



METROPOLITAN WATER RECLAMATION DISTRICT RETIREMENT FUND

EMPLOYEE INFORMATION FORM

OFFICE USE ONLY
MWRD ID#
OFFICE #

NAME SSN
ADDRESS CITY, STATE, ZIP CODE
EMAIL ADDRESS TELEPHONE
SEX DATE OF BIRTH PLACE OF BIRTH
CITIZENSHIP DATE & PLACE NATURALIZED

MARITAL STATUS: NEVER MARRIED MARRIED CIVIL UNION DIVORCED WIDOWED

NAME OF SPOUSE/CIVIL PARTNER (if wife, give maiden name)
SPOUSE/CIVIL PARTNER'S: DATE OF BIRTH PLACE OF BIRTH
MARRIAGE/UNION DATE PLACE OF MARRIAGE/UNION SSN
DIVORCE DATE PLACE OF DIVORCE
SPOUSE/CIVIL PARTNER'S: DATE OF DEATH PLACE OF DEATH

ATTACH ADDITIONAL SHEET, IF NECESSARY, TO ANSWER ALL APPLICABLE REMAINING QUESTIONS

LIST ALL CHILDREN, REGARDLESS OF AGE:

Table with 4 columns: NAME OF CHILD, SEX, DATE OF BIRTH, SSN

LIST ALL SERVICE CREDIT ESTABLISHED WITH ANY PUBLIC EMPLOYEE RETIREMENT SYSTEM OF ILLINOIS (INCLUDE, EVEN IF A REFUND OF CONTRIBUTIONS WAS TAKEN):

Table with 5 columns: NAME OF RETIREMENT FUND, NAME OF EMPLOYER, PERIOD OF EMPLOYMENT (FROM, TO), REFUND TAKEN?

LIST ALL SERVICE IN THE UNITED STATES ARMY, NAVY, AIR FORCE, MARINES OR COAST GUARD, OR ANY AUXILIARY BRANCH:

BRANCH OF SERVICE PERIOD OF SERVICE FROM TO
BRANCH OF SERVICE PERIOD OF SERVICE FROM TO

I HEREBY CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE, THE ABOVE INFORMATION IS CORRECT AND NO MATERIAL FACT HAS BEEN OMITTED.

DATE: SIGNATURE:

MWRDRF 10/19