

**OKLAHOMA POLICE PENSION AND RETIREMENT SYSTEM**

1001 N. W. 63<sup>rd</sup> Street, Suite 305  
Oklahoma City, Oklahoma 73116-7335  
1 (405) 840-3555 / 1 (800) 347-6552  
www.opprs.ok.gov

PLEASE CHECK ONE:

CITY \_\_\_\_\_

APPLICATION FOR DISABILITY BENEFIT IN LINE OF DUTY

APPLICATION FOR DISABILITY BENEFIT NOT IN LINE OF DUTY

I, \_\_\_\_\_, SSN \_\_\_\_\_, hereby make application to the Oklahoma Police Pension and Retirement Board for a disability benefit under 11 O.S. § 50-101 et seq. and respectfully submit the following:

1. To the best of my knowledge, I have \_\_\_\_\_ years, \_\_\_\_\_ months and \_\_\_\_\_ days of credited service with the Oklahoma Police Pension and Retirement System.

Such service began on \_\_\_\_\_, and ended on \_\_\_\_\_.

2. The following summarizes the nature and extent of my disability:

**If disability occurred in line of duty, attach a copy of accident/incident report in support of statement.**

3. Has workers compensation claim been filed? YES  NO

4. Is applicant receiving compensation and/or benefits from either the Veterans Administration or the Department of Defense?  
YES  NO

5. I have attached certificate(s) of above stated disability from a physician licensed to practice in the state of Oklahoma.

6. I have attached a letter from the Municipality advising that there is no position as a sworn officer within the police department of that Municipality that I can fill.

7. I have attached a signed release (Form 117) and provided a list of doctors and/or hospitals with their **complete mailing addresses and telephone numbers** that I have seen for treatment or evaluation which pertains to my disability.

As above named applicant, I have read the foregoing application and its contents, and the statements made therein are true and correct.

APPLICANT SIGNATURE (Witnessed by Notary) \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

TELEPHONE NUMBER ( ) \_\_\_\_\_ DATE \_\_\_\_\_

**NOTARY'S SIGNATURE:**

STATE OF \_\_\_\_\_ ) ss.

COUNTY OF \_\_\_\_\_ )

Subscribed and sworn to before me, the undersigned notary, on this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

Notary Signature \_\_\_\_\_ My commission number \_\_\_\_\_

[SEAL] My commission expires \_\_\_\_\_

**A COPY OF THE FOLLOWING DOCUMENTS WILL BE NEEDED TO EXPEDITE THIS APPLICATION:**

- 1. Official Injury Report Form (if applicable)
- 2. Form 117 along with list of physicians and hospitals
- 3. Any miscellaneous documentation in support of application
- 4. Physicians disability statement
- 5. No position – Letter from the Municipality