

# Dearborn Life Insurance Company

**Evidence of Insurability Application**  
**To be completed by the applicant**  
**Return completed application and enrollment**  
**Information to:**  
 Dearborn Life Insurance Company  
 Attn: Medical Underwriting Department  
 P.O. Box 7072  
 Downers Grove, IL 60515

Phone Number: (800) 367-6401  
 Fax Number: (855) 691-7157

Employee Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

**DEPENDENT CHILD(REN) HEALTH QUESTIONS SECTION (Continued):**

2. In the past 5 years, has any dependent child applying for coverage been diagnosed, treated, given medical advice by a physician or an appropriately licensed clinical professional acting within the scope of their license for: **Dependent Child(ren)**
- |  |     |    |
|--|-----|----|
|  | Yes | No |
|--|-----|----|
- a. Diabetes, heart condition, cancer, cerebral palsy, cystic fibrosis, muscular dystrophy, autism, Down's syndrome, Intellectual and Developmental Disabilities, Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or tested positive for antibodies to the HIV virus? If "Yes", please provide name(s) of dependent child(ren).
- b. In the past 6 months, has any dependent child applying for coverage been hospitalized, required emergency room evaluation, been advised to have surgery, treatment, diagnostic tests or other evaluation? If "Yes", please provide name(s) of dependent child(ren).

**PROVIDE DETAILS OF ALL "YES" ANSWERS FROM ALL HEALTH QUESTION SECTIONS ABOVE (If applicable). If additional space is required, attach a separate signed and dated sheet.**

#	Person	Type of Condition	Dates	Hospitalized Yes or No	Surgery Yes or No	Treatment/ Medication	Current Meds/ Remaining Problems	Physician's Name, Address & Phone #

# Dearborn Life Insurance Company

## Evidence of Insurability Application To be completed by the applicant Return completed application and enrollment information to:

Phone Number: (800) 367-8401  
Fax Number: (855) 691-7157

Dearborn Life Insurance Company  
Attn: Medical Underwriting Department  
P.O. Box 7072  
Downers Grove, IL 60515

**AGREEMENTS AND AUTHORIZATION:** "I" refers to the person(s) applying for insurance, signing below. I hereby represent that the statements and answers to the question(s) are, to the best of my knowledge and belief, full, complete, true and correctly recorded, and will form the basis of any coverage under the Group Plan for which Evidence of Insurability is required. I understand Dearborn Life Insurance Company shall not be liable for any claim arising prior to the date of approval of this application at Dearborn Life Insurance Company's Home Office.

To determine my eligibility for the coverages applied for, I authorize any physician, medical professional, practitioner, hospital, clinic, other health facility, medical or medically-related facility, medical provider, mental health professional, pharmacy or pharmacy benefit manager, laboratory, insurance company, the MIB, Inc., or any Covered Entity or Health Plan as defined by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to disclose to Dearborn Life Insurance Company's underwriting department its authorized representative(s), my medical records or that of my children, including information concerning advice, care or treatment for any condition, including but not limited to medical history, pharmaceutical history, drug or alcohol use or abuse, mental illness, HIV (AIDS Virus) or other sexually transmitted diseases.

I further authorize Dearborn Life Insurance Company to disclose the information obtained in the consideration of my application for insurance to its reinsurers and the MIB, Inc., a not-for-profit membership organization of life insurance companies which operates an information exchange on behalf of its members.

This authorization shall expire 24 months from the date it is signed. I understand and agree that:

- I may revoke this authorization at any time by written notice, but that such a revocation will have no effect on any actions taken by Dearborn Life Insurance Company prior to receipt of the revocation;
- Information provided pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by federal regulations governing privacy (such as the HIPAA Privacy Rule);
- I should retain a duplicate copy of this authorization for my own records;
- A photocopy of this authorization shall be as valid as the original;
- I have received a Disclosure Statement; and
- **Coverage will not become effective until Dearborn Life Insurance Company approves my application, provided that I am actively at work on that day;**
- **No premiums may be deducted by my Employer on amounts subject to evidence of insurability until a final decision regarding approval of coverage is received by my employer from Dearborn Life Insurance Company.**

I, as well as any other person authorized to act on my behalf or my personal representative, acknowledge the right upon request to obtain a true copy of this authorization from Dearborn Life Insurance Company.

If my answers on this application are incorrect or untrue, or if I refuse to sign this authorization, Dearborn Life Insurance Company has the right to deny benefits or rescind my coverage or that of my dependents, if applicable.

Signature of Employee (required) \_\_\_\_\_ Date Signed (MM/DD/YYYY) \_\_\_\_\_

Signature of Spouse (if requesting insurance) \_\_\_\_\_ Date Signed (MM/DD/YYYY) \_\_\_\_\_

Signature of Dependent Child (if requesting insurance and at least 18 years of age)

Child 1 \_\_\_\_\_ Date \_\_\_\_\_ Child 2 \_\_\_\_\_ Date \_\_\_\_\_

Child 3 \_\_\_\_\_ Date \_\_\_\_\_ Child 4 \_\_\_\_\_ Date \_\_\_\_\_

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**GROUP LIFE BENEFITS**

**for**

**City of Berwyn**

**F151642-0001**

**Underwritten By**



**FORT DEARBORN LIFE INSURANCE COMPANY**



FORT DEARBORN LIFE INSURANCE COMPANY

**GROUP CERTIFICATE**

Fort Dearborn Life Insurance Company  
(A stock life insurance company)  
Administrative Office: 1020 31<sup>st</sup> Street  
Downers Grove, Illinois 60515-5591

*Certifies that the holder of this Certificate, while entitled to insurance, is subject to all the terms and conditions contained in the Policy.*

For all purposes of this Certificate, the Insured will be referred to as "you" or "your", and Fort Dearborn Life Insurance Company will be referred to as "we", "our" or "us".

**THIS CERTIFICATE OF INSURANCE IS NOT AN INSURANCE POLICY.** It does not form a part of the Policy, nor does it amend, extend or alter the coverage provided by the Policy. In case of a dispute, you should refer to the language contained in the Policy.

**IF YOU SHOULD CEASE ACTIVE WORK FOR ANY REASON,** please consult your Employer immediately to determine what arrangements may be made to continue your insurance benefits.

President

Secretary

Group Insurance Certificate  
Non-Participating

## SCHEDULE OF BENEFITS

**POLICYHOLDER:** CITY OF BERWYN

**POLICY NUMBER:** F151642-0001

**MASTER POLICY EFFECTIVE DATE:** As shown in the Master Application

<b>CLASS OF INSUREDS</b>	<b>DEFINITION</b>
1- 01	All active full-time employees.

**Basic Life Benefit:** \$25,000.

**Benefit Reduction:** Benefit reduces to 50% upon attainment of age 70. (All reductions in benefit will be calculated from the original amount.)

**Basic AD&D Benefit:** \$10,000.

**Benefit Reduction:** Benefit reduces to 50% upon attainment of age 70. (All reductions in benefit will be calculated from the original amount.)

## GENERAL PROVISIONS

**ELIGIBILITY.** The Application for the Policy states the eligibility requirements, including Classification, Exclusions, Date of Eligibility and Waiting Period. A person must be Actively at Work to be considered eligible.

If you have converted any part of your insurance under the Policy because you ceased being an Insured and you again become an eligible person your eligibility will be deferred until you submit Evidence of Insurability satisfactory to us.

### YOUR EFFECTIVE DATE.

- (a) If insurance is Noncontributory, insurance shall become effective on the Date of Eligibility.
- (b) If insurance is Contributory, insurance shall become effective:
  - (i) on the date a person becomes eligible, provided that person both applies for insurance on or before the Date of Eligibility and agrees to pay the required contribution; or
  - (ii) on the date of request for insurance, if a person's request is made within the 31 day period after the Date of Eligibility and he/she agrees to pay the required contribution.

A request for insurance may be made by a person more than 31 days after the date of eligibility or a request may be made after insurance lapses because of failure to pay the required contribution when due. In these cases, the requesting person must:

- (i) furnish Evidence of Insurability acceptable to us; and
  - (ii) agree to pay the required contribution.
- (c) The following apply to both Noncontributory and Contributory insurance:

When Evidence of Insurability is required, insurance shall become effective on the first day of the insurance month which is the same as or which next follows the date we determine Evidence of Insurability to be acceptable.

If a person is not Actively at Work on the day prior to the date when he/she would otherwise become insured, insurance will become effective on the date of return to Active Work.

A person will be deemed Actively at Work on each day of paid vacation or scheduled day off on which he/she is not totally disabled, if he/she was Actively at Work on his/her last scheduled working day.

All requests for insurance are subject to our approval and must be made to the Policyholder in writing, on a form furnished by us.

**CHANGES IN AMOUNTS OF INSURANCE/CLASSIFICATION.** A change in the amount of insurance due to a change in your classification (or salary, if applicable) shall become effective on the date you become eligible for the change, as set forth in the Application if:

- (a) you are Actively at Work; and
- (b) you make the required contribution, if any, toward the premium payment.

If you are not Actively at Work on the day you would otherwise be eligible for the change, the change shall become effective on the date you are again Actively at Work.

## BENEFIT PROVISIONS

**PAYMENT OF BENEFITS.** The amount of insurance as shown in the Schedule of Benefits will be paid upon receipt of due proof of your death.

**OPTIONAL METHODS OF SETTLEMENT.** Payment of benefits will normally be made in one lump sum. However, you may choose to have life insurance benefits paid in any other way approved by us. If you have not made an election for payment other than in a lump sum, the Beneficiary may elect benefits to be paid in any other way approved by us.

**WAIVER OF PREMIUM IN THE EVENT OF TOTAL DISABILITY.** Your amount of life insurance determined in accordance with the Schedule of Benefits will be continued without premium payment for one year from the date proof satisfactory to us has been received within the time specified below, that you are totally disabled and meet the policy requirements to receive this benefit. Satisfactory proof is a finding that:

- (a) your disability has resulted from disease or accidental bodily injury;
- (b) such disability has resulted in your complete inability to engage, for wage or profit, in any employment or occupation for which you are reasonably suited by education, training or experience;
- (c) such disability began prior to your sixtieth birthday and while insurance is in force; and
- (d) your total disability has existed continuously for at least six months prior to furnishing such proof to us.

The proof must be furnished to us no later than 12 months following the date of the last premium payment for you, and not later than 24 months following the date you became totally disabled.

Life insurance will be continued without premium payment for additional periods of one year if:

- (a) you remain totally disabled; and
- (b) proof of continuance of such total disability is furnished to us as often as required. After two years of total disability proof will not be required more often than once per year.

Insurance under this Waiver of Premium provision will end on the earliest of:

- (a) the date you are no longer totally disabled; or
- (b) the date you fail to submit to any required medical exam; or
- (c) the date you fail to submit required proof of continuation of total disability; or
- (d) the date you attain age 70 or retire, whichever occurs first. (Benefits will reduce as shown in the Schedule, while insurance is continued under this provision.)

## STANDARD PROVISIONS

**BENEFICIARY.** Benefits for loss of life will be paid to the Beneficiary named by you. You may name a Beneficiary or may change a formerly named Beneficiary by filing a properly completed request with us. The request must be on a form and in a manner approved by us. A beneficiary designation or change request shall take effect when made, whether or not you are living at the time it is received by us. Any benefit payment made by us in accordance with the Policy, but before receipt of notice of a beneficiary designation or change will fully discharge our obligation for payment.

If two or more persons become entitled to benefits as Beneficiaries, and if you did not state otherwise, they shall share equally. If any such Beneficiary does not survive you, that share will pass to the surviving Beneficiary; or

If no Beneficiary is named or if the named Beneficiary does not survive you, then the benefits will be paid in the following order:

- (i) to your spouse, if living; or
- (ii) to your then living children, equally; or
- (iii) to your surviving parents, equally; or
- (iv) to your surviving brother(s) and sister(s), equally; or
- (v) to your estate.

In the event the named Beneficiary is not living at the time of your death, we may pay an amount not to exceed Two Thousand dollars to any person who appears to us to be equitably entitled thereto by reason of having incurred funeral or other expenses incident to your last illness or death.

If the Beneficiary is incapable of giving a valid release for payment, we shall have the option, and until claim is made by a duly named guardian of such Beneficiary, of paying the benefit in an amount not greater than Five Hundred dollars a month to the party who appears to have assumed the care and support of such Beneficiary.

Any payment made under this Provision will completely discharge us from further obligation for the amount paid.

**ASSIGNMENT.** An absolute assignment by you of all incidents of ownership of your life insurance will be permitted. Any such assignment will only take effect for us on the date it is received and approved at our Home Office. We assume no liability for the validity of any assignment. Collateral assignments, by whatever name called, will not be permitted.

**ENTIRE CONTRACT.** The Policy, the written Application made by the Policyholder and the individual applications, if any, form the entire contract between the parties.

**INCONTESTABILITY.** In the absence of fraud, all statements made by the Policyholder or you will be deemed representations and not warranties. No such representations will void the insurance or be used to deny a claim unless a copy of the instrument containing such representations is or has been furnished to you or your Beneficiary.

The validity of the Policy will not be contested, except for non-payment of Premium, after the Policy has been in force for at least two consecutive years from its Effective Date. No statement made by you will be used to contest the validity of the insurance with respect to the statement which was made, after such insurance has been in force for two consecutive years during your lifetime nor unless it is contained in a written application signed by you.



## ACCELERATED DEATH BENEFIT - TERMINAL ILLNESS PROVISION

### DEFINITIONS

**"Accelerated Death Benefit" (the Benefit)** means 50% of your Group Term Life Insurance Amount in force on the date that the Company receives proof, acceptable to the Company, that you are a Terminally Ill Insured.

**"Physician"** means a licensed practitioner, practicing within the scope of his/her license. A Physician must be someone other than you or your family member(s).

**Terminally Ill Insured** means an Insured who is expected to die within 12 months, due to a medical condition. Such Insured must be Actively-At-Work on the day prior to the Effective Date of their insurance coverage under the Terminal Illness Provision.

### BENEFIT PAYMENT PROVISIONS

If you or your legal representative elects the Benefit and provides proof, acceptable to us that you are a Terminally Ill Insured, we will pay the Benefit, during your lifetime, in one sum to you. This amount is limited to a maximum of \$150,000. The minimum amount available is \$10,000. In no event may the Benefit plus the remaining amount of Group Term Life Insurance payable upon the Insured's death exceed the amount that would have been payable upon the Insured's death if the Group Term Life insurance had not been accelerated.

We retain the right to determine, at our sole discretion, if proof is acceptable to us.

**The Benefit paid under this provision may be taxable. If so, you or your beneficiary may incur a tax obligation. As with all tax matters, you or your beneficiary should consult a personal tax advisor to assess the impact of the Benefit.**

**Exceptions:** The Benefit will not be payable:

- (1) if you become a Terminally Ill Insured as a result of:
  - (i) attempted suicide while sane or insane; or
  - (ii) an intentionally self-inflicted injury; or
- (2) if your Group Term Life Insurance benefit has been assigned; or
- (3) if your Group Term Life Insurance benefit is payable to an irrevocable beneficiary including notification, to the Company, that such benefit or a portion of such benefit is to be paid to a former spouse as part of a divorce agreement. Fort Dearborn will not be liable for payment of a benefit in violation of a divorce or legal separation agreement if such notice has not been filed with us at our Home Office; or
- (4) if you are required by law to use this option to meet the claims of creditors, whether in bankruptcy or otherwise; or
- (5) if you are required by a government agency to use this option in order to apply for, get or keep a government benefit or entitlement.

**Part 1: ACCIDENTAL DEATH AND DISMEMBERMENT  
AND LOSS OF SIGHT PROVISION<sup>(1)(f)</sup>**

**INSURING CLAUSE**

Subject to the Section - "What We Do Not Pay," Benefits will be paid to You if You sustain any of the losses listed in the Table of Losses while insured under this Provision. These losses must:

- 1) Be the result of bodily injury caused solely by accident and independent of all other causes;**
- 2) Occur within 90 days of the date of the accident; and
- 3) Be losses for which Proof of Loss is submitted within 180 days of the accident.**

**TABLE OF LOSSES**

<b>For the loss of:</b>	<b>The amount of Payment will be</b>
Accidental Death	THE MAXIMUM BENEFIT
Both hands or both feet	
Sight of both eyes	
One hand and one foot	
One hand and sight of one eye	
One foot and sight of one eye	
One hand	ONE-HALF-THE MAXIMUM BENEFIT
One foot	
Sight of one eye	
Thumb and index finger of either hand	ONE FOURTH THE MAXIMUM BENEFIT

The amount of payment will be determined by the Maximum Benefit shown for this coverage in the Schedule of Benefits.

With respect to hands or feet, "loss" means actual severance at or above wrist or ankle joints; with respect to eyes, permanent and total loss of sight; with respect to thumb and index finger, complete severance of entire digit at or above joints.

No more than 100% of the Maximum Benefit will be paid for any one accident, no matter how many of the above listed losses occur as a result of that accident.

**EVIDENCE OF INSURABILITY**

You must meet the Evidence of Insurability provisions for the Life Insurance benefit before You may be insured for the AD&D benefit.

**WHAT WE DO NOT PAY (EXCLUSIONS)**

The Company does not pay for any loss that directly results from any of the following:

- 1) Any disease or infirmity of mind or body and any medical or surgical treatment thereof; or
- 2) Suicide or attempted suicide, while sane or insane; or
- 3) Any intentionally self-inflicted injury; or

### **Part 3: EDUCATION BENEFIT**

#### **INSURING CLAUSE**

We will pay an Education Benefit to Your Dependent Student if Your death is the result of an accident for which the Accidental Death & Dismemberment Benefit is payable.

#### **DEFINITIONS**

"Student" means a Dependent who, on the date of Your death is:

- 1) A full-time post-high school student in a school of higher education; or
- 2) A student in the 12th grade but who becomes a full-time post-high school student in a school of higher education within 365 days after Your death.

"School of higher education" means an institution which:

- 1) Is legally authorized by the State in which it is located; and
- 2) Provides a program for either:
  - a) Bachelor's degrees or not less than a two year program with full credit towards a Bachelor's degree; or
  - b) Gainful employment so long as such program is at least one year of training; and
- 3) Is accredited by an agency or association recognized by the U.S. Department of Education under the Higher Education Assistance Act as may be amended from time to time.

#### **AMOUNT OF BENEFIT**

The Dependent Education Benefit for each Dependent Student shall equal the lesser of the Maximum Amount of Your Accidental Death & Dismemberment Benefit or \$12,000.

#### **PAYMENT OF BENEFIT**

We will pay the Dependent Education Benefit in four equal annual installments. We will only pay one Dependent Education Benefit to any one Dependent Student during any one school year. If the Dependent Student is a minor, We will pay the benefit to the legal representative of the minor.

**ACTION AGAINST COMPANY**

No lawsuit or action may be brought to recover on this provision within 60 days after written proof of loss has been given. No lawsuit or action may be brought after three years from the time written proof of loss is required to be given.

**EXAMINATIONS**

We, at our own expense, will have the right to have a Physician or other medical or psychological professional We designate examine You as often as it may require whenever Your loss is the basis of a claim.

**EFFECTIVE DATE**

The Effective Date of this provision is the Effective Date of the Policy, unless another date is shown herein.

**WHEN INSURANCE UNDER THIS PROVISION ENDS**

Insurance under this provision ends on the earlier of the dates stated in your certificate for your life insurance or on the last day for which premium has been paid for insurance under this provision.

**ADDITIONAL PREMIUM**

There will be an additional premium due for insurance under this provision on each premium due date on and after the Effective Date of this provision.

## \*ERISA INFORMATION STATEMENT

The benefits described in your certificate and this ERISA Information Statement (collectively the "Summary Plan Description" a/k/a the SPD) are insured by a Policy issued by Fort Dearborn Life Insurance Company. This SPD describes the provisions of the Plan in effect as of the Effective Date of the Policy. It is not the intention of the SPD to cover all situations that may arise, but to provide you with a general understanding of your benefits. In the case of any item not covered by the SPD, or in the event of any conflict between the SPD and the Policy, the Plan will always control. You should not rely on any oral explanation, description, or interpretation of the Plan because the written terms of the Plan will govern. Your right to any benefit depends on the actual facts and terms and conditions of the particular Plan; no rights accrue by reason of or arising out of any statement shown in or omitted from, this SPD.

### A. ADMINISTRATION OF THE PLAN

The Plan Administrator is responsible for the administration of the Plan. The Plan Administrator has full discretionary authority and control over the Plan. This authority provides the Plan Administrator with the power necessary to operate, manage and administer the Plan. This authority includes, but is not limited to, the power to interpret the Plan and determine who is eligible to participate, to determine the amount of benefits that may be paid to a participant or his or her beneficiary, and the status and rights of participants and beneficiaries. The Plan Administrator also has the authority to prescribe the rules and procedures under which the Plan shall operate, to request information, and to employ or appoint persons to aid the Plan Administrator in the administration of the Plan.

Failure by the Plan or the Plan Administrator to insist upon compliance with any provisions of the Plans at any time or under any set of circumstances shall not operate to waive or modify the provision or in any manner render it unenforceable as to any other time or as to any other occurrence, whether the circumstances are or are not the same. No waiver of any term or condition of the Plan shall be valid unless contained in a written memorandum expressing the waiver and signed by the person authorized by the Plan Administrator to sign the waiver.

The Plan may be amended, terminated or suspended in whole or in part, at any time without the consent of the employees or beneficiaries. Any amendment, termination or suspension shall be in writing, and attached to the Plan. Any amendment, termination or suspension shall be executed according to the Employer's authorized procedures. Any such authorization may be specific to the Plan or persons authorized to act on behalf of the Employer or may be general as to duties of such person. Except for termination or suspensions, any amendments affecting the Policy must also be approved in writing by an officer of Fort Dearborn Life Insurance Company (the "Insurer") and shall be effective as of the date agreed to, in writing by the Plan Sponsor and the Insurer. Notwithstanding anything to the contrary in this document, the Policy shall terminate according to the provisions in the Policy.

The Plan has other fiduciaries, advisors and service providers. The Plan Administrator may allocate fiduciary responsibility among the Plan's fiduciaries and may delegate responsibilities to others. Any allocation or delegation must be done in writing and kept with the records of the Plan. The Plan's life benefits are provided pursuant to an insurance policy issued to the Company. The Insurer's services shall be limited to, and the Plan Administrator has the full discretionary and final authority to:

- resolve all matters when a review pursuant to the claims procedures has been requested;
- interpret, establish and enforce rules and procedures for the administration of the Policy and any claim under it; and
- determine eligibility of Employees and Dependents for benefits and their entitlement to and the amount of benefits.

**\*This ERISA addendum only applies if the Policy is part of or is an ERISA Plan.**

11/1/03

if denial is based on medical judgement, either (i) an explanation of the scientific or clinical judgement for the determination, applying the terms of the Plan to your medical circumstances, or (ii) a statement that such explanation will be provided to you free of charge upon request.

If the claim has been denied, in whole or in part, you can appeal the denial to us for a full and fair review. You have at least 180 days to appeal from the claim denial.

You may:

- a) request a review upon written application within 180 days of the claim denial;
- b) request, free of charge, copies of all documents, records and other information relevant to your claim; and
- c) submit written comments, documents, records and other information relating to your claim, without regard to whether such information was submitted or considered in the initial benefit determination.

Fort Dearborn will make a decision no more than 45 days after we receive your appeal. The time for decision may be extended for one additional 45 day period provided that, prior to the extension, Fort Dearborn notifies you in writing that an extension is necessary due to special circumstances, identifies those circumstances and gives the date by which it expects to render its decision. If your claim is extended due to your failure to submit information necessary to decide your claim on appeal, the time for your decision shall be tolled from the date on which the notification of the extension is sent to you until the date we receive your response to the request. The written decision will include specific references to the Plan provisions on which the decision is based and any other notice(s), statement(s) or information required by applicable law.

#### **Life Insurance Plans**

A decision will be made by Fort Dearborn no more than 90 days after receipt of due proof of loss, except in special circumstances (such as the need to obtain further information), but in no case more than 180 days after the due proof of loss is received. The written decision will include specific reasons for the decision and specific references to the Plan provisions on which the decision is based.

If the claim is denied, in whole or in part, you will receive a written notice giving the following:

- the reason for the denial;
- the Policy provisions on which the denial is based;
- an explanation of what other information, if any, may be needed to process the claim and why it is needed;
- the steps that you have to follow to have the claim reviewed;
- a statement of your right to bring a civil action on denial of your appeal.

Any denied claim may be appealed to Fort Dearborn for a full and fair review. You may:

- a) request a review upon written application within 60 days of receipt of claim denial;
- b) review pertinent documents; and
- c) submit issues and comments in writing.

A decision will be made by Fort Dearborn no more than 60 days after receipt of the request for review, except in special circumstances (such as the need to obtain additional evidence), but in no case more than 120 days after the request for review is received. The written decision will include specific reasons for the decision and specific references to the Plan provisions on which the decision is based.

The City of Berwyn



Robert J. Lovero  
Mayor

A Century of Progress with Pride

## New Hire Checklist

### EMPLOYEE INFORMATION

Employee Full Name:

Address:

Telephone number:

Department:

Start Date:

### CHECKLIST

- |   |  |
|---|--|
| <input type="checkbox"/> Personnel Action Request Form  | Department Head  |
| <input type="checkbox"/> Form I-9: Employment Eligibility Verification  | Section 1 of Form I-9, Employee  |
| <input type="checkbox"/> Form I-9: Employment Eligibility Verification  | Section 2 of Form I-9, Employer  |
| <input type="checkbox"/> Form I-9: Lists of Acceptable Documents  | Employee to provide UNEXPIRED document from LIST A (1) , or combination from LIST B (1) & LIST C (1) to Copy on File *Payroll must receive the identification documents copies |
| <input type="checkbox"/> Employee Background Check, Verification & Waiver   | Must be taken to PD for background check   |
| <input type="checkbox"/> Employee Identification Card Sign-Off  |  |
| <input type="checkbox"/> IT: Policy with regard to the Collection & Communication of Individual's Social Security Numbers Acknowledgement |  |
| <input type="checkbox"/> Personnel Policies Handbook Waiver   |  |
| <input type="checkbox"/> FORM IL-W-4: Illinois Withholding Allowance Certificate  | Illinois Department Revenue (State)<br>*Payroll must receive copies of this form   |
| <input type="checkbox"/> FORM W-4 (2021): Employee's Withholding Allowance Certificate  | Department of Treasury IRS (Federal)<br>*Payroll must receive copy of this form  |
| <input type="checkbox"/> Direct Deposit Authorization   | Provide Copy of Cancelled Check<br>*Payroll Must receive copy of this form   |
| <input type="checkbox"/> IMRF Form 6.10: Notice of Enrollment in IMRF   | Non- Full-time sworn police officers & Firefighters; Must have at least 20+ Hours Per Week or 1,000 per year   |
| <input type="checkbox"/> City Of Berwyn Application   |  |
| <input type="checkbox"/> Individual Reporting Form E (Cook County Dept. of Public Health)   |  |
| <input type="checkbox"/> Affidavit of Familial Relationships  |  |
| <input type="checkbox"/> Personnel Information Form   |  |



**Employment Eligibility Verification**  
**Department of Homeland Security**  
**U.S. Citizenship and Immigration Services**

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 10/31/2023

▶ **START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.**

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	Employee's E-mail Address			Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

- 1. A citizen of the United States
- 2. A noncitizen national of the United States *(See instructions)*
- 3. A lawful permanent resident (Alien Registration Number/USCIS Number): \_\_\_\_\_
- 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) \_\_\_\_\_  
 Some aliens may write "N/A" in the expiration date field. *(See instructions)*

*Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:  
 An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number*

- 1. Alien Registration Number/USCIS Number \_\_\_\_\_
- OR**
- 2. Form I-94 Admission Number \_\_\_\_\_
- OR**
- 3. Foreign Passport Number \_\_\_\_\_
- Country of Issuance \_\_\_\_\_

On Case Section 1  
 Do Not Write in This Space

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

**Preparer and/or Translator Certification (check one):**

- I did not use a preparer or translator.     A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
- (Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)*

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code

STOP    Employer Completes Next Page    STOP





**Employment Eligibility Verification**  
**Department of Homeland Security**  
**U.S. Citizenship and Immigration Services**

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 10/31/2022

**Section 2. Employer or Authorized Representative Review and Verification**

*(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")*

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
------------------------------	-------------------------	-------------------------	------	--------------------------------

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		Additional Information		OR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

**Certification:** I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): \_\_\_\_\_ (See instructions for exemptions)

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State ZIP Code

**Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)**

<b>A. New Name (if applicable)</b>			<b>B. Date of Rehire (if applicable)</b>
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)

<b>C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below</b>		
Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
--	---------------------------	---

## LISTS OF ACCEPTABLE DOCUMENTS

**All documents must be UNEXPIRED**

Employees may present one selection from List A  
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	LIST B Documents that Establish Identity	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status.               <ol style="list-style-type: none"> <li>a. Foreign passport, and</li> <li>b. Form I-94 or Form I-94A that has the following.                   <ol style="list-style-type: none"> <li>(1) The same name as the passport, and</li> <li>(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ol> </li> </ol> </li> <li>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</li> </ol>	<ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545 FS-240)</li> <li>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security</li> </ol>

Examples of many of these documents appear in the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

The City of Berwyn



Robert J. Lovero  
Mayor

A Century of Progress with Pride

**Employee Background Check, Verification and Waiver Form**

\_\_\_\_\_  
(Applicant Name – First, Middle, Last) (Date of Birth)

\_\_\_\_\_  
(Address) (City and State)

\_\_\_\_\_  
(Driver's License Number) (State Issued) (Expiration Date)

\_\_\_\_\_  
(Social Security Number)

I, \_\_\_\_\_ having applied for a position with the City of Berwyn, do hereby grant and authorize the City of Berwyn, the Berwyn Police Department and agents thereof, permission to perform any/all criminal, non-criminal, and educational verification background checks on me. I do hereby knowingly give my consent to the aforementioned authorities to run my driver's license record, as well as an automated computerized records check and/or a fingerprint verification records check to determine any prior criminal history I may or may not have pursuant to my work application with the City of Berwyn. I understand that the information obtained will only be utilized for the purpose of employment and will not be shared with or released to any other agency outside the City of Berwyn, without my prior approval and written consent.

\_\_\_\_\_  
(Applicant's Printed Name) (Applicant's Signature) (Date)

\_\_\_\_\_  
(Witness) ILL 13844S  
ORI Number

\_\_\_\_\_  
(Witness) 4551  
Cost Center

\_\_\_\_\_  
LGE  
Purpose Code

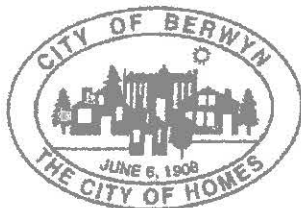
## CITY OF BERWYN IDENTIFICATION POLICY

This policy has been established to ensure that the public can identify employees of the City of Berwyn and their representative department. The ability to identify employees of the City of Berwyn will facilitate public confidence and create accountability for employee actions.

The City shall issue official identification to all full and some part time employees as well as any volunteers deemed necessary. The identification shall have at a minimum the employee or volunteer's photograph, name and department contact telephone number for verification of their affiliation as a representative of the City of Berwyn. All employees shall be in possession of their department issued identification card at all times while on duty. If the employee is a sworn law enforcement officer then they must be in possession of their identification card when carrying a concealed weapon.

- (a) Whenever on duty or acting in an official capacity representing the City of Berwyn, employees shall display their issued identification in a courteous manner to any person upon request. Employees have the discretion to delay the presentation of identification if doing so could compromise the safety of the employee or citizens. However, the employee should present the identification as soon as practical. Employees will not display their identification card on an outer garment while off duty or engaged in non duty activity
- (b) Sworn law enforcement officers working specialized assignments may be excused from the possession and display requirements when directed by their Division Commander.
- (c) Upon ending employment or volunteer work for the City all identification cards shall be returned to the Police Department's Information Services Unit. Exceptions may be made by the Mayor or his / her designee for display in retirement type plaques.
- (d) At the discretion of the Chief of Police, sworn full time officers that retire may be issued identification that indicates they are a retired member of the Berwyn Police Department and when approved by the Chief of Police, HR218 rights may be affixed to the retired officer's identification.
- (e) Identification cards should be updated when necessary due to changes in title, rank, department, name or appearance. Identification cards shall be updated with a new photograph every five years from date of hire. Photos will remain on file for the duration of the employee's employment and a minimum of three years after the employee's separation. All photos will be for official use only.
- (f) No identification card shall be issued without the signed authorization of the employee's department head or their designated appointee
- (g) Employees needing a replacement identification card due to loss will incur a cost of \$25.00. Prior to replacement of the lost card an official Berwyn Police Report must be made for documentation purposes. A second loss of an identification card will incur a cost of \$50.00 while a third and any subsequent loss will incur a cost of \$200.00.
- (h) Misuse of the identification card may constitute grounds for termination of employment.

The City of Berwyn



Robert J. Lovero  
Mayor

A Century of Progress with Pride

### Employee Identification Card Sign-Off

Whenever on duty or acting in an official capacity representing the City of Berwyn, employees shall display their issued identification, in a courteous manner, to any person upon request. Employees have the discretion to delay the presentation or identification if doing so could compromise the safety of the employee or citizens. However, the employee should present the identification as soon as practical. Employees will not display their identification card on an outer garment while off duty or engaged in non-duty activity.

Misuse of the identification card may constitute grounds for termination of employment.

Identification cards should be updated when necessary due to changes in title, rank, department, name or appearance.

Upon ending employment or volunteer work for the City, all identification cards shall be returned to the Police Department's Information Services Unit. Exceptions may be made the Mayor or his/her designee for display in retirement type plaques

At the discretion of the Chief of Police, sworn full-time officers that retire may be issued identification that indicates they are a retired member of the Berwyn Police Department and when approved by the Chief of Police, HR218 rights may be affixed to the retired officer's identification.

If an employee loses their identification card, an official report must be filed with the Berwyn Police Department for documentation purposes. Employees needing a replacement identification card due to loss will incur a cost of \$25.00. A second loss of an identification card will cost the employee \$50.00, while a third and any subsequent losses will incur a cost of \$200.00 per occurrence. All costs for replacement identification are the personal responsibility of the employee.

**As an employee of the city of Berwyn I acknowledge receiving a photo identification card and have read the policies above, understood them and agree to abide by said policies.**

Employee Name (Printed): \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Star #, if applicable: \_\_\_\_\_



**A Century of Progress with Pride**

6700 West 26<sup>th</sup> Street Berwyn, Illinois 60402-0701 Telephone: (708) 788-2660 Fax: (708) 788-2567  
www.berwyn-il.gov

I acknowledge that I received a copy of the City of Berwyn's Policy with Regard to the Collection, Use and Communication of Individual's Social Security Numbers. I have reviewed and understand the policy. I agree to follow and abide by this policy throughout my employment with the City.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

## **City of Berwyn Policy with Regard to the Collection, Use and Communication of Individual's Social Security Numbers**

This policy is to comply with Public Act 096-0874 of the State of Illinois, cited as the Identity Protection Act.

### **Section 1 Definitions**

"Person" means any individual in the employ of the City of Berwyn ("City").

"Publicly post" or "publicly display" means to intentionally communicate or otherwise intentionally make available to the general public.

### **Section 2 Prohibited Activities**

A. No officer or employee of the City shall do any of the following:

- 1 Publicly post or publicly display in any manner an individual's social security number.
- 2 Print an individual's social security number on any card required for the individual to access products or services provided by the person or entity.
- 3 Require an individual to transmit his or her social security number over the Internet, unless the connection is secure or the social security number is encrypted.
- 4 Print an individual's social security number on any materials that are mailed to the individual, through the U.S. Postal Service, any private mail service, electronic mail, or any similar method of delivery, unless State or federal law requires the social security number to be on the document to be mailed.. Notwithstanding any provision in this Section to the contrary, social security numbers may be included in applications and forms sent by mail, including, but not limited to, any material mailed in connection with the administration of the Unemployment Insurance Act, any material mailed in connection with any tax administered by the Department of Revenue, and documents sent as part of an application or enrollment process or to establish, amend, or terminate an account, contract, or policy or to confirm the accuracy of the social security number. A social security number that may permissibly be mailed under this Section may not be printed, in whole or in part, on a postcard or other mailer that does not require an envelope or be visible on an envelope without the envelope having been opened.

B. Except as otherwise provided in this policy, beginning July 1, 2010, no officer or employee of the City shall do any of the following:

1. Collect, use, or disclose a social security number from an individual, unless (i) required to do so under State or federal law, rules, or regulations, or the collection, use, Or disclosure of the social security number is otherwise necessary for the performance of that agency's duties and responsibilities; (ii) the need and purpose for the social security number is documented before collection of the social security number; and (iii) the social security number collected is relevant to the documented need and purpose.

1 Require an individual to use his or her social security number to access an Internet website,

2 Use the social security number for any purpose other than the purpose for which it was collected.

C. The prohibitions in subsection (b) do not apply in the following circumstances:

1 The disclosure of social security numbers to agents, employees, contractors, or subcontractors of the City or disclosure to another governmental entity or its agents, employees, contractors, or subcontractors if disclosure is necessary in order for the entity to perform its duties and responsibilities; and, if disclosing to a contractor or subcontractor, prior to such disclosure, the officer or employee of the City must first receive from the contractor or subcontractor a copy of the contractor's or subcontractors policy that sets forth how the requirements imposed under this Policy on the City to protect an individual's social security number will be achieved.

2 The disclosure of social security numbers pursuant to a court order, warrant, or subpoena.

3 The collection, use, or disclosure of social security numbers in order to ensure the safety of: City employees, persons committed to correctional facilities, local jails, and other law enforcement facilities or retention centers; wards of the State; and all persons working in or visiting a City facility.

4 The collection, use, or disclosure of social security numbers for internal verification or administrative purposes.

5 The collection or use of social security numbers to investigate or prevent fraud, to conduct background checks, to collect a debt, to obtain a credit report from a consumer reporting agency under the federal Fair Credit Reporting Act, to undertake any permissible purpose that is enumerated under the federal Gramm Leach Bliley Act, or to locate a missing person, a lost relative, or a person who is due a benefit such as a pension benefit or an unclaimed property benefit.



D. Any standards of the City for the collection, use, or disclosure of social security numbers that are stricter than the standards under this policy with respect to the protection of those social security numbers, then, in the event of any conflict with the provisions of this policy, the stricter standards adopted by the City shall control.

### Section 3 Public Inspection and Copying of Documents

Notwithstanding any other provision of this policy to the contrary, all officers and employees of the City must comply with the provisions of any other State law with respect to allowing the public inspection and copying of information or documents containing all or any portion of an individual's social security number. All officers and employees of the City must redact social security numbers from the information or documents before allowing the public inspection or copying of the information or documents.

### Section 4 Applicability

A. This policy does not apply to the collection, use, or disclosure of a social security number as required by State or federal law, rule, or regulation.

B. This policy does not apply to documents that are required to be open to the public under any State or federal law, rule, or regulation, applicable case law, Supreme Court Rule, or the Constitution of the State of Illinois.

### Section 5 Compliance with Federal Law

If a federal law takes effect requiring any federal agency to establish a national unique patient health identifier program, the City shall follow that law.

### Section 6 Embedded Social Security Numbers

Beginning December 31, 2009, no officer or employee of the City may encode or embed a social security number in or on a card or document, including, but not limited to, using a bar code, chip, magnetic strip, RFID technology, or other technology, in place of removing the social security number as required by this policy.

### Section 7 Identity--Protection Requirements

A. All officers, employees and agents of the City identified as having access to social security numbers in the course of performing their duties to be trained to protect the confidentiality of social security numbers. Training shall include instructions on the proper handling of information that contains social security numbers from the time of collection through the destruction of the information.

B. Only employees who are required to use or handle information or documents that contain social security numbers have access to such information or documents.

C. Social security numbers requested from an individual shall be provided in a manner that makes the social security number easily redacted if required to be released as part of a public records request.

D. When collecting a social security number or upon request by the individual, a statement of the purpose or purposes for which the City is collecting and using the social security number be provided.

E. A written copy of this privacy policy and any amendment thereto, shall be filed with the City Council within 30 days after approval of this policy or any amendment thereto.

F. The City shall advise its employees of the existence of the policy and make a copy of the policy available to each employee, and shall also make this privacy policy available to any member of the public, upon request. If the City amends this privacy policy, then the City shall also advise its employees of the existence of the amended policy and make a copy of the amended policy available to each employee.

#### Section 8 Violation

Any person who intentionally violates the prohibitions in 5 ILCS 179/10 of the Identity Protection Act (Section 2 of this policy) is guilty of a Class B misdemeanor.

#### Section 9 Supersede

This policy does not supersede any more restrictive law, rule, or regulation regarding the collection, use, or disclosure of social security numbers.

Section 10 Statement of Purpose: See (Attachment) A

## Employee's Withholding Certificate

OMB No. 1545-0074

▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**  
 ▶ **Give Form W-4 to your employer.**  
 ▶ **Your withholding is subject to review by the IRS.**

# 2021

<b>Step 1:</b> <b>Enter Personal Information</b>	(a) First name and middle initial _____	Last name _____	(b) Social security number _____
	Address _____		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
	City or town, state, and ZIP code _____		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

**Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5.** See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App), and privacy.

**Step 2: Multiple Jobs or Spouse Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs. Do only one of the following.

(a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3-4); or

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . . . ▶

**TIP:** To be accurate, submit a 2021 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

**Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs.** Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

<b>Step 3:</b> <b>Claim Dependents</b>	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____ Multiply the number of other dependents by \$500 . . . . . ▶ \$ _____ Add the amounts above and enter the total here . . . . . <b>3</b> \$ _____	
<b>Step 4 (optional): Other Adjustments</b>	(a) <b>Other income (not from jobs).</b> If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . .	<b>4(a)</b> \$ _____
	(b) <b>Deductions.</b> If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . .	<b>4(b)</b> \$ _____
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .	<b>4(c)</b> \$ _____

**Step 5: Sign Here**

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

\_\_\_\_\_  
 Employee's signature (This form is not valid unless you sign it.)

\_\_\_\_\_  
 Date

<b>Employers Only</b>	Employer's name and address _____	First date of employment _____	Employer identification number (EIN) _____
-----------------------	-----------------------------------	--------------------------------	--



**Note:** These instructions are written for employees to address withholding from wages. However, this form can also be completed and submitted to a payor if an agreement was made to voluntarily withhold Illinois Income Tax from other (non-wage) Illinois income.

### Who must complete Form IL-W-4?

If you are an employee, you must complete this form so your employer can withhold the correct amount of Illinois Income Tax from your pay. The amount withheld from your pay depends, in part, on the number of allowances you claim on this form.

Even if you claimed exemption from withholding on your federal Form W-4, U.S. Employee's Withholding Allowance Certificate, because you do not expect to owe any federal income tax, you may be required to have Illinois Income Tax withheld from your pay (see Publication 130, Who is Required to Withhold Illinois Income Tax). If you are claiming exempt status from Illinois withholding, you must check the exempt status box on Form IL-W-4 and sign and date the certificate. Do not complete Lines 1 through 3.

If you are a resident of a Iowa, Kentucky, Michigan, or Wisconsin, or a military spouse, see Form W-5-NR, Employee's Statement of Nonresidence in Illinois, to determine if you are exempt.

If you are an Illinois resident who works for an employer in a non-reciprocal state but you work from home or in locations in Illinois for more than 30 working days, you may need to adjust your withholding or begin making estimated payments. For additional information, go to [tax.illinois.gov](http://tax.illinois.gov).

**Note:** If you do not file a completed Form IL-W-4 with your employer, if you fail to sign the form or to include all necessary information, or if you alter the form, your employer must withhold Illinois Income Tax on the entire amount of your compensation, without allowing any exemptions.

### When must I submit this form?

You should complete this form and give it to your employer on or before the date you start work. You must submit Form IL-W-4 when Illinois Income Tax is required to be withheld from compensation that you receive as an employee. You may file a new Form IL-W-4 any time your withholding allowances increase. If the number of your claimed allowances decreases, you must file a new Form IL-W-4 within 10 days. However, the death of a spouse or a dependent does not affect your withholding allowances until the next tax year.

### When does my Form IL-W-4 take effect?

If you do not already have a Form IL-W-4 on file with your employer, this form will be effective for the first payment of compensation made to you after this form is filed. If you already have a Form IL-W-4 on file with this employer, your employer may allow any change you file on this form to become effective immediately, but is not required by law to change your withholding until the first payment of compensation is made to you after the first day of the next calendar quarter (that is, January 1, April 1, July 1, or October 1) that falls at least 30 days after the date you file the change with your employer.

**Example:** If you have a baby and file a new Form IL-W-4 with your employer to claim an additional allowance for the baby, your employer may immediately change the withholding for all future payments of compensation. However, if you file the new form on September 1, your employer does not have to change your withholding until the first payment of compensation is made to you after October 1. If you file the new form on September 2, your employer does not have to change your withholding until the first payment of compensation made to you after December 31.

### How long is Form IL-W-4 valid?

Your Form IL-W-4 remains valid until a new form you have submitted takes effect or until your employer is required by the Department to disregard it. Your employer is required to disregard your Form IL-W-4 if

- you claim total exemption from Illinois Income Tax withholding, but you have not filed a federal Form W-4 claiming total exemption, or
- the Internal Revenue Service (IRS) has instructed your employer to disregard your federal Form W-4.

### What is an "exemption"?

An "exemption" is a dollar amount on which you do not have to pay Illinois Income Tax that you may claim on your Illinois Income tax return

### What is an "allowance"?

The dollar amount that is exempt from Illinois Income Tax is based on the number of allowances you claim on this form. As an employee, you receive one allowance unless you are claimed as a dependent on another person's tax return (e.g., your parents claim you as a dependent on their tax return). If you are married, you may claim additional allowances for your spouse and any dependents that you are entitled to claim for federal income tax purposes. You also will

receive additional allowances if you or your spouse are age 65 or older, or if you or your spouse are legally blind.

**Note:** For tax years beginning on or after January 1, 2017, the personal exemption allowance, and additional allowances if you or your spouse are age 65 or older, or if you or your spouse are legally blind, may not be claimed on your Form IL-1040 if your adjusted gross income for the taxable year exceeds \$500,000 for returns with a federal filing status of married filing jointly, or \$250,000 for all other returns. You may complete a new Form IL-W-4 to update your exemption amounts and increase your Illinois withholding.

### How do I figure the correct number of allowances?

Complete the worksheet on the back of this page to figure the correct number of allowances you are entitled to claim. Give your completed Form IL-W-4 to your employer. Keep the worksheet for your records.

**Note:** If you have more than one job or your spouse works, your withholding usually will be more accurate if you claim all of your allowances on the Form IL-W-4 for the highest-paying job and claim zero on all of your other IL-W-4 forms.

### How do I avoid underpaying my tax and owing a penalty?

You can avoid underpayment by reducing the number of allowances or requesting that your employer withhold an additional amount from your pay. Even if your withholding covers the tax you owe on your wages, if you have non-wage income that is taxable, such as interest on a bank account or dividends on an investment, you may have additional tax liability. If you owe more than \$500 tax at the end of the year, you may owe a late-payment penalty or will be required to make estimated tax payments. For additional information on penalties see Publication 103, Uniform Penalties and Interest. Visit our website at [tax.illinois.gov](http://tax.illinois.gov) to obtain a copy.

### Where do I get help?

- Visit our website at [tax.illinois.gov](http://tax.illinois.gov)
- Call our Taxpayer Assistance Division at 1 800 732-8866 or 217 782-3336
- Call our TOD (telecommunications device for the deaf) at 1 800 544-5304
- Write to  
ILLINOIS DEPARTMENT OF REVENUE  
PO BOX 19044  
SPRINGFIELD IL 62794-9044

## General Instructions

### Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to [www.irs.gov/FormW4](http://www.irs.gov/FormW4).

### Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

**Exemption from withholding.** You may claim exemption from withholding for 2021 if you meet both of the following conditions: you had no federal income tax liability in 2020 and you expect to have no federal income tax liability in 2021. You had no federal income tax liability in 2020 if (1) your total tax on line 24 on your 2020 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, 29, and 30), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2021 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2022.

**Your privacy.** If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

**When to use the estimator.** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as Additional Medicare Tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

**Self-employment.** Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to figure the amount to have withheld.

**Nonresident alien.** If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

## Specific Instructions

**Step 1(c).** Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

**Step 2.** Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

If you (and your spouse) have a total of only two jobs, you may instead check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



**Multiple jobs.** Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

**Step 3.** This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 972, Child Tax Credit and Credit for Other Dependents. You can also include other tax credits in this step, such as education tax credits and the foreign tax credit. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

**Step 4 (optional).**

**Step 4(a).** Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

**Step 4(b).** Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2021 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

**Step 4(c).** Enter in this step any additional tax you want withheld from your pay each pay period, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

**Step 2(b) – Multiple Jobs Worksheet** (Keep for your records.)



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

**Note:** If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App).

- 1 **Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3 . . . . . 1 \$ \_\_\_\_\_
  
- 2 **Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
  - a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a . . . . . 2a \$ \_\_\_\_\_
  - b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b . . . . . 2b \$ \_\_\_\_\_
  - c Add the amounts from lines 2a and 2b and enter the result on line 2c . . . . . 2c \$ \_\_\_\_\_
  
- 3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. . . . . 3 \_\_\_\_\_
  
- 4 Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in Step 4(c) of Form W-4 for the highest paying job (along with any other additional amount you want withheld) . . . . . 4 \$ \_\_\_\_\_

**Step 4(b) – Deductions Worksheet** (Keep for your records.)



- 1 Enter an estimate of your 2021 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income . . . . . 1 \$ \_\_\_\_\_
  
- 2 Enter: 

{	• \$25,100 if you're married filing jointly or qualifying widow(er)
	• \$18,800 if you're head of household
	• \$12,550 if you're single or married filing separately

 . . . . . 2 \$ \_\_\_\_\_
  
- 3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" . . . . . 3 \$ \_\_\_\_\_
  
- 4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information . . . . . 4 \$ \_\_\_\_\_
  
- 5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4 . . . . . 5 \$ \_\_\_\_\_

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

**Married Filing Jointly or Qualifying Widow(er)**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$190	\$850	\$890	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,100	\$1,870	\$1,870
\$10,000 - 19,999	190	1,190	1,890	2,090	2,220	2,220	2,220	2,220	2,300	3,300	4,070	4,070
\$20,000 - 29,999	850	1,890	2,750	2,950	3,080	3,080	3,080	3,160	4,160	5,160	5,930	5,930
\$30,000 - 39,999	890	2,090	2,950	3,150	3,280	3,280	3,360	4,360	5,360	6,360	7,130	7,130
\$40,000 - 49,999	1,020	2,220	3,080	3,280	3,410	3,490	4,490	5,490	6,490	7,490	8,260	8,260
\$50,000 - 59,999	1,020	2,220	3,080	3,280	3,490	4,490	5,490	6,490	7,490	8,490	9,260	9,260
\$60,000 - 69,999	1,020	2,220	3,080	3,360	4,490	5,490	6,490	7,490	8,490	9,490	10,260	10,260
\$70,000 - 79,999	1,020	2,220	3,160	4,360	5,490	6,490	7,490	8,490	9,490	10,490	11,260	11,260
\$80,000 - 99,999	1,020	3,150	5,010	6,210	7,340	8,340	9,340	10,340	11,340	12,340	13,260	13,460
\$100,000 - 149,999	1,870	4,070	5,930	7,130	8,260	9,320	10,520	11,720	12,920	14,120	15,090	15,290
\$150,000 - 239,999	2,040	4,440	6,500	7,900	9,230	10,430	11,630	12,830	14,030	15,230	16,190	16,400
\$240,000 - 259,999	2,040	4,440	6,500	7,900	9,230	10,430	11,630	12,830	14,030	15,270	17,040	18,040
\$260,000 - 279,999	2,040	4,440	6,500	7,900	9,230	10,430	11,630	12,870	14,870	16,870	18,640	19,640
\$280,000 - 299,999	2,040	4,440	6,500	7,900	9,230	10,470	12,470	14,470	16,470	18,470	20,240	21,240
\$300,000 - 319,999	2,040	4,440	6,500	7,940	10,070	12,070	14,070	16,070	18,070	20,070	21,840	22,840
\$320,000 - 364,999	2,720	5,920	8,780	10,980	13,110	15,110	17,110	19,110	21,190	23,490	25,560	26,860
\$365,000 - 524,999	2,970	6,470	9,630	12,130	14,560	16,860	19,160	21,460	23,760	26,060	28,130	29,430
\$525,000 and over	3,140	6,840	10,200	12,900	15,530	18,030	20,630	23,030	25,530	28,030	30,300	31,800

**Single or Married Filing Separately**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$440	\$940	\$1,020	\$1,020	\$1,410	\$1,870	\$1,870	\$1,870	\$1,870	\$2,030	\$2,040	\$2,040
\$10,000 - 19,999	940	1,540	1,620	2,020	3,020	3,470	3,470	3,470	3,640	3,840	3,840	3,840
\$20,000 - 29,999	1,020	1,620	2,100	3,100	4,100	4,550	4,550	4,720	4,920	5,120	5,120	5,120
\$30,000 - 39,999	1,020	2,020	3,100	4,100	5,100	5,550	5,720	5,920	6,120	6,320	6,320	6,320
\$40,000 - 59,999	1,870	3,470	4,550	5,550	6,690	7,340	7,540	7,740	7,940	8,140	8,150	8,150
\$60,000 - 79,999	1,870	3,470	4,690	5,890	7,090	7,740	7,940	8,140	8,340	8,540	9,190	9,990
\$80,000 - 99,999	2,000	3,810	5,090	6,290	7,490	8,140	8,340	8,540	9,390	10,390	11,190	11,990
\$100,000 - 124,999	2,040	3,840	5,120	6,320	7,520	8,360	9,360	10,360	11,360	12,360	13,410	14,510
\$125,000 - 149,999	2,040	3,840	5,120	6,910	8,910	10,360	11,360	12,450	13,750	15,050	16,160	17,260
\$150,000 - 174,999	2,220	4,830	6,810	8,810	10,910	12,600	13,900	15,200	16,500	17,800	18,910	20,010
\$175,000 - 199,999	2,720	5,320	7,490	9,790	12,090	13,850	15,150	16,450	17,750	19,050	20,160	21,250
\$200,000 - 249,999	2,970	5,880	8,260	10,560	12,860	14,620	15,920	17,220	18,520	19,820	20,930	22,030
\$250,000 - 399,999	2,970	5,880	8,260	10,560	12,860	14,620	15,920	17,220	18,520	19,820	20,930	22,030
\$400,000 - 449,999	2,970	5,880	8,260	10,560	12,860	14,620	15,920	17,220	18,520	19,910	21,220	22,520
\$450,000 and over	3,140	6,250	8,830	11,330	13,830	15,790	17,290	18,790	20,290	21,790	23,100	24,400

**Head of Household**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$820	\$930	\$1,020	\$1,020	\$1,020	\$1,420	\$1,870	\$1,870	\$1,910	\$2,040	\$2,040
\$10,000 - 19,999	820	1,900	2,130	2,220	2,220	2,620	3,620	4,070	4,110	4,310	4,440	4,440
\$20,000 - 29,999	930	2,130	2,360	2,450	2,850	3,850	4,850	5,340	5,540	5,740	5,870	5,870
\$30,000 - 39,999	1,020	2,220	2,450	2,940	3,940	4,940	5,980	6,630	6,830	7,030	7,160	7,160
\$40,000 - 59,999	1,020	2,470	3,700	4,790	5,800	7,000	8,200	8,850	9,050	9,250	9,380	9,380
\$60,000 - 79,999	1,870	4,070	5,310	6,600	7,800	9,000	10,200	10,850	11,050	11,250	11,520	12,320
\$80,000 - 99,999	1,880	4,280	5,710	7,000	8,200	9,400	10,600	11,250	11,590	12,590	13,520	14,320
\$100,000 - 124,999	2,040	4,440	5,870	7,160	8,360	9,560	11,240	12,690	13,690	14,690	15,670	16,770
\$125,000 - 149,999	2,040	4,440	5,870	7,240	9,240	11,240	13,240	14,690	15,890	17,190	18,420	19,520
\$150,000 - 174,999	2,040	4,920	7,150	9,240	11,240	13,290	15,590	17,340	18,640	19,940	21,170	22,270
\$175,000 - 199,999	2,720	5,920	8,150	10,440	12,740	15,040	17,340	19,090	20,390	21,690	22,920	24,020
\$200,000 - 249,999	2,970	6,470	9,000	11,390	13,690	15,990	18,290	20,040	21,340	22,640	23,880	24,980
\$250,000 - 349,999	2,970	6,470	9,000	11,390	13,690	15,990	18,290	20,040	21,340	22,640	23,880	24,980
\$350,000 - 449,999	2,970	6,470	9,000	11,390	13,690	15,990	18,290	20,040	21,340	22,640	23,900	25,200
\$450,000 and over	3,140	6,840	9,570	12,160	14,660	17,160	19,660	21,610	23,110	24,610	26,050	27,350

# Illinois Withholding Allowance Worksheet

## General Information

Use this worksheet as a guide to figure your total withholding allowances you may enter on your Form IL-W-4.

Complete Step 1.

Complete Step 2 if

- you (or your spouse) are age 65 or older or legally blind, or
- you wrote an amount on Line 4 of the Deductions Worksheet for federal Form W-4.

If you have more than one job or your spouse works, your withholding usually will be more accurate if you claim all of your allowances on the Form IL-W-4 for the highest-paying job and claim zero on all of your other IL-W-4 forms.

You may reduce the number of allowances or request that your employer withhold an additional amount from your pay, which may help avoid having too little tax withheld.

## Step 1: Figure your basic personal allowances (including allowances for dependents)

Check all that apply:

- No one else can claim me as a dependent.
- I can claim my spouse as a dependent.

- 1 Enter the total number of boxes you checked. 1 \_\_\_\_\_
- 2 Enter the number of dependents (other than you or your spouse) you will claim on your tax return. 2 \_\_\_\_\_
- 3 Add Lines 1 and 2. Enter the result. This is the total number of basic personal allowances to which you are entitled. You are not required to claim these allowances. The number of basic personal allowances that you choose to claim will determine how much money is withheld from your pay. See Line 4 for more information. 3 \_\_\_\_\_
- 4 Enter the total number of basic personal allowances you choose to claim on this line and Line 1 of Form IL-W-4 below. This number may not exceed the amount on Line 3 above, however you can claim as few as zero. Entering lower numbers here will result in more money being withheld(deducted) from your pay. 4 \_\_\_\_\_

## Step 2: Figure your additional allowances

Check all that apply:

- I am 65 or older.
- My spouse is 65 or older.
- I am legally blind.
- My spouse is legally blind.

- 5 Enter the total number of boxes you checked. 5 \_\_\_\_\_
- 6 Enter any amount that you reported on Line 4 of the Deductions Worksheet for federal Form W-4 plus any additional Illinois subtractions or deductions. 6 \_\_\_\_\_
- 7 Divide Line 6 by 1,000. Round to the nearest whole number. Enter the result on Line 7. 7 \_\_\_\_\_
- 8 Add Lines 5 and 7. Enter the result. This is the total number of additional allowances to which you are entitled. You are not required to claim these allowances. The number of additional allowances that you choose to claim will determine how much money is withheld from your pay. 8 \_\_\_\_\_
- 9 Enter the total number of additional allowances you elect to claim on Line 2 of Form IL-W-4, below. This number may not exceed the amount on Line 8 above, however you can claim as few as zero. Entering lower numbers here will result in more money being withheld(deducted) from your pay. 9 \_\_\_\_\_

**IMPORTANT:** If you want to have additional amounts withheld from your pay, you may enter a dollar amount on Line 3 of Form IL-W-4 below. This amount will be deducted from your pay in addition to the amounts that are withheld as a result of the allowances you have claimed.

----- Cut here and give the certificate to your employer. Keep the top portion for your records. -----



Illinois Department of Revenue

## IL-W-4 Employee's Illinois Withholding Allowance Certificate

Social Security number \_\_\_\_\_

PICT# \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_

Check the box if you are exempt from federal and Illinois Income Tax withholding and sign and date the certificate

- 1 Enter the total number of basic allowances that you are claiming (Step 1, Line 4, of the worksheet). 1 \_\_\_\_\_
- 2 Enter the total number of additional allowances that you are claiming (Step 2, Line 9, of the worksheet). 2 \_\_\_\_\_
- 3 Enter the additional amount you want withheld (deducted) from each pay. 3 \_\_\_\_\_

I certify that I am entitled to the number of withholding allowances claimed on this certificate.

Your signature \_\_\_\_\_

Date \_\_\_\_\_

Printed by the authority of the State of Illinois - PO Number: 2200208 - 500 copies IL W-4 (R 05-20)

This form is authorized under the Illinois Income Tax Act. Disclosure of this information is required. Failure to provide information may result in this form not being processed and may result in a penalty.

**Employer:** Keep this certificate with your records. If you have referred the employee's federal certificate to the IRS and the IRS has notified you to disregard it, you may also be required to disregard this certificate. Even if you are not required to refer the employee's federal certificate to the IRS, you still may be required to refer this certificate to the Illinois Department of Revenue for inspection. See Illinois Income Tax Regulations 86 Ill. Adm. Code 100.7110





A Century of Progress with Pride

## DIRECT DEPOSIT AUTHORIZATION

Employee's Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_

I hereby authorize the City of Berwyn to deposit my net check into the accounts at the financial institution indicated below and to authorize the City of Berwyn to initiate an adjusting, if necessary, to correct an overpayment.

This authorization will remain in full effect until the City of Berwyn has received written notification from me of its termination in such a manner as to afford the City of Berwyn or the financial institution a reasonable opportunity to act on it, or until the City of Berwyn or the financial institution has sent me ten days written notice of the City of Berwyn's or the financial institution's termination of this arrangement.

Signature:

Date:

\_\_\_\_\_

\_\_\_\_\_

Signature of Account Co-Owner (if any):

Date:

\_\_\_\_\_

\_\_\_\_\_

Name of Financial Institution:

\_\_\_\_\_  
Address of Financial Institution including City, State and Zip Code:

\_\_\_\_\_  
Telephone Number of Financial Institution:

\_\_\_\_\_

Attach copies of voided check (s) or deposit slip for each account. You can specify up to three (3) different accounts. They can be different financial institutions also.

Checking or Savings	Transit Number (9 digits located on the bottom left hand corner of your check)	Account Number	Dollar Amount or Percentage



# ELECTION TO PARTICIPATE FOR QUALIFYING POSITION

IMRF Form 6.21 (Rev. 07/2014)

## INSTRUCTIONS

- Elected officials and city hospital workers have the option to participate if their position qualifies them for participation in IMRF. In order to elect to participate, they should complete this form and file it with IMRF.
- If an elected official chooses to participate in IMRF, that official must always participate while holding that same office, including subsequent terms of office. This means that an elected official who joins IMRF may not receive an IMRF pension during any term in that office.
- After the elected official or city hospital employee begins participation, he/she is eligible to apply for a maximum of 50 months of retroactive service credit. Use IMRF Form 6.04, "Application for Retroactive Service Credit."  
**PLEASE NOTE:** *The purchase of retroactive service will not modify your Tier Plan. Your Tier is determined by the date you elect to participate in IMRF.*
- The employer must have on file with IMRF Form 6.64, "Resolution Relating to Participation by Elected Officials," certifying that the position qualifies for participation in IMRF.
- A person appointed to a vacant elected position is considered to be an elected official and must also file this form if he/she elects to participate in IMRF.
- If an IMRF member currently holds another qualifying position and is electing to contribute member contributions through an elected or city hospital position which would not qualify in and of itself, please use form 6.23, "Election to Contribute Under Additional Position." You can also refer to the Manual for Authorized Agents, Section 6.10.
- All elected officials and city hospital employees whose position qualifies them for participation in IMRF, **even if they choose not to join**, are considered to be participants in an employer sponsored pension plan and therefore subject to the IRA deductibility limits imposed by the Internal Revenue Code of 1986

### PLEASE PRINT OR TYPE - USE BLACK INK

EMPLOYEE'S FIRST NAME	MIDDLE INITIAL	LAST	JR . SR . II ETC.	IMRF MEMBER ID OR LAST 4 DIGITS OF SSN
CURRENT POSITION TITLE		DEPARTMENT CODE	ELECTED/APPOINTED OFFICIAL ... <input type="checkbox"/> Y <input type="checkbox"/> N	CITY HOSPITAL WORKER ... <input type="checkbox"/> Y <input type="checkbox"/> N

EMPLOYER NAME	EMPLOYER IMRF I.D. NUMBER
STREET (MAILING) ADDRESS	CITY, STATE AND ZIP + 4

#### CERTIFICATION BY ELECTED OFFICIAL OR CITY HOSPITAL EMPLOYEE

I certify that I am electing to participate in the Illinois Municipal Retirement Fund and have authorized payroll deductions to be made from my earnings as required under the Illinois Pension Code. I understand that this election may not be revoked, and that I must continue IMRF participation in all subsequent terms in this office.\*

**X**

SIGNATURE OF ELECTED OFFICIAL OR CITY HOSPITAL EMPLOYEE

DATE (MM/DD/YYYY)

#### CERTIFICATION BY AUTHORIZED AGENT

I certify that the position which the above named person occupies qualifies him or her for membership in IMRF.\*

**X**

SIGNATURE OF AUTHORIZED AGENT

DATE (MM/DD/YYYY)

\* I understand that any person who knowingly makes any false statement or falsifies or permits to be falsified any record of the Illinois Municipal Retirement Fund in an attempt to defraud IMRF is guilty of a Class 3 felony (40 ILCS 5/1-135).

#### Illinois Municipal Retirement Fund

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

Member Services Representatives 1-800-ASK-IMRF (275-4673) • Fax: (630) 706-4289 • www.imrf.org

IMRF Form 6.21 (Rev. 07/2014)



**INDIVIDUAL REPORTING FORM**

<b>EMPLOYEE'S FIRST AND LAST NAME</b>		
<b>MUNICIPALITY</b>	<b>DEPARTMENT</b>	
	<b>OVER 100 LBS.</b>	<b>UNDER 100 LBS.</b>
<b>TOTAL NUMBER of people listed in each column</b>		

**EXAMPLE**

<b>EMPLOYEE'S FIRST AND LAST NAME JOHN SMITH</b>		
<b>MUNICIPALITY ALSIP</b>	<b>DEPARTMENT FIRE</b>	
	<b>OVER 100 LBS.</b>	<b>UNDER 100 LBS.</b>
	Self	
	Jane Smith (wife)	
		Joe Smith (son)
		Jean Smith (daughter)
<b>TOTAL NUMBER of people listed in each column</b>	2	2

**DEADLINE** \_\_\_\_\_ due date  
**FAX TO** \_\_\_\_\_ fax number  
 \_\_\_\_\_ contact person

**Employee:** Complete TOP HALF of this form and submit to the contact person listed at left by the due date indicated. Only list family members in household.

The City of Berwyn



Robert J. Lovero  
Mayor

A Century of Progress with Pride

**AFFIDAVIT OF FAMILIAL RELATIONSHIPS**

I, \_\_\_\_\_, am seeking employment with the City of Berwyn.

The following persons are currently employed with the City of Berwyn and with whom I have a familial relationship of the following degree: Mother, Father, Sister, Brother, Grandmother, Grandfather, Daughter, Son, Spouse, Mother-in-Law, Father-in-Law, Brother-in-Law, Sister-in-Law and Daughter-in-Law:

<u>Employee's Name</u>	<u>Relationship</u>	<u>Department</u>
1.		
2.		
3.		

- 1.
- 2.
- 3.

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

Subscribed and Sworn to before me

This \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Notary Public

SEAL

**CITY OF BERWYN PERSONNEL INFORMATION SHEET**

NAME: \_\_\_\_\_ RANK (FD/PD): \_\_\_\_\_ STAR # (FD/PD) \_\_\_\_\_  
PROMOTION DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

PHONE: (HOME) ( ) \_\_\_\_\_ CELL: ( ) \_\_\_\_\_ EMAIL: \_\_\_\_\_  
(PAGER) ( ) \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ DATE OF HIRE: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ BLOOD TYPE: \_\_\_\_\_

**SPOUSE:** NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

**CHILDREN:** NAME: \_\_\_\_\_ Date of Birth \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY CONTACTS:**

1) NAME: \_\_\_\_\_ RELATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
CITY/STATE \_\_\_\_\_

PHONE (DAYS) \_\_\_\_\_ (EVENINGS) \_\_\_\_\_  
(CELL) \_\_\_\_\_

2) NAME: \_\_\_\_\_ RELATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
CITY/STATE \_\_\_\_\_

PHONE (DAYS) \_\_\_\_\_ (EVENINGS) \_\_\_\_\_  
(CELL) \_\_\_\_\_

3) NAME: \_\_\_\_\_ RELATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
CITY/STATE \_\_\_\_\_

PHONE (DAYS) \_\_\_\_\_ (EVENINGS) \_\_\_\_\_  
(CELL) \_\_\_\_\_

City of Berwyn  
 Health-Dental-Vision Insurance Renewal Rates  
 Commencing May 2021

<b>BCBS Health HMO Rates (No Vision)</b>			
	<b>Effective 5/1/21 Monthly Premium</b>	<b>Bi-Weekly Employer Contribution</b>	<b>Bi-Weekly Employee Payroll Deduction</b>
Single	\$ 823.54	\$ 332.58	\$ 47.51
Single +1	\$ 1,650.81	\$ 666.67	\$ 95.24
Family	\$ 2,537.19	\$ 1,024.63	\$ 146.38

<b>BCBS Health PPO Rates (No Vision)</b>			
	<b>Effective 5/1/21 Monthly Premium</b>	<b>Bi-Weekly Employer Contribution</b>	<b>Bi-Weekly Employee Payroll Deduction</b>
Single	\$ 1,013.58	\$ 409.33	\$ 58.48
Single +1	\$ 2,031.77	\$ 820.52	\$ 117.22
Family	\$ 3,122.69	\$ 1,261.09	\$ 180.16

<b>VSP Vision Rates</b>			
	<b>Effective 5/1/21 Monthly Premium</b>	<b>Bi-Weekly Employer Contribution</b>	<b>Bi-Weekly Employee Payroll Deduction</b>
Single	\$ 9.00	\$ 3.63	\$ 0.52
Single + spouse	\$ 18.78	\$ 7.58	\$ 1.08
Single + child	\$ 20.10	\$ 8.12	\$ 1.16
Family	\$ 32.13	\$ 12.98	\$ 1.85

<b>Aetna Dental Rates</b>			
	<b>Effective 5/1/21 Monthly Premium</b>	<b>Bi-Monthly Employer Contribution</b>	<b>Bi-Monthly Employee Payroll Deduction</b>
Single	\$ 40.51	\$ 17.72	\$ 2.53
Single +1	\$ 95.98	\$ 41.99	\$ 6.00
Family	\$ 116.58	\$ 51.00	\$ 7.29

<b>Medicare Health Coverage</b>			
		<b>BCBS HMO Monthly Premium Effective 5/1/21</b>	<b>BCBS PPO Monthly Premium Effective 5/1/21</b>
Single		\$ 723.75	\$ 890.78
Single +1		\$ 1,447.52	\$ 1,781.58

## Ruth Siaba Green

---

**From:** Ruth Siaba Green  
**Sent:** Monday, May 17, 2021 4:36 PM  
**To:** 'Paul DiMenna'  
**Cc:** 2nd Ward  
**Subject:** RE: Business Card Request  
**Attachments:** CityOfBerwynBC\_JimWoywodAlderman.pdf

Thank you. Please follow through with the printing of the attached proof.

Best Regards,  
Ruth

*Ruth Siaba Green*

City Administrator

E: [rsiabagreen@ci.berwyn.il.us](mailto:rsiabagreen@ci.berwyn.il.us)

P- (708) 749-6433

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**From:** Paul DiMenna [mailto:[diamondgraphics@sbcglobal.net](mailto:diamondgraphics@sbcglobal.net)]  
**Sent:** Monday, May 17, 2021 3:20 PM  
**To:** Ruth Siaba Green <[RSiabaGreen@ci.berwyn.il.us](mailto:RSiabaGreen@ci.berwyn.il.us)>  
**Cc:** 2nd Ward <[2ndward@berwyn-il.gov](mailto:2ndward@berwyn-il.gov)>  
**Subject:** Re: Business Card Request

Attached is your proof. Please look it over carefully and let me know if it is ok to print or if you have any changes/corrections. Thanks!

Diamond Graphics  
6625 W. 26th Street • Berwyn, IL 60402  
(708) 749-2500 Phone • (708) 749-2524 Fax  
[diamondgraphics@sbcglobal.net](mailto:diamondgraphics@sbcglobal.net) • [www.dgiprinting.com](http://www.dgiprinting.com)

On Monday, May 17, 2021, 02:27:01 PM CDT, Ruth Siaba Green <[rsiabagreen@ci.berwyn.il.us](mailto:rsiabagreen@ci.berwyn.il.us)> wrote:

Please assist in setting up a business card proof with the following information:

Jim Woywod

2nd Ward Alderman

6700 West 26<sup>th</sup> Street

Berwyn, IL 60402-0701

Tel: 708-749-6402

E-mail: [2ndward@berwyn-il.gov](mailto:2ndward@berwyn-il.gov)

[www.berwyn-il.gov](http://www.berwyn-il.gov)

Please also include the City's QR Code. Thank you.

**Ruth Siaba Green**

City Administrator

E: [rsiabagreen@ci.berwyn.il.us](mailto:rsiabagreen@ci.berwyn.il.us)

P- (708) 749-6433

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-----  
NOTICE: EXTERNAL EMAIL  
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This email was sent to you from outside the City of Berwyn network.

- \* Do not rely on the sender's name to verify this message's legitimacy.
- \* Please verify the sender's email address is legitimate before opening attachments or links.
- \* Use caution when opening attachments or links from unknown senders.
- \* Contact the HelpDesk before clicking links or opening attachments if you need to confirm this message's legitimacy.
- \* The HelpDesk will never send external emails, so if you are reading this disclaimer on an email from HelpDesk or any other IT support, it is not genuine.



THE CITY OF **BERWYN, ILLINOIS**

**Jim Woywod**  
*2nd Ward Alderman*

6700 West 26th Street  
Berwyn, IL 60402-0701  
Tel: 708-749-6402  
E-mail: [2ndward@berwyn-il.gov](mailto:2ndward@berwyn-il.gov)



[www.berwyn-il.gov](http://www.berwyn-il.gov)

**From:** MicrosoftExchange329e71ec88ae4615bbc36ab6ce41109e@ci.berwyn.il.us on behalf of Ruth Siaba Green [RSiabaGreen@ci.berwyn.il.us]  
**Sent:** Tuesday, May 18, 2021 4:25 PM  
**To:** Margaret M. Paul; Sandra Anderson  
**CC:** Richard E. Leja; James J. Frank; Anthony J. Laureto  
**Subject:** Correspondence for Council  
**Attachments:** Correspondence for Council (264 KB)

Sender: RSiabaGreen@ci.berwyn.il.us  
Subject: Correspondence for Council  
Message-Id: <eb72d322f26e4614afefcc26e88c750@ci.berwyn.il.us>  
To: MPaul@ci.berwyn.il.us  
To: SAnderson@ci.berwyn.il.us  
Cc: RLeja@ci.berwyn.il.us  
Cc: JFrank@ci.berwyn.il.us  
Cc: ALaureto@ci.berwyn.il.us

**From:** Ruth Siaba Green  
**Sent:** Tuesday, May 18, 2021 4:25 PM  
**To:** Margaret M. Paul; Sandra Anderson  
**CC:** Richard E. Leja; James J. Frank; Anthony J. Laureto  
**Subject:** Correspondence for Council  
**Attachments:** 2021.05.25 Aldermanic Police and Fire Committee Meeting.pdf

Marge/Sande,  
Please place the attached communication on the council meeting for next Tuesday. Thank you.

*Ruth Siaba Green*

City Administrator

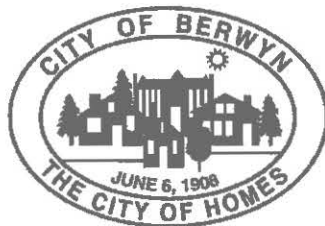
E: [rsiabagreen@ci.berwyn.il.us](mailto:rsiabagreen@ci.berwyn.il.us)

P- (708) 749-6433

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**The City of Berwyn**



**Richard E. Leja**  
**3<sup>rd</sup> Ward Alderman**

**A Century of Progress with Pride**

May 25, 2021

Re: Invitation to the Police and Fire Commission

Mayor Lovero and esteemed members of City Council:

As Chair of the Aldermanic Police and Fire Committee, I would like to invite the members of the Police and Fire Commission to present to my committee an overview of their responsibilities. The meeting will take place at Berwyn City Hall, Council Chambers on Thursday, June 3<sup>rd</sup>, 2021 at 6:30 pm and will be available for viewing through the City of Berwyn's YouTube Channel.

Please accept this communication as informational

Richard E. Leja  
3<sup>rd</sup> Ward Alderman

**From:** MicrosoftExchange329e71ec88ae4615bbc36ab6ce41109e@ci.berwyn.il.us on behalf of Ruth Siaba Green [RSiabaGreen@ci.berwyn.il.us]  
**Sent:** Tuesday, May 18, 2021 4:27 PM  
**To:** Richard E. Leja  
**Subject:** Emailing: Alderman Leja Letterhead.doc  
**Attachments:** Emailing: Alderman Leja Letterhead.doc (723 KB)

Sender: RSiabaGreen@ci.berwyn.il.us  
Subject: Emailing: Alderman Leja Letterhead.doc  
Message-Id: <c356d42153af45639d526cc75d6652e0@ci.berwyn.il.us>  
To: RLeja@ci.berwyn.il.us

**From:** Ruth Siaba Green  
**Sent:** Tuesday, May 18, 2021 4:27 PM  
**To:** Richard E. Leja  
**Subject:** Emailing: Alderman Leja Letterhead.doc  
**Attachments:** Alderman Leja Letterhead.doc

Rich,  
Attached is your letterhead with your signature already inserted. Please let me know if I can be of further assistance.

Ruth

Ruth Siaba Green  
City Administrator  
E: [rsiabagreen@ci.berwyn.il.us](mailto:rsiabagreen@ci.berwyn.il.us)  
P- (708) 749-6433  
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**The City of Berwyn**



**Richard E. Leja**  
**3<sup>rd</sup> Ward Alderman**

**A Century of Progress with Pride**

Richard E. Leja  
3<sup>rd</sup> Ward Alderman



**From:** MicrosoftExchange329e71ec88ae4615bbc36ab6ce41109e@ci.berwyn.il.us on behalf of Ruth Siaba Green [RSiabaGreen@ci.berwyn.il.us]  
**Sent:** Tuesday, May 18, 2021 9:23 AM  
**To:** Margaret M. Paul; Sandra Anderson  
**CC:** Marybeth Arenella  
**Subject:** Block Party Application  
**Attachments:** Block Party Application (1.89 MB)

Sender: RSiabaGreen@ci.berwyn.il.us  
Subject: Block Party Application  
Message-Id: <3e4520ca2f294e1b8ddd42c6b5638ca7@ci.berwyn.il.us>  
To: MPaul@ci.berwyn.il.us  
To: SAnderson@ci.berwyn.il.us  
Cc: marybeth.arenella@yahoo.com

**From:** Ruth Siaba Green  
**Sent:** Tuesday, May 18, 2021 9:23 AM  
**To:** Margaret M. Paul; Sandra Anderson  
**CC:** Marybeth Arenella  
**Subject:** Block Party Application  
**Attachments:** SCOB-Mayors21051809060.pdf

Marge/Sande,  
I'd like to submit the attached block party application to be submitted for approval at the May 25th meeting. Thank you.

Ruth

Ruth Siaba Green  
City Administrator  
E: [rsiabagreen@ci.berwyn.il.us](mailto:rsiabagreen@ci.berwyn.il.us)  
P- (708) 749-6433  
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# CITY OF BERWYN EVENT APPLICATION



Please provide information about your planned event:

Date of Event: July 24, 2021 Time: Start 8:00 am End 9:00 pm

**Allowed Event Times**

Block Parties  
8AM to 9PM

All Other Events  
8AM to 11PM

Type: Block Party  Parade  Open Air Event  Use of Public Way

Description of Event: Block Party

Location of Event: 1900 Block of Clinton

(Please print)

Name of Applicant: Ruth Siaba Green

Address: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Do you plan to use: \_\_\_\_\_  
(Please mark all that apply)

Live or Recorded Music <input checked="" type="checkbox"/>	Sound Equip. / Amplifiers <input checked="" type="checkbox"/>	Bounce Houses or Inflatables <input type="checkbox"/>
	Food Vendors <input type="checkbox"/>	Commercial Food Prep. Equipment <input type="checkbox"/>
Crafter / Vendors <input type="checkbox"/>	Alcohol Sales <input type="checkbox"/>	Portable Toilets and Sanitation <input type="checkbox"/>

Will you require any of the following City services? Yes  No

\* Please contact the Police Dept. for fee schedule if requesting Police Detail or Security.

Street Closure <input checked="" type="checkbox"/>	Rolling Street Closure <input type="checkbox"/>	Alley Closure <input type="checkbox"/>	Parade Route Closure <input type="checkbox"/>
--	---	--	---

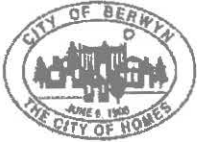
\*\* These City services supplied only if available on the day of the event and subject to personnel availability

Barricades <input checked="" type="checkbox"/>	*Police Detail/ Security <input type="checkbox"/>	Traffic Control <input type="checkbox"/>	**Berwyn Public Library Book Peddler (Bike) <input type="checkbox"/>
--	---	--	--

**Fire Truck <input checked="" type="checkbox"/>	**McGruff <input checked="" type="checkbox"/>	**K-9 Unit <input checked="" type="checkbox"/>	**Police Explorers Unit <input checked="" type="checkbox"/>
--	---	--	---

**City Council Approval IS REQUIRED** for your event. (City Council meets the 2nd & 4th Tuesday of every month)

- Submit this application to the Clerk's Office **8 weeks** prior to the event date.
- A Certificate of Insurance is required for Parades, Outdoor Events, Use of Public Way, as well as for all food and beverage sales.
- A Food License is required from the Berwyn Public Health Department for ALL food sales.
- A City of Berwyn Temporary Liquor License is required for ALL alcoholic beverage sales.
- A route map must be submitted with this application for all parades / demonstrations.
- USE OF PUBLIC WAY: Provide a list of intersections/corner locations and all dates being requested for use of public way. Location and Date availability is subject to approval. Use of public way is limited to one group per day, one group per location, and on a First Come—First Serve basis.
- The City reserves the right to regulate, restrict and limit use of the public way at all times.



## Petition – Request for Block Party

This petition must list signatures of residents who represent at least 50% of the homeowners on the block. YOU must notify ALL neighbors on the block - even those who did not sign the petition- of the block party date and time at least seven days in advance.

8 weeks prior to your Block Party date submit the completed petition along with a completed City of Berwyn Event Application and City Council Communication form to the Office of the Berwyn City Clerk so your application may be submitted to City Council for approval.

### Petition for Block Party

The undersigned, being residents of the 1900 block of Clinton, hereby request the City of Berwyn to close the aforementioned block to vehicular traffic on July 24 with a rain date of July 25 from the hours of 8:00 a.m. until 9:00 p.m.

NAME:	ADDRESS:
	1921 Clinton Ave
	1931 Clinton
	1908 Clinton
	1923 Clinton Ave
	1901 Clinton
	1911 Clinton
	1915 Clinton Av.
	1917 Clinton Ave
	1925 Clinton Ave
	1937 Clinton Ave.
	1924 Clinton Ave.
	1924 Clinton Ave.
	1922 Clinton
	1916 Clinton
	1906 Clinton
	1907 Clinton



Petition – Request for Block Party

July 24  
25

The undersigned, being residents of the 1900 block of Clinton, hereby request the City of Berwyn to close the aforementioned block to vehicular traffic on July 24 with a rain date of July 25 from the hours of 8 (a.m.)/p.m. to 9 a.m./(p.m.)

NAME:

ADDRESS:

	1909 Clinton Avenue
	1940 Clinton Ave.
	1930 Clinton



City Council Communication – Request for Block Party

To: Mayor Robert J. Lovero and Members of the Berwyn City Council

From: Residents of the 19 00 Block of Clinton Ave (i.e. 1200 Block of Home)

Date: 5/17/21

Re: Request for Block Party Approval

Dear Mayor Lovero and City Council:

The residents of the above listed street request approval for our Block Party to be held on:

Requested Date: July 24, 2021 from 8:00 a.m. until 9:00 p.m.

Rain Date: July 25, 2021 from 8:00 a.m. until 9:00 p.m.

We have also submitted the following forms with this request:

- Completed City of Berwyn Event Application, and
- A petition signed by at least 50% of the homeowners residing on our block.

I am the organizer of the Block Party. I have received and read the Berwyn Code of Ordinances regarding Block Parties ~~and Bounce Houses~~. My neighbors and I agree to abide by all the laws of the City of Berwyn and State of Illinois. In addition, we state that:

- We understand that the **use of fireworks is illegal** in Berwyn and in Illinois. We understand that our use of fireworks during our block party may result in the cancelling of our permit resulting in the ending of our party along with the possible issuance of tickets and fines.
- We also understand that Live Bands, DJ's or any amplified music must be kept at a reasonable level so as not to disturb other neighbors.
- We agree to clean up our block after the party.

As the permit holder, I understand that I am accepting responsibility for the activities conducted during the time of this permit. I also agree to notify all my neighbors of the date and time of the Block Party.

Thank you for considering our Block Party request,

Ruth Simba Green

Print Name

\_\_\_\_\_

Address

\_\_\_\_\_

Phone Number

\_\_\_\_\_

E-mail Address

PLEASE RETURN TO THE OFFICE OF THE CITY CLERK 8 WEEKS PRIOR TO YOUR REQUESTED DATE  
6700 W 26<sup>th</sup> St, Berwyn, IL 60402 Phone: 708-749-6452

**From:** MicrosoftExchange329e71ec88ae4615bbc36ab6ce41109e@ci.berwyn.il.us on behalf of Ruth Siaba Green [RSiabaGreen@ci.berwyn.il.us]  
**Sent:** Tuesday, May 18, 2021 10:32 AM  
**To:** Eric Mills  
**CC:** CHRIS SCOTT; Sandro Scardamaglia; Robert P. Schiller; City Collectors Department; Maureen E. Hirschberg; Michael D. Cimaglia; Michael G. Cirolia; Anthony R. Martinucci; James A. Woywod; glambesis@bsd100.org  
**Subject:** RE: Filming application for "Southside"  
**Attachments:** RE: Filming application for "Southside" (199 KB)

Sender: RSiabaGreen@ci.berwyn.il.us  
Subject: RE: Filming application for "Southside"  
Message-Id: <flf8cb5b38194033bd7688adbf99fce7@ci.berwyn.il.us>  
To: emillslocations@gmail.com  
Cc: christophersc@hotmail.com  
Cc: SScardamaglia@ci.berwyn.il.us  
Cc: RSchiller@ci.berwyn.il.us  
Cc: MHirschberg@ci.berwyn.il.us  
Cc: MCimaglia@berwyn-il.gov  
Cc: MCirolia@ci.berwyn.il.us  
Cc: AMartinucci@ci.berwyn.il.us  
Cc: JWoywod@ci.berwyn.il.us  
Cc: glambesis@bsd100.org  
Cc: JRendon@ci.berwyn.il.us, Expanded: CityCollectorsDepartment@ci.berwyn.il.us  
Cc: ABower@ci.berwyn.il.us, Expanded: CityCollectorsDepartment@ci.berwyn.il.us  
Cc: MSaldivar@ci.berwyn.il.us, Expanded: CityCollectorsDepartment@ci.berwyn.il.us  
Cc: APena@ci.berwyn.il.us, Expanded: CityCollectorsDepartment@ci.berwyn.il.us

**From:** Ruth Siaba Green  
**Sent:** Tuesday, May 18, 2021 10:32 AM  
**To:** Eric Mills  
**CC:** CHRIS SCOTT; Sandro Scardamaglia; Robert P. Schiller; City Collectors Department; Maureen E. Hirschberg; Michael D. Cimaglia; Michael G. Cirolia; Anthony R. Martinucci; James A. Woywod; glambesis@bsd100.org  
**Subject:** RE: Filming application for "Southside"  
**Attachments:** 2021.05.18 South Side Invoice.pdf

Eric,  
I've updated the invoice to show that the patrol vehicle is not needed. Regarding the sign notice fee, that also includes PW putting up horses/barricades. I've copied the Collector's Office so that they know to expect payment of the updated invoice. Please call/email me with any further questions.

Best Regards,  
Ruth

*Ruth Siaba Green*

City Administrator

E: [rsiabagreen@ci.berwyn.il.us](mailto:rsiabagreen@ci.berwyn.il.us)

P- (708) 749-6433

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**From:** Eric Mills [mailto:emillslocations@gmail.com]  
**Sent:** Tuesday, May 18, 2021 5:40 AM  
**To:** Ruth Siaba Green <RSiabaGreen@ci.berwyn.il.us>  
**Cc:** CHRIS SCOTT <christophersc@hotmail.com>; Sandro Scardamaglia <SScardamaglia@ci.berwyn.il.us>; Robert P. Schiller <RSchiller@ci.berwyn.il.us>; City Collectors Department <CityCollectorsDepartment@ci.berwyn.il.us>; Maureen E. Hirschberg <MHirschberg@ci.berwyn.il.us>; Michael D. Cimaglia <MCimaglia@berwyn-il.gov>; Michael G. Cirolia <MCirolia@ci.berwyn.il.us>; Anthony R. Martinucci <AMartinucci@ci.berwyn.il.us>; James A. Woywod <JWoywod@ci.berwyn.il.us>; glambesis@bsd100.org  
**Subject:** Re: Filming application for "Southside"

Good morning Ruth-

We are not going to need the police car, and I have a question regarding the sign fee. When you get into the office, can you give me a shout please? I'd like to submit the invoice today.



Thanks!!

Eric Mills  
Assistant Location Manager  
"Southside"

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Good afternoon Eric. I've attached the signed approved film application, invoice for services (includes everything requested in your application), a W9 for your finance team, and a film crew parking permit for your team. We are set for the filming on Friday, May 21<sup>st</sup> at the PD for 6 am to 10 pm. Our public works crew will post street signs and put up barricades at the requested locations. I've also copied Maureen Hirschberg who manages the Recreation Facility; she has you down for utilizing the gym/kitchen/parking lot. I understand that you are working with Commander Scardamaglia for the hiring of two officers during filming; he mentioned to me that you understand our request that any of our city vehicles/buildings containing the name of "Berwyn" be removed during editing.

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Please let me know if you have any questions or if I can be of further assistance.

Best Regards,  
Ruth

*Ruth Siaba Green*  
City Administrator  
E: [rsiabagreen@ci.berwyn.il.us](mailto:rsiabagreen@ci.berwyn.il.us)  
P- (708) 749-6433  
*Follow us*

<[image001.jpg](#)>

<[image002.jpg](#)>

<image003.jpg>

<image006.jpg>

**From:** Eric Mills [<mailto:emillslocations@gmail.com>]  
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**Subject:** Re: Filming application for "Southside"

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Thanks!

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"South Side"  
Location Scout/ ALM

<--- / --- >

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Per our conversation yesterday, please see attached overhead of  
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Any questions or concerns, please contact me here or at the # below.

Thank you so much!

<Berwyn Overhead.png>

Eric Mills  
"South Side"  
Location Scout/ ALM

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*Ruth Siaba Green*

City Administrator

E: [rsiabagreen@ci.berwyn.il.us](mailto:rsiabagreen@ci.berwyn.il.us)

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<image001.jpg> <image002.jpg> <image003.jpg> <image005.jpg>

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The Applicant shall attached a certificate of insurance naming the City of Berwyn and its corporate authorities, officers, officials, boards, commissions, employees, attorneys, agents and representatives as additional insureds in the amount of \$1,000,000 general liability, including bodily injury and property damage, and automobile liability (if applicable) in the amount of \$1,000,000 including bodily injury and property damage. Such certificate shall include the following language: "The City of Berwyn, its corporate authorities, officers, officials, boards, commissions, employees, attorneys agents and representatives are made additional insureds with respect to any and all claims which arise out of, or are in any way related to, the operations of (the film maker) while present in the City of Berwyn."  
The Applicant shall also attach proof that the appropriate workers compensation and employer's liability insurance have been provided for the employees of the filming company.

Once you have paid the application fee, I will begin to review it. Thank you.

*Ruth Siaba Green*

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Per our conversation, I wanted to get this to you ASAP, for your perusal.

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Any questions or concerns, please  
Let me know.

Thanks!!

-----  
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Eric Mills  
Assistant Location Manager  
"Southside"

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- <film crew Parking Permit.docx>  
<2021.05.13 Signed Film Application Southside.pdf>  
<2021.05.13 South Side Invoice.pdf>  
<2021.01.27 W9 form.pdf>

---

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Invoice: 051801  
 May 18, 2021

**City of Berwyn**

6700 W. 26<sup>th</sup> Street  
 Berwyn, IL 60402  
 Phone: 708-749-6433  
 Fax: 708-788-2567  
 www.berwyn-il.gov

**TO:**  
 Eric Mills  
 Jay Media  
 2558 W. 16<sup>th</sup> St., 4<sup>th</sup> FL #A2  
 Chicago, IL 60608  
 Email: emillslocations@gmail.com


Quantity	Description	Unit Price	Total
1	Printing/Laminating Signs & Posting/Barricades (4 person crew)	\$750.00	\$750.00
1	PD Facility Use Fee	\$1500.00	\$1500.00
1	Recreation Dept Building and Parking Lot Facility Fee	\$1500.00	\$1500.00
1	1 day street closure	\$ 1000.00	\$1000.00
<b>Total</b>			<b>\$4750.00</b>

**From:** MicrosoftExchange329e71ec88ae4615bbc36ab6ce41109e@ci.berwyn.il.us on behalf of Ruth Siaba Green [RSiabaGreen@ci.berwyn.il.us]  
**Sent:** Wednesday, May 19, 2021 4:55 PM  
**To:** Eric Mills  
**CC:** CHRIS SCOTT; Sandro Scardamaglia; Robert P. Schiller; City Collectors Department; Maureen E. Hirschberg; Michael D. Cimaglia; Michael G. Cirolia; Anthony R. Martinucci; James A. Woywod; glambesis@bsd100.org  
**Subject:** RE: Filming application for "Southside"  
**Attachments:** RE: Filming application for "Southside" (2.99 MB)

Sender: RSiabaGreen@ci.berwyn.il.us  
Subject: RE: Filming application for "Southside"  
Message-Id: <447febafb1bc49d697a669914c58edeb@ci.berwyn.il.us>  
To: emillslocations@gmail.com  
Cc: christophersc@hotmail.com  
Cc: SScardamaglia@ci.berwyn.il.us  
Cc: RSchiller@ci.berwyn.il.us  
Cc: MHirschberg@ci.berwyn.il.us  
Cc: MCimaglia@berwyn-il.gov  
Cc: MCirolia@ci.berwyn.il.us  
Cc: AMartinucci@ci.berwyn.il.us  
Cc: JWoywod@ci.berwyn.il.us  
Cc: glambesis@bsd100.org  
Cc: JRendon@ci.berwyn.il.us, Expanded: CityCollectorsDepartment@ci.berwyn.il.us  
Cc: ABower@ci.berwyn.il.us, Expanded: CityCollectorsDepartment@ci.berwyn.il.us  
Cc: MSaldivar@ci.berwyn.il.us, Expanded: CityCollectorsDepartment@ci.berwyn.il.us  
Cc: APena@ci.berwyn.il.us, Expanded: CityCollectorsDepartment@ci.berwyn.il.us



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**Subject:** RE: Filming application for "Southside"  
**Attachments:** 2021.05.13 Signed Film Application Southside.pdf

Eric,  
Your application was approved (see attached signed document.) Please just let me know as soon as you pay the invoice. That's the last item needed. Thank you.

Ruth

*Ruth Siaba Green*

City Administrator

E: [rsiabagreen@ci.berwyn.il.us](mailto:rsiabagreen@ci.berwyn.il.us)

P- (708) 749-6433

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**Subject:** Re: Filming application for "Southside"

Good afternoon, Ruth.

We got all the notification leaflets up around the neighborhood this morning. I also met Maureen and saw the space @ the Rec Center- it's great.

Just checking to make sure all is well on our end as far as the permit process goes. If there's anything else you may need, please hit me back.

If everything is good, any idea when we may expect to get the permit approved?

Just trying to be proactive- talk soon.

Thanks!

Eric Mills  
"South Side"'s  
Location Scout/ A.T.M

On May 18, 2021, at 10:32 AM, Ruth Siaba Green  
<[RSiabaGreen@ci.berwyn.il.us](mailto:RSiabaGreen@ci.berwyn.il.us)> wrote:

Eric,  
I've updated the invoice to show that the patrol vehicle is not needed. Regarding the sign notice fee, that also includes PW putting up horses/barricades. I've copied the Collector's Office so that they know to expect payment of the updated invoice. Please call/email me with any further questions.

Best Regards,  
Ruth

*Ruth Siaba Green*

City Administrator

E: [rsiabagreen@ci.berwyn.il.us](mailto:rsiabagreen@ci.berwyn.il.us)

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<image001.jpg> <image002.jpg> <image003.jpg> <image004.jpg>

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[<image001.jpg>](#)

[<image002.jpg>](#)

[<image003.jpg>](#)

[<image006.jpg>](#)

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**Sent:** Tuesday, May 11, 2021 3:30 PM

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**Cc:** CHRIS SCOTT <[christophersc@hotmail.com](mailto:christophersc@hotmail.com)>

**Subject:** Re: Filming application for "Southside"

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Eric Mills

"South Side"  
Location Scout/ ALM

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<Berwyn Overhead.png>

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*Follow us*

<image001.jpg> <image002.jpg> <image003.jpg> <image005.jpg>

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Eric Mills  
Assistant Location Manager  
"Southside"

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- <film crew Parking Permit.docx>  
<2021.05.13 Signed Film Application Southside.pdf>  
<2021.05.13 South Side Invoice.pdf>  
<2021.01.27 W9 form.pdf>

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- <2021.05.18 South Side Invoice.pdf>

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Application for Commercial Filming/Taping  
in the City of Berwyn, Illinois

Date: 5/6/21

**Information:**

Name of Production/Project: SOUTHSIDE

Name of Production Company: JAY MEDIA

Address: 2558 W. 16th ST. 4th FL. #A2

City, State Zip: Chicago, IL 60608

Name of Producer: WILEEN DRAGVAN Phone:           

Name of Director: ISMAEL Phone:           

Location Coordinator: ERIC MILLS Phon           

Type of Production (i.e. Commercial, Feature, Film, Film Scene, Training Film, PSA, etc.): TV Show

Production schedule (dates and times): 5/21/21 6 AM - 10 PM

*Allowances for weather or conditions beyond one's control will be made after consultation with the Mayor's Office.*

Proposed location(s) of production: BERWYN P.D. - 6401 31st St.

General description of script or content of production as well as any special effects: GENERAL DIALOGUE. EXTERIOR POLICE CAR CONVERSATION, HOLDING TANK/OBSERVATION ROOM DIALOGUE.

Anticipated needs of City employees, equipment and/or property: Filming @ BPD STATION - INTERIOR & EXTERIOR. CREW PARKING, HOLDING & CATERING @ BERWYN REC DEPT. BASECAMP ON STREET ADJACENT TO SET - PROBABLY STANLEY AVE - TBD  
POSTING ON GUNDERSON FROM STANLEY TO 31st.  
BOTH SIDES FOR ~~RECORDING~~ PICTURES.

**Insurance:**

The Applicant shall attached a certificate of insurance naming the City of Berwyn and its corporate authorities, officers, officials, boards, commissions, employees, attorneys, agents and representatives as additional insureds in the amount of \$1,000,000 general liability, including bodily injury and property damage, and automobile liability (if applicable) in the amount of \$1,000,000 including bodily injury and property damage.

Such certificate shall include the following language: "The City of Berwyn, its corporate authorities, officers, officials, boards, commissions, employees, attorneys agents and representatives are made additional insureds with respect to any and all claims which arise out of, or are in any way related to, the operations of (the film maker) while present in the City of Berwyn."

The Applicant shall also attach proof that the appropriate workers compensation and employer's liability insurance have been provided for the employees of the filming company.

Certificate attached: \_\_\_\_\_

(initials)

**Fees:**

Application Fee: \$250 (refunded if application is denied)

Impact Fee: [determined by City]

Public Safety Fee: [as incurred]

**Hold Harmless Agreement:**

The Applicant shall hold the City harmless of any claim that may arise from their use of designated public property, right-of-way, or equipment in conjunction with the permitted use.

**Miscellaneous:**

Specify any other circumstances, conditions, or anticipated needs not covered in this application: \_\_\_\_\_

\_\_\_\_\_

The producer or representative shall sign this application and upon favorable consideration of this application, the City shall issue a permit for the production activity subject to the aforesaid conditions and any others as may be reasonably required.

*[Signature Page Follows]*

I have read, understand and agree to abide by the terms and conditions set by the City of Berwyn, Cook County, Illinois.

[Signature]  
Signature

ERIC MILLS  
Print Name

Assistant Loc Manager      5/6/21  
Title    Date

APPROVED:

[Signature]      5/13/21  
Mayor    Date



# CERTIFICATE OF LIABILITY INSURANCE

FORM 1000001

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT CONSTITUTE AN INSURANCE CONTRACT. THE POLICY OR POLICIES APPLICABLE TO THE POLICIES LISTED IN THIS CERTIFICATE OF LIABILITY INSURANCE DO NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in any of such endorsements.

PRODUCER	PLUMB INTERNATIONAL INSURANCE SERVICES, LLC 16030 VENTURA BLVD #500 ENCINO, CA 91436	Contact <b>NAME:</b> ROBERT J. JORDAN <b>PHONE:</b> (818) 400-8311 <b>FAX:</b> (818) 400-8311 <b>EMAIL:</b> rjordan@plumbintl.com <b>ADDRESS:</b> 16030 VENTURA BLVD #500 ENCINO, CA 91436
	INSURER(S) PROVIDING COVERAGE	Insurer A: GREAT PACIFIC MUTUALITY COMPANY Insurer B: Insurer C: Insurer D: Insurer E:
INSURED	South Side TV, LLC 720 Wall Street, 14 <sup>th</sup> Floor New York, NY 10005	NAIC# 99124

COVERAGES	CERTIFICATE NUMBER	REVISION NUMBER							
<p>THIS IS TO CERTIFY THAT THE POLICIES OF LIABILITY INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE POLICED-NAMED ABOVE FOR THE POLICY PERIOD INDICATED. POLICIES ENDORSEMENTS AND AMENDMENTS IS BASED ON COPIES OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, CONDITIONS AND EXCLUSIONS OF SUCH POLICIES, WHICH ARE NECESSARILY REFERRED TO BY THIS CERTIFICATE.</p>									
CLASS	TYPE OF INSURANCE	CLASS	CLASS	CLASS	CLASS	CLASS	CLASS	CLASS	CLASS
A	<b>GENERAL LIABILITY</b> <input type="checkbox"/> BODILY INJURY <input type="checkbox"/> PROPERTY DAMAGE <input type="checkbox"/> ADVERTISING <input type="checkbox"/> PRODUCTS AND COMPLETED OPERATIONS <input type="checkbox"/> PERSONAL AND ADVERTISING INJURY <input type="checkbox"/> MEDICAL MALPRACTICE	1	2607903022-12	11-25-2025	11-25-2024	Auto (Excluded) Bodily Injury Products and Operations Medical Malpractice Personal and Advertising Injury General Aggregate Products - Completed Operations	\$1,000,000 \$1,000,000 \$1,000,000 \$1,000,000 \$1,000,000 \$1,000,000		
A	<b>Professional Liability</b> <input type="checkbox"/> PROFESSIONAL SERVICES <input type="checkbox"/> FINANCIAL ADVISORY <input type="checkbox"/> INVESTMENT ADVISORY <input type="checkbox"/> REAL ESTATE BROKERAGE <input type="checkbox"/> TRAVEL AGENCY	1	2607903022-12	11-25-2025	11-25-2024	Professional Services Financial Advisory Investment Advisory Real Estate Brokerage Travel Agency	\$1,000,000 \$1,000,000 \$1,000,000 \$1,000,000 \$1,000,000		
A	<b>Errors and Omissions</b> <input type="checkbox"/> FINANCIAL ADVISORY <input type="checkbox"/> INVESTMENT ADVISORY <input type="checkbox"/> REAL ESTATE BROKERAGE <input type="checkbox"/> TRAVEL AGENCY	1	2607903022-12	11-25-2025	11-25-2024	Errors and Omissions Financial Advisory Investment Advisory Real Estate Brokerage Travel Agency	\$1,000,000 \$1,000,000 \$1,000,000 \$1,000,000 \$1,000,000		
A	<b>Product Recall</b> <input type="checkbox"/> PRODUCT RECALL <input type="checkbox"/> PRODUCT RECALL	1	2607903022-12	11-25-2025	11-25-2024	Product Recall Product Recall	Limit \$1,000,000 Deductible \$0 Limit \$1,000,000 Deductible \$0 Limit \$1,000,000 Deductible \$0		

<b>CERTIFICATE HOLDER</b> City of Chicago 670 N. Dearborn Chicago, IL 60642	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE LISTED POLICIES BE CANCELLED PRIOR TO THE EXPIRATION DATE THEREON NOTICE WILL BE PRINTED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
--	--

## Ruth Siaba Green

---

**From:** Eric Mills <emillslocations@gmail.com>  
**Sent:** Tuesday, May 11, 2021 3:30 PM  
**To:** Ruth Siaba Green  
**Cc:** CHRIS SCOTT  
**Subject:** Re: Filming application for "Southside"

Ruth-

Here are the expected time lines for the day-

Base camp/ catering will land approximately @ 8am.

Crew call @ 11:30am

Set #1 from 11:30a- 1:30p

Set #2 from 1:30p- 3:00p

Set #3 from 3:00p- 8:30p

Obviously, tithes is subject to change, but this should be pretty close to realistic.

Any questions or concerns, please let me know.

Thanks!

Eric Mills  
"South Side"  
Location Scout/ ALM

On May 11, 2021, at 2:39 PM, Eric Mills <[emillslocations@gmail.com](mailto:emillslocations@gmail.com)> wrote:

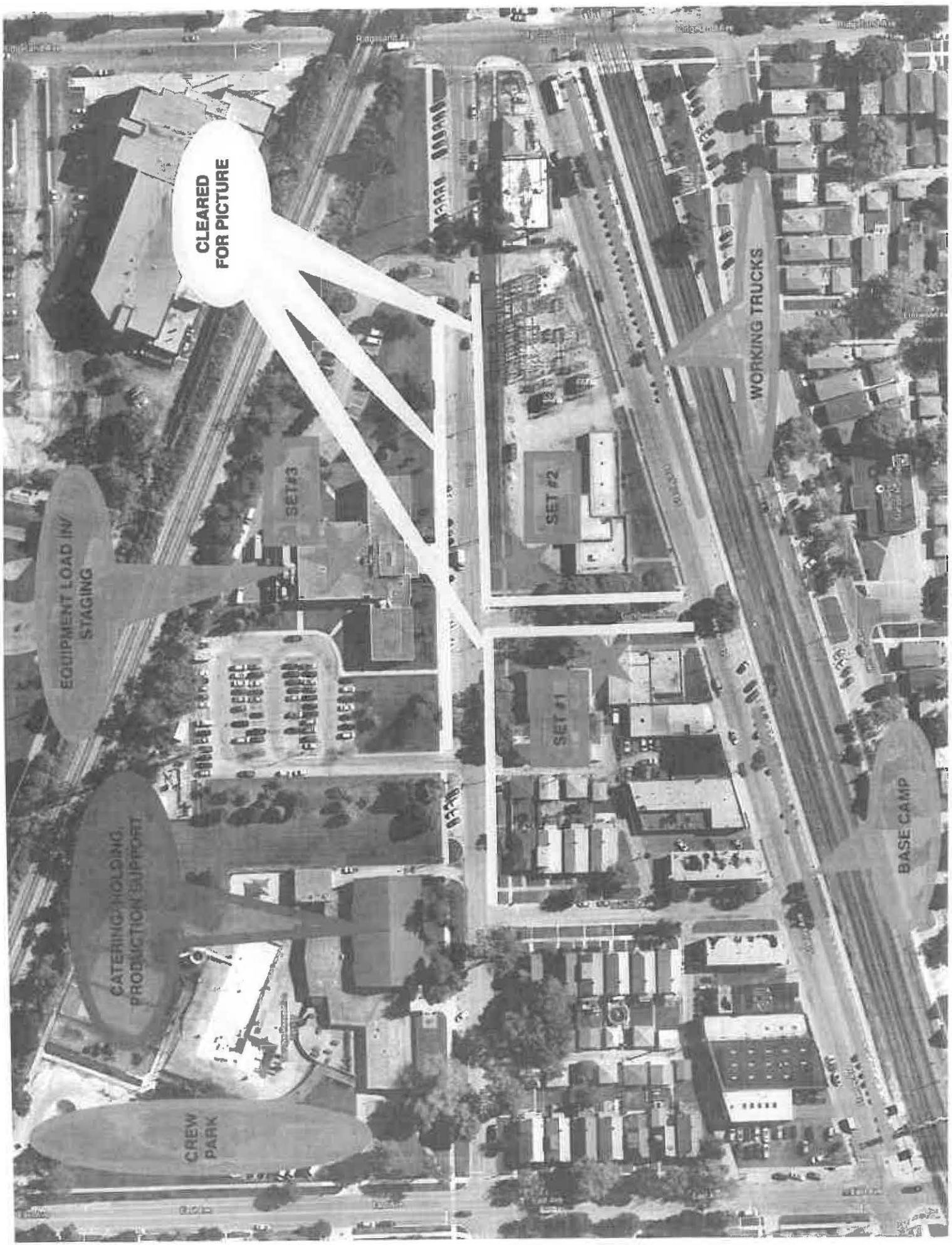
Hi Ruth-

Per our conversation yesterday, please see attached overhead of our proposed production footprint for Friday 5/21.

Any questions or concerns, please contact me here or at the # below.

Thank you so much!

<Berwyn Overhead.png>



CLEARED FOR PICTURE

WORKING TRUCKS

EQUIPMENT LOAD IN/ STAGING

CATERING/HOLDING, PRODUCTION SUPPORT

CREW PARK

SET #3

SET #2

SET #1

BASE CAMP



5395

OFFICE OF CITY COLLECTOR

CITY OF BERWYN  
6700 W. 28th Street

Berwyn, IL 5-10, 2021

RECEIVED of

Southside Tv LLC

Address 2558 W. 16th St

two hundred and fifty

DOLLARS, \$ 250

For

Filming by Berwyn P.O

Remit to

CL

Fund

CITY COLLECTOR

**From:** MicrosoftExchange329e71ec88ae4615bbc36ab6ce41109e@ci.berwyn.il.us on behalf of Ruth Siaba Green [RSiabaGreen@ci.berwyn.il.us]  
**Sent:** Thursday, May 20, 2021 1:09 PM  
**To:** Sandra Anderson; Margaret M. Paul  
**CC:** Richard E. Leja; Anthony J. Laureto; James J. Frank; Virginia G. Pacheco  
**Subject:** Edit to previous council correspondence  
**Attachments:** Edit to previous council correspondence (265 KB)

Sender: RSiabaGreen@ci.berwyn.il.us  
Subject: Edit to previous council correspondence  
Message-Id: <cc01bbb814274a08955cdda12faab203@ci.berwyn.il.us>  
To: SAnderson@ci.berwyn.il.us  
To: MPaul@ci.berwyn.il.us  
Cc: RLeja@ci.berwyn.il.us  
Cc: ALaureto@ci.berwyn.il.us  
Cc: JFrank@ci.berwyn.il.us  
Cc: VPacheco@ci.berwyn.il.us

**From:** Ruth Siaba Green  
**Sent:** Thursday, May 20, 2021 1:09 PM  
**To:** Sandra Anderson; Margaret M. Paul  
**CC:** Richard E. Leja; Anthony J. Laureto; James J. Frank; Virginia G. Pacheco  
**Subject:** Edit to previous council correspondence  
**Attachments:** 2021.05.25 Final Aldermanic Police and Fire Committee Meeting.pdf

Marge/Sande,

Due to some F& P commissioners not being available for a June 3<sup>rd</sup> meeting, Alderman Leja revised the communication to have the meeting on June 2<sup>nd</sup>. Please replace the previous communication with the attached. Thank you.

***Ruth Siaba Green***

City Administrator

E: [rsiabagreen@ci.berwyn.il.us](mailto:rsiabagreen@ci.berwyn.il.us)

P- (708) 749-6433

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The City of Berwyn



Richard E. Leja  
3<sup>rd</sup> Ward Alderman

**A Century of Progress with Pride**

May 25, 2021

Re: Invitation to the Fire and Police Commission

Mayor Lovero and esteemed members of City Council:

As Chair of the Aldermanic Police and Fire Committee, I would like to invite the members of the Fire and Police Commission to present to my committee an overview of their responsibilities. The meeting will take place at Berwyn City Hall, Council Chambers on Thursday, June 2<sup>nd</sup>, 2021 at 6:30 pm and will be available for viewing through the City of Berwyn's YouTube Channel.

Please accept this communication as informational

Richard E. Leja  
3<sup>rd</sup> Ward Alderman

Sender: RSiabaGreen@ci.berwyn.il.us  
Subject: Abandoned Vehicle  
Message-Id: <5a1faa4d07df46fca1768d05377cc066@ci.berwyn.il.us>  
To: SScardamaglia@ci.berwyn.il.us  
Cc: marybeth.arenella@yahoo.com

**From:** Ruth Siaba Green  
**Sent:** Thursday, May 20, 2021 1:26 PM  
**To:** Sandro Scardamaglia  
**CC:** Marybeth Arenella  
**Subject:** Abandoned Vehicle

Sonny,

I've received complaints regarding an abandoned vehicle parked in front of Rite Price Auto, 6844 16<sup>th</sup> St . It's been there since January. The vehicle is a grey Nissan Altima plate# CK32778. Please keep me posted on the results. Thank you.

*Ruth Siaba Green*

City Administrator

E: [rsiabagreen@ci.berwyn.il.us](mailto:rsiabagreen@ci.berwyn.il.us)

P- (708) 749-6433

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Sender: RSiabaGreen@ci.berwyn.il.us  
Subject: FW: Blight Issues in the 7th Ward  
Message-Id: <191a5944751847d0b1d3c0f7682f4337@ci.berwyn.il.us>  
To: marybeth.arenella@yahoo.com

**From:** Ruth Siaba Green  
**Sent:** Thursday, May 20, 2021 1:27 PM  
**To:** Marybeth Arenella  
**Subject:** FW: Blight Issues in the 7th Ward

Marybeth,  
I'll keep you posted on the results.

Thank you.

Ruth

*Ruth Siaba Green*

City Administrator

E: [rsiabagreen@ci.berwyn.il.us](mailto:rsiabagreen@ci.berwyn.il.us)

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**From:** Ruth Siaba Green  
**Sent:** Thursday, May 20, 2021 1:13 PM  
**To:** Mary K. Gaddini <[MGaddini@ci.berwyn.il.us](mailto:MGaddini@ci.berwyn.il.us)>  
**Cc:** 'gbga1@sbcglobal.net' <[gbga1@sbcglobal.net](mailto:gbga1@sbcglobal.net)>; Eric Salcedo <[ESalcedo@ci.berwyn.il.us](mailto:ESalcedo@ci.berwyn.il.us)>  
**Subject:** Blight Issues in the 7th Ward

Mary,  
Please assist with the following blight issues in the 7<sup>th</sup> ward. Thank you in advance for your assistance.

1. 1610 Clinton – over-grown grass front & back
2. 1510 Oak Park – rats in the alley. Possibly a nest in the garage.
3. 7000 Home – mattress in the alley

Thank you again.

*Ruth Siaba Green*

City Administrator

E: [rsiabagreen@ci.berwyn.il.us](mailto:rsiabagreen@ci.berwyn.il.us)

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1. The first part of the document discusses the importance of maintaining accurate records of all transactions. This is essential for ensuring the integrity of the financial statements and for providing a clear audit trail.

2. The second part of the document focuses on the role of the internal control system in preventing and detecting errors and fraud. A robust internal control system is a key component of any organization's risk management strategy.

3. The third part of the document discusses the importance of regular communication and reporting between management and the board of directors. This ensures that the board is kept informed of the company's financial performance and any potential risks.

4. The final part of the document concludes by emphasizing the need for a strong corporate governance framework. This framework should be based on transparency, accountability, and ethical behavior.

**From:** MicrosoftExchange329e71ec88ae4615bbc36ab6ce41109e@ci.berwyn.il.us on behalf of Ruth Siaba Green [RSiabaGreen@ci.berwyn.il.us]  
**Sent:** Thursday, May 20, 2021 1:47 PM  
**To:** Sandra Anderson; Margaret M. Paul  
**CC:** Richard E. Leja; Virginia G. Pacheco  
**Subject:** RE: Edit to previous council correspondence  
**Attachments:** RE: Edit to previous council correspondence (274 KB)

Sender: RSiabaGreen@ci.berwyn.il.us  
Subject: RE: Edit to previous council correspondence  
Message-Id: <f6b851bd3deb4f9288598324dc4fc99c@ci.berwyn.il.us>  
To: SAnderson@ci.berwyn.il.us  
To: MPaul@ci.berwyn.il.us  
Cc: RLeja@ci.berwyn.il.us  
Cc: VPacheco@ci.berwyn.il.us

**From:** Ruth Siaba Green  
**Sent:** Thursday, May 20, 2021 1:47 PM  
**To:** Sandra Anderson; Margaret M. Paul  
**CC:** Richard E. Leja; Virginia G. Pacheco  
**Subject:** RE: Edit to previous council correspondence  
**Attachments:** 2021.05.25 Final Aldermanic Police and Fire Committee Meeting.pdf

Sande,  
Virginia just found a typo. When I moved the date to June 2<sup>nd</sup>, I didn't change the day of the week to Wednesday. Please see the correction in the new attached correspondence. Thank you.

Best Regards,  
Ruth

*Ruth Siaba Green*

City Administrator

E: [rsiabagreen@ci.berwyn.il.us](mailto:rsiabagreen@ci.berwyn.il.us)

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**From:** Sandra Anderson  
**Sent:** Thursday, May 20, 2021 1:12 PM  
**To:** Ruth Siaba Green <[RSiabaGreen@ci.berwyn.il.us](mailto:RSiabaGreen@ci.berwyn.il.us)>; Margaret M. Paul <[MPaul@ci.berwyn.il.us](mailto:MPaul@ci.berwyn.il.us)>  
**Subject:** RE: Edit to previous council correspondence

Received and printed for Council.  
Sandy

**From:** Ruth Siaba Green <[RSiabaGreen@ci.berwyn.il.us](mailto:RSiabaGreen@ci.berwyn.il.us)>  
**Sent:** Thursday, May 20, 2021 1:09 PM  
**To:** Sandra Anderson <[SAnderson@ci.berwyn.il.us](mailto:SAnderson@ci.berwyn.il.us)>; Margaret M. Paul <[MPaul@ci.berwyn.il.us](mailto:MPaul@ci.berwyn.il.us)>  
**Cc:** Richard E. Leja <[RLeja@ci.berwyn.il.us](mailto:RLeja@ci.berwyn.il.us)>; Anthony J. Laureto <[ALaureto@ci.berwyn.il.us](mailto:ALaureto@ci.berwyn.il.us)>; James J. Frank <[JFrank@ci.berwyn.il.us](mailto:JFrank@ci.berwyn.il.us)>; Virginia G. Pacheco <[VPacheco@ci.berwyn.il.us](mailto:VPacheco@ci.berwyn.il.us)>  
**Subject:** Edit to previous council correspondence

Marge/Sande,

Due to some F& P commissioners not being available for a June 3<sup>rd</sup> meeting, Alderman Leja revised the communication to have the meeting on June 2<sup>nd</sup>. Please replace the previous communication with the attached. Thank you.

*Ruth Siaba Green*

City Administrator

E: [rsiabagreen@ci.berwyn.il.us](mailto:rsiabagreen@ci.berwyn.il.us)

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The City of Berwyn



Richard E. Leja  
3<sup>rd</sup> Ward Alderman

**A Century of Progress with Pride**

May 25, 2021

Re: Invitation to the Fire and Police Commission

Mayor Lovero and esteemed members of City Council:

As Chair of the Aldermanic Police and Fire Committee, I would like to invite the members of the Fire and Police Commission to present to my committee an overview of their responsibilities. The meeting will take place at Berwyn City Hall, Council Chambers on Wednesday, June 2<sup>nd</sup>, 2021 at 6:30 pm and will be available for viewing through the City of Berwyn's YouTube Channel.

Please accept this communication as informational

Richard E. Leja  
3<sup>rd</sup> Ward Alderman

**From:** MicrosoftExchange329e71ec88ae4615bbc36ab6ce41109e@ci.berwyn.il.us on behalf of Ruth Siaba Green [RSiabaGreen@ci.berwyn.il.us]  
**Sent:** Thursday, May 20, 2021 3:18 PM  
**To:** Marybeth Arenella  
**CC:** Eric Salcedo; Mary K. Gaddini  
**Subject:** FW: Blight Issues in the 7th Ward  
**Attachments:** FW: Blight Issues in the 7th Ward (26.5 KB)

Sender: RSiabaGreen@ci.berwyn.il.us  
Subject: FW: Blight Issues in the 7th Ward  
Message-Id: <8aa7cdfb205428aa1faf13b5da01845@ci.berwyn.il.us>  
To: marybeth.arenella@yahoo.com  
Cc: ESalcedo@ci.berwyn.il.us  
Cc: MGaddini@ci.berwyn.il.us

**From:** Ruth Siaba Green  
**Sent:** Thursday, May 20, 2021 3:18 PM  
**To:** Marybeth Arenella  
**CC:** Eric Salcedo; Mary K. Gaddini  
**Subject:** FW: Blight Issues in the 7th Ward

MaryBeth,  
Did you mean 1700 Home Ave for the mattress in the alley?

Ruth

*Ruth Siaba Green*

City Administrator

E: [rsiabagreen@ci.berwyn.il.us](mailto:rsiabagreen@ci.berwyn.il.us)

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**From:** Mary K. Gaddini  
**Sent:** Thursday, May 20, 2021 3:16 PM  
**To:** Ruth Siaba Green <[RSiabaGreen@ci.berwyn.il.us](mailto:RSiabaGreen@ci.berwyn.il.us)>  
**Cc:** [gbga1@sbcglobal.net](mailto:gbga1@sbcglobal.net); Eric Salcedo <[ESalcedo@ci.berwyn.il.us](mailto:ESalcedo@ci.berwyn.il.us)>  
**Subject:** RE: Blight Issues in the 7th Ward

Okay we will but there is 7000 Home

**From:** Ruth Siaba Green <[RSiabaGreen@ci.berwyn.il.us](mailto:RSiabaGreen@ci.berwyn.il.us)>  
**Sent:** Thursday, May 20, 2021 1:13 PM  
**To:** Mary K. Gaddini <[MGaddini@ci.berwyn.il.us](mailto:MGaddini@ci.berwyn.il.us)>  
**Cc:** [gbga1@sbcglobal.net](mailto:gbga1@sbcglobal.net); Eric Salcedo <[ESalcedo@ci.berwyn.il.us](mailto:ESalcedo@ci.berwyn.il.us)>  
**Subject:** Blight Issues in the 7th Ward

Mary,

Please assist with the following blight issues in the 7<sup>th</sup> ward. Thank you in advance for your assistance.

1. 1610 Clinton – over-grown grass front & back
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3. 7000 Home – mattress in the alley

Thank you again.

***Ruth Slaba Green***

City Administrator

E: [rsiabagreen@ci.berwyn.il.us](mailto:rsiabagreen@ci.berwyn.il.us)

P- (708) 749-6433

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**From:** MicrosoftExchange329e71ec88ae4615bbc36ab6ce41109e@ci.berwyn.il.us on behalf of Ruth Siaba Green [RSiabaGreen@ci.berwyn.il.us]  
**Sent:** Thursday, May 20, 2021 11:35 AM  
**To:** 'diamondgraphics@sbcglobal.net'  
**CC:** Robert J. Pabon  
**Subject:** Employee ID  
**Attachments:** Employee ID (23.5 KB)

Sender: RSiabaGreen@ci.berwyn.il.us  
Subject: Employee ID  
Message-Id: <8162adbf15fa4adb8b51c2b82f14a4c6@ci.berwyn.il.us>  
To: diamondgraphics@sbcglobal.net  
Cc: robertjpabon@gmail.com

**From:** Ruth Siaba Green  
**Sent:** Thursday, May 20, 2021 11:35 AM  
**To:** 'diamondgraphics@sbcglobal.net'  
**CC:** Robert J. Pabon  
**Subject:** Employee ID

Please assist with a business card for 5<sup>th</sup> Ward Alderman Rob Pabon. Following is the information for the card:

Rob Pabon

5th Ward Alderman

6700 W. 26<sup>th</sup> St, Berwyn IL 60402-0701

Fax: 708.788.2675

Email: [robertjpabon@gmail.com](mailto:robertjpabon@gmail.com)

Please also include the City's QR code. Please email me the proof to review when ready.  
Thank you very much.

Ruth

*Ruth Siaba Green*

City Administrator

E: [rsiabagreen@ci.berwyn.il.us](mailto:rsiabagreen@ci.berwyn.il.us)

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**From:** MicrosoftExchange329e71ec88ae4615bbc36ab6ce41109e@ci.berwyn.il.us on behalf of Ruth Siaba Green [RSiabaGreen@ci.berwyn.il.us]  
**Sent:** Thursday, May 20, 2021 1:00 PM  
**To:** Robert J. Pabon  
**Subject:** FW: Employee ID  
**Attachments:** FW: Employee ID (292 KB)

Sender: RSiabaGreen@ci.berwyn.il.us  
Subject: FW: Employee ID  
Message-Id: <1e72e7a64b1448f89f2d84e536ab0c44@ci.berwyn.il.us>  
To: robertjpabon@gmail.com