



METROPOLITAN WATER RECLAMATION DISTRICT RETIREMENT FUND EMPLOYEE INFORMATION FORM

OFFICE USE ONLY
MWRD ID# _____
OFFICE # _____

EMPLOYEE INFORMATION

Name _____ Sex: F M X SSN xxx - xx -
Address _____ City, State, Zip Code _____
Email Address _____ Telephone () _____
Date of Birth _____ Place of Birth _____
Marital Status: Never Married Married Civil Union Divorced Widowed

SPOUSE INFORMATION

Name (provide maiden name) _____ SSN xxx - xx -
Date of Birth _____ Place of Birth _____
Marriage/Union Date _____ Place of Marriage/Union _____
Date of Death _____ Place of Death _____

DIVORCE INFORMATION

Name _____ Divorce Date _____ Place Divorced _____
Name _____ Divorce Date _____ Place Divorced _____

CHILDREN List all children, regardless of age.

Name	Date of Birth	Name	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

RECIPROCAL TIME List all service credit established with any public employee retirement system of IL.

Name of Retirement Fund	Name of Employer	Employed From – To Dates	Refund Taken?
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby certify that, to the best of my knowledge, the above information is correct and no material fact has been omitted.

Signature _____ Date _____