

# METROPOLITAN WATER RECLAMATION DISTRICT RETIREMENT FUND EMPLOYEE INFORMATION FORM

MWRD ID# \_\_\_\_\_  
OFFICE # \_\_\_\_\_

NAME \_\_\_\_\_ SSN \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_  
 STATE & ZIP CODE \_\_\_\_\_ TELEPHONE (\_\_\_\_) \_\_\_\_\_  
 SEX \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_  
 CITIZENSHIP \_\_\_\_\_ DATE & PLACE NATURALIZED \_\_\_\_\_  
 MARITAL STATUS:    NEVER MARRIED         MARRIED         DIVORCED         WIDOWED  
 NAME OF SPOUSE (if wife, give maiden name) \_\_\_\_\_  
 SPOUSE'S: DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_  
 MARRIAGE DATE \_\_\_\_\_ PLACE OF MARRIAGE \_\_\_\_\_ SSN \_\_\_\_\_  
 DIVORCE DATE \_\_\_\_\_ PLACE OF DIVORCE \_\_\_\_\_  
 SPOUSE'S: DATE OF DEATH \_\_\_\_\_ PLACE OF DEATH \_\_\_\_\_

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

**LIST ALL CHILDREN, REGARDLESS OF AGE:**

NAME OF CHILD	SEX	DATE OF BIRTH	SSN
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

HAVE YOU PREVIOUSLY MADE CONTRIBUTIONS TO THE MWRD RETIREMENT FUND?     YES     NO  
 IF YES, APPROXIMATELY WHEN DID YOU START MAKING CONTRIBUTIONS? \_\_\_\_\_

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

NAME OF RETIREMENT FUND	NAME OF EMPLOYER	PERIOD OF EMPLOYMENT		REFUND TAKEN?
		FROM	TO	
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**LIST ALL SERVICE IN THE UNITED STATES ARMY, NAVY, AIR FORCE, MARINES OR COAST GUARD, OR ANY AUXILLIARY THEREOF:**

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: \_\_\_\_\_