

ATTACHMENT IX-G

ATTACHMENT IX-G: Appointment of IMRF Authorized Agent

Suggested Motion: Approve the Appointment of IMRF Authorized Agent for the District

Recommended Action: Approve as presented.

Attached is IMRF Form 2.20 to be approved by the District. Sue Rodakowski, HR & Payroll Specialist, will be our authorized agent.



NOTICE OF APPOINTMENT OF AUTHORIZED AGENT

IMRF Form 2.20 (Rev. 10/2014)

INSTRUCTIONS

- The governing body of an IMRF employer (including townships) can appoint any qualified party as the employer's IMRF Authorized Agent.
- The governing body makes the appointment by adopting a resolution.
- The clerk or secretary of the governing body must certify the appointment (see Certification below).
- Mail the completed form to the Illinois Municipal Retirement Fund.
- A copy of the completed form should be retained by the employer.
- The new Authorized Agent will need to register for a new User ID on IMRF Employer Access.

EMPLOYER NAME <u>North Boone Coun. Unit School Dist. 200</u>		EMPLOYER IMRF I.D. NUMBER <u>0486201</u>	
AUTHORIZED AGENT'S SALUTATION <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input checked="" type="checkbox"/> Ms.	LAST NAME <u>Roda Kowski</u>	FIRST NAME <u>SUE</u>	MIDDLE INITIAL JR., SR., II, ETC. <u>L.</u>
TYPE OF GOVERNING BODY <u>Public School Dist.</u>			
DATE APPOINTMENT MADE (MM/DD/YYYY) <u>12-19-17</u>	EFFECTIVE DATE OF APPOINTMENT (MM/DD/YYYY) <u>12-19-17</u>	POSITION TITLE <u>HR Payroll Specialist</u>	
Powers and duties delegated to Authorized Agent pursuant to Sec. 7-135 of Illinois Pension Code by governing body (P.A. 97-0328 removed the requirement that the Authorized Agent be a participant in IMRF to file a petition or cast a ballot): To file Petition for Nominations of an Executive Trustee of IMRF <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No To cast a Ballot for Election of an Executive Trustee of IMRF <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>X</u> <u>[Signature]</u> SIGNATURE OF AUTHORIZED AGENT NAMED ABOVE DATE (MM/DD/YYYY) <u>12-19-17</u>			
CERTIFICATION I, <u>Mary Maxey</u> , do hereby certify that I am <u>Secretary</u> NAME CLERK OR SECRETARY of the <u>North Boone CUSD #200 Board of Education</u> NAME OF EMPLOYER and the keeper of its books and records and the foregoing appointment and delegation were made by resolution duly adopted on the date indicated. SEAL SIGNATURE OF CLERK OR SECRETARY			
BUSINESS ADDRESS All correspondence and communications with the Authorized Agent are to be addressed as follows: NAME (IF DIFFERENT FROM ABOVE) <u>Ms.</u> <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. BUSINESS ADDRESS <u>10248 North Boone School Rd</u> CITY STATE AND ZIP + 4 <u>Poplar Grove IL 61065</u> DAYTIME TELEPHONE NO. (with Area Code) <u>815-765-3322</u> ALTERNATE TELEPHONE NUMBER (with Area Code) <u>815-765-9431</u> FAX NO. (with Area Code) <u>815-765-2053</u> EMAIL ADDRESS <u>S.RodaKowski@NBCus.org</u>			

IMRF

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

Employer Only Phone: 1-800-728-7971 Member Services Representatives 1-800-ASK-IMRF (1-800-275-4673) Fax (630) 706-4289