



CITY OF WASHINGTON, ILLINOIS
City Council Agenda Communication

Meeting Date: July 3, 2023

Prepared By: Joanie Baxter, CPA – Finance Director *JB*

Agenda Item: Appointment of Authorized Agent – Illinois Municipal Retirement Fund

Explanation: Since 1999, I have been the Authorized Agent for the City of Washington and as such, been the contact person for correspondence and communications.

It is timely and appropriate to designate and appoint Human Resources Manager, Maureen Chambers to this role as she has assumed responsibilities in connection with and regard to the Illinois Municipal Retirement Fund and the attached Resolution will do so.

Fiscal Impact: None.

Staff Recommendation: Recommend approval of the Resolution.

Action Requested: Approval of the Resolution on July 3, 2023.

RESOLUTION NO. _____

Synopsis: Adoption of this resolution would provide for the appointment of Human Resources Manager, Maureen Chambers as the Authorized Agent for purposes of the Illinois Municipal Retirement Fund (IMRF).

**RESOLUTION DESIGNATING AND
APPOINTING AN AUTHORIZED AGENT OF THE CITY OF
WASHINGTON FOR PURPOSES OF THE ILLINOIS
MUNICIPAL RETIREMENT FUND**

WHEREAS, the Illinois Municipal Retirement Fund requires the appointment and designation of an authorized agent for the City of Washington; and

WHEREAS, Joanie Baxter, Finance Director, is currently the designated and appointed authorized agent for the City of Washington; and

WHEREAS, on or about October 11, 2021, Maureen Chambers was appointed to the position of Human Resources Manager and has assumed responsibilities in connection with and with regard to the Illinois Municipal Retirement Fund;

**NOW, THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF
WASHINGTON, TAZEWELL COUNTY, ILLINOIS**, as follows:

1. That Maureen Chambers be, and the same hereby is, appointed and designated as the authorized agent of the City of Washington, Tazewell County, Illinois, for purposes of the Illinois Municipal Retirement Fund.

2. That a copy of this resolution shall be forwarded by the City Clerk to the Illinois Municipal Retirement Fund, together with the completed Notice of Appointment of Authorized Agent, on IMRF Form 2.20.



NOTICE OF APPOINTMENT OF AUTHORIZED AGENT

IMRF Form 2.20 (Rev. 10/2014)

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 City of Washington		EMPLOYER IMRF I.D. NUMBER 00054	
AUTHORIZED AGENT'S SALUTATION <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input checked="" type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	LAST NAME Chambers	FIRST NAME Maureen	MIDDLE INITIAL JR., SR., II, ETC.
TYPE OF GOVERNING BODY Municipality			
DATE APPOINTMENT MADE (MM/DD/YYYY) 07/03/2023	EFFECTIVE DATE OF APPOINTMENT (MM/DD/YYYY) 07/03/2023	POSITION TITLE Human Resources Manager	
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			
X SIGNATURE OF AUTHORIZED AGENT NAMED ABOVE		07/03/2023 DATE (MM/DD/YYYY)	
CERTIFICATION I, Valeri Brod, do hereby certify that I am Clerk of the City of Washington 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			
BUSINESS ADDRESS All correspondence and communications with the Authorized Agent are to be addressed as follows: NAME (IF DIFFERENT FROM ABOVE) Ms. rs. <input type="checkbox"/> Ms. BUSINESS ADDRESS 301 Walnut Street CITY STATE AND ZIP + 4 Washington, IL 61571 DAYTIME TELEPHONE NO. (with Area Code) (309) 444-1155 FAX NO. (with Area Code) (309) 444-9779 ALTERNATE TELEPHONE NUMBER (with Area Code) (309) 444-3196 EMAIL ADDRESS mchambers@ci.washington.il.us			

IMRF

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

Employer Only Phone: 1-800-728-7971 Member Services Representatives 1-800-ASK-IMRF (1-800-275-4673) Fax (630) 706-4289