, COUNTRY)	DATE (MONTH/DAY/YEAR)	LOCATION (CITY, STATE/PROVINCE, COUNTRY)
	/ /		/ /	
			<input type="checkbox"/> DIVORCE <input type="checkbox"/> ANNULMENT <input type="checkbox"/> DEATH	
	/ /		/ /	
			<input type="checkbox"/> DIVORCE <input type="checkbox"/> ANNULMENT <input type="checkbox"/> DEATH	

## CHILDREN

24. Do you have any children?  YES  NO

If you answered yes, list **ALL** of your children, adult and minor (biological and adopted).

CHILD'S FULL NAME	DATE OF BIRTH (MONTH/DAY/YEAR)	GENDER (M or F)	PLACE OF BIRTH (CITY, STATE/PROVINCE, COUNTRY)	SOCIAL SECURITY #
	/ /			- -
	/ /			- -
	/ /			- -
	/ /			- -
	/ /			- -
	/ /			- -

**PLEASE ANSWER ALL QUESTIONS**

## PRIOR SERVICE

Answers to questions 25 – 27 may help to determine which tier of benefits applies to you. Remember, it is of the utmost importance to answer the following questions completely and accurately.

25. Were you ever employed by the City of Chicago, Board of Education, or a City of Chicago retirement board at any time PRIOR TO this current period of employment?  YES  NO

If you answered yes, please complete the following table. You may have the right, subject to certain conditions, including payments, to receive credit for past service for benefit purposes.

START DATE	END DATE	EMPLOYER/DEPARTMENT/BUREAU	TITLE
/ /	/ /		
/ /	/ /		
/ /	/ /		

## RECIPROCAL SERVICE:

26. Do you have past or current service credits in any of the retirement systems listed below that may be considered in the Illinois Retirement Systems Reciprocal Act?  YES  NO

If you answered yes, please indicate which system(s) below:

Municipal Employees' Annuity & Benefit Fund	<input type="checkbox"/>	Chicago Teachers' Pension Fund	<input type="checkbox"/>
Cook County Employees' Annuity & Benefit Fund	<input type="checkbox"/>	Illinois Municipal Retirement Fund	<input type="checkbox"/>
Park Employees' Annuity & Benefit Fund	<input type="checkbox"/>	State Employees' Retirement System of Illinois	<input type="checkbox"/>
Forest Preserve District Employees' Annuity & Benefit Fund	<input type="checkbox"/>	Metropolitan Water Reclamation District of Greater Chicago	<input type="checkbox"/>
Teachers' Retirement System of Illinois	<input type="checkbox"/>	State Universities Retirement System of Illinois	<input type="checkbox"/>
Policemen's Annuity & Benefit Fund of Chicago	<input type="checkbox"/>	Judges' and General Assembly Retirement System of Illinois	<input type="checkbox"/>
Firemen's Annuity & Benefit Fund of Chicago	<input type="checkbox"/>		

27. Are you receiving a benefit from any of the retirement systems listed above?  YES  NO

Are you eligible for a deferred benefit from any of the retirement systems listed above?  YES  NO

**MILITARY SERVICE:** If you left employment with the City to serve in the U.S. Armed Forces and returned to City employment within 90 days after discharge, as outlined in ILCS 5/11, you may be eligible to pay for this service.

28. Have you ever served in any of the United States Armed Forces?  YES  NO

If you answered yes, please complete the table below for all periods of such service.

START DATE	END DATE	BRANCH OF SERVICE	RANK
/ /	/ /		
/ /	/ /		

**CHICAGO TRANSIT AUTHORITY (CTA) SERVICE:** If you previously worked for the CTA and meet certain criteria, as outlined in ILCS 5/11, you may be eligible to pay for this service.

29. Were you ever employed by CTA?  YES  NO

If you answered yes, please complete the table below for all periods of such employment.

START DATE	END DATE	DEPARTMENT/BUREAU	TITLE
/ /	/ /		
/ /	/ /		

**PLEASE ANSWER ALL QUESTIONS**

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## IMPORTANT NOTICES

**BE ADVISED**, you will not be subject to Social Security withholding from your employee paycheck because you may be entitled, upon retirement, to a pension from the LABF. For further information regarding the “**Windfall Elimination Provision**” and the “**Government Pension Offset**,” please visit the Social Security website at [www.ssa.gov](http://www.ssa.gov).

**BE ADVISED**, it is your responsibility to provide the LABF with a completed and notarized **Beneficiary Designation Form**. You may change your beneficiary at any time by completing and submitting a new notarized form.

**BE ADVISED**, if you have a life event such as a marriage, birth, death, or divorce, you are required to provide documentation to the LABF.

**BE ADVISED**, if you move or your address changes, it is your responsibility to provide updated contact information to the LABF.

## REQUIRED DOCUMENTS

-Please submit photocopies of the following:

- State or County Issued Record of Birth or Naturalization Papers
  - 1. Member
  - 2. Spouse (**if married**)
  - 3. Children (**under the age of 18**)
- State Issued Certificate of Marriage (**if married**)
- County or State Issued Certificate of Death (**if self or spouse have ever been widowed**)
- Court filed Divorce Decree (Proof of Dissolution of ALL Marriages)
- Social Security Card(s), Medicare Card or Letter from the SSA that provides full SS Number
  - 1. Member
  - 2. Spouse (**if married**)
  - 3. Children (**under the age of 18**)

-Please submit originals (NOT copies) of the following:

- Beneficiary Designation Form (**Must be notarized. Scratch-outs/white-outs will not be accepted**)
- Membership Information Form (**this form**)

**PLEASE NOTE:** Applications for future benefits with the LABF will not be processed until all required documents are received. We cannot guarantee the return of any original documents submitted for which we specifically requested photocopies.

## SIGNATURE

I declare under penalty of perjury that all the above information is true and correct to the best of my knowledge and belief. I understand that any person who knowingly makes any false statement, or falsifies, or permits to be falsified, any record in an attempt to defraud the LABF is guilty of a Class 3 felony. A “statement” or “record” includes, but is not limited to, this Membership Information Form and all other LABF documentation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PLEASE ANSWER ALL QUESTIONS