

PEORIA DISTRICT 150
Illinois Municipal Retirement Fund ERI Cost
Payroll Deduction Form

Name _____ Job Title _____

Location _____

Retirement Date _____

Date deduction is to begin: _____

(must be 1st of month – 6 months prior to retirement)

40% of sick days to be paid _____ Gross total \$ value _____

Vacation to be paid _____ Gross total \$ value _____

Total Gross \$ value to be paid over 6 months _____

Gross divided by 12 pays _____

Less estimated taxes _____

(IMRF, SS, State & Fed)

IMRF ERI payroll deduction per pay _____

Total deduction (x 12 pays) _____

Estimated ERI Costs _____

Signature _____ Date _____

Print name _____