
**THE CITY OF BLUE ISLAND
COOK COUNTY, ILLINOIS**

**RESOLUTION
NUMBER 2020-040**

**A RESOLUTION APPOINTING AN AUTHORIZED AGENT TO ACT
ON BEHALF OF THE CITY OF BLUE ISLAND WITH RESPECT
TO ALL OFFICIAL BUSINESS CONCERNING THE
ILLINOIS MUNICIPAL RETIREMENT FUND**

**DOMINGO F. VARGAS, Mayor
Randy Heuser, City Clerk**

**DEXTER JOHNSON
FRED BILOTTO
NANCY RITA
TOM HAWLEY
MICHAEL MECH
CANDACE CARR
JAMES KLINKER**

**ANNETTE ALEXANDER
WILLIAM CAZARES
KEVIN DONAHUE
BILL FAHRENWALD
JOHNNY RINGO HILL
RAEANN CANTELO-ZYLMAN
ALLAN STEVO**

Aldermen

RESOLUTION NO. 2020-040

**A RESOLUTION APPOINTING AN AUTHORIZED AGENT
TO ACT ON BEHALF OF THE CITY OF BLUE ISLAND
WITH RESPECT TO ALL OFFICIAL BUSINESS CONCERNING
THE ILLINOIS MUNICIPAL RETIREMENT FUND.**

WHEREAS, it is necessary that the City of Blue Island appoint an authorized agent to act on its behalf with respect to conducting official business concerning the City and the Illinois Municipal Retirement Fund.

NOW THEREFORE BE IT RESOLVED by the City Council of the City of Blue Island, Cook County, Illinois as follows:

SECTION ONE

Tapeca Carthan, Director of Finance, is hereby appointed as the Authorized Agent for the City of Blue Island to act on its behalf with respect to conducting all official business concerning the City and the Illinois Municipal Retirement Fund. As authorized agent, Tapeca Carthan shall have those powers and duties set forth in the Illinois Pension Code, 40 ILCS 5/7-135 (2012).

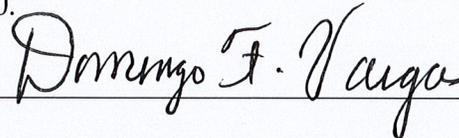
SECTION TWO

This Resolution shall be in effect from and after its passage and approval as provided by law.

ADOPTED this 22nd day of September, 2020, pursuant to roll call as follows:

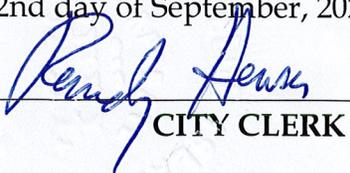
	YES	NO	ABSENT	PRESENT	ABSTAIN
Alderman JOHNSON	X				
Alderman ALEXANDER	X				
Alderman BILOTTO	X				
Alderman CAZARES			X		
Alderman RITA			X		
Alderman DONAHUE			X		
Alderman HAWLEY	X				
Alderman FAHRENWALD	X				
Alderman MECH	X				
Alderman HILL	X				
Alderman CANTELO-ZYLMAN	X				
Alderman CARR			X		
Alderman STEVO	X				
Alderman KLINKER	X				
Mayor DOMINGO F. VARGAS					
	10		4		

APPROVED: this 22nd day of September, 2020.



**MAYOR OF THE CITY OF BLUE ISLAND,
COUNTY OF COOK AND STATE OF ILLINOIS**

ATTESTED and Filed in my office this
22nd day of September, 2020.



CITY CLERK



NOTICE OF APPOINTMENT OF AUTHORIZED AGENT

IMRF Form 2.20 (Rev. 10/2014)

EXHIBIT 2A

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>City of Blue Island</u>		EMPLOYER IMRF I.D. NUMBER <u>03328</u>
AUTHORIZED AGENT'S SALUTATION <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input checked="" type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	LAST NAME <u>Carthan</u>	FIRST NAME <u>Tapeca</u>
MIDDLE INITIAL JR., SR., II, ETC.		
TYPE OF GOVERNING BODY <u>Local Government / Municipality</u>		
DATE APPOINTMENT MADE (MM/DD/YYYY) <u>09/22/2020</u>	EFFECTIVE DATE OF APPOINTMENT (MM/DD/YYYY) <u>09/23/2020</u>	POSITION TITLE <u>Finance Director</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
SIGNATURE OF AUTHORIZED AGENT NAMED ABOVE <u>X <i>Tapeca Carthan</i></u>		DATE (MM/DD/YYYY) <u>09/18/2020</u>
CERTIFICATION		
I, <u><i>Randy Heuser</i></u> , do hereby certify that I am		<u><i>CITY CLERK</i></u>
NAME of the <u><i>CITY OF BLUE ISLAND</i></u>		CLERK OR SECRETARY 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 <u><i>Randy Heuser</i></u>
BUSINESS ADDRESS		
All correspondence and communications with the Authorized Agent are to be addressed as follows:		
NAME (IF DIFFERENT FROM ABOVE) <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.		
BUSINESS ADDRESS <u>13051 Greenwood Ave</u>		
CITY STATE AND ZIP + 4 <u>Blue Island, IL. 60406</u>		
DAYTIME TELEPHONE NO. (with Area Code) <u>708-738-4260</u>	ALTERNATE TELEPHONE NUMBER (with Area Code) <u>708-396-7066</u>	
FAX NO. (with Area Code)	EMAIL ADDRESS <u>tcarthan@cityofblueisland.org</u>	

Illinois Municipal Retirement Fund

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

Member Services Representatives 1-800-ASK-IMRF (1-800-275-4673) Fax (630) 706-4289



FORMS/PUBLICATIONS REQUEST

IMRF Form 2.50 (Rev. 02/2011)

Exhibit 2C

**Fax Request to:
630 / 368 - 5397**

Blank forms, benefit booklets and checklists may also be viewed and downloaded at www.imrf.org.

Amount	Form #	Form Title
	2.20	Notice of Appointment of Authorized Agent
	2.30	Notice of Election or Appointment of Township Supervisor
50	5.10	Application for Separation Refund
100	5.20	Application for Retirement Annuity (Pension)
	5.21	Member's Notice of Intent to Retire Under ERI
	5.30	Application for Death Benefit
	5.40	Member's Application for Disability Benefits
	5.41	Employer's Statement - Disability Claim
	5.42	Physician's Statement - Disability Claim
	5.45	Employer's Notice of Trial Work Period or Certificate of Termination of Disability
	6.02J	Application for Military Service Credit
	6.03	Application for Reinstatement of Service Credit
	6.04	Application for Retroactive Service Credit
	6.04A	Application for Retroactive Service Credit (for employees previously barred by age)
	6.05	Omitted Service Credit Verification
	6.06	Conversion of Regular or SLEP Service Credit to Elected County Official (ECO) Service Credit
	6.07	Application for Prior Service Credit
	6.11	Designation of Beneficiary
	6.11A	Designation of Beneficiary for Annuitants
	6.19	Member Employment Information
	6.21	Election to Participate for Qualifying Positions (Elected County Officials and City Hospital Employees)
	6.21B	Election by Elected County Official to Participate in ECO Plan
	6.22	Election of Police Chief to Participate as SLEP Member
	6.23	Election to Contribute Under Additional Position
	6.24	40-Year Service Election to Cease Contributions
	6.26	Revocation of Election to Participate in ECO Plan
	6.30	Election to Make Voluntary Add'l. Contributions
	6.32	IMRF Benefit Protection Leave (Leave of Absence)

Amount	Form #	Form Title
	6.33	Out-of-State Service Credit Authorization
	6.62	Resolution - Military Leave Authorization
	6.62A	Resolution - Limited Service Credit for Military Leave
	6.6A	Resolution - Military Service Prior to IMRF Participation
	6.64	Resolution - Elected Officials
	6.68	Resolution - Adoption of 1,000 Hour Requirement
	6.71	Certificate of Sheriff's Law Enforcement Service
	6.72	Resolution - Include Compensation Under a 125 Plan
	6.77	Resolution - To Adopt IMRF ERI
	6.78	Resolution - Amortization Period for IMRF ERI
	6.85	Resolution - For Employer Pick Up for Member ERI Contributions
	7.10	Health Insurance Continuation Through Employer
	BF-20	Pension Estimate Request
Benefit Booklets		
50	REGT1	Regular Plan IMRF Benefits - Tier 1
125	REGT2	Regular Plan IMRF Benefits - Tier 2
	SPNT1	Spanish Regular IMRF Benefits - Tier 1
	SLEPT1	Sheriff's Law Enforcement Personnel - Tier 1
	SLEPT2	Sheriff's Law Enforcement Personnel - Tier 2
	ECOT1	Elected County Official Plan - Tier 1
	ECOT2	Elected County Official Plan - Tier 2
20	DISA	IMRF Disability Booklet
Brochures		
	FIELD	IMRF Field Services Brochure
Envelopes		
	CORR	IMRF Correspondence Envelope - letter size
Checklists		
	ENROLL	Should this employee be enrolled?
	PART	Participation - Steps to Enrollment in IMRF
	DISA	Disability Checklist
	TERM	Retirement Checklist
	RETIRE	Retirement Checklist
	DEATH	Death Benefits Checklist

Mail requested materials to:

IMRF Use Only _____

NAME <i>Tapeca Carshan</i>		TITLE <i>Finance Director</i>	
EMPLOYER NAME <i>City of Blue Island</i>		EMPLOYER IMRF I.D. NUMBER <i>03328</i>	
STREET (MAILING) ADDRESS <i>13051 Greenwood Ave</i>			
CITY <i>Blue Island</i>	STATE <i>IL</i>	ZIP CODE +4 <i>60406</i>	

Illinois Municipal Retirement Fund
Suite 600 2211 York Road Oak Brook IL 60523-2337 1-800-ASK-IMRF (1-800-275-4673)
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