OKLAHOMA POLICE PENSION AND RETIREMENT SYSTEM
1001 N. W. 63rd Street, Suite 305
Oklahoma City, Oklahoma 73116-7335
1 (405) 840-3555 / 1 (800) 347-6552
www.opprs.ok.gov

APPLICATION FOR SURVIVOR'S PENSION FOR DEATH IN LINE OF DUTY AND DEATH BENEFIT

Surviving Beneficiary	SSN	Birth Date
Deceased Member	SSN	City of Employment

Comes now _____ , surviving beneficiary of _____ , deceased, hereby making application to the Oklahoma Police Pension and Retirement Board for a pension and respectfully submitting the following:

1. Applicant is the surviving beneficiary of _____ , now deceased, who was a police officer duly appointed and employed with the _____ Police Department at the time of his/her death and that said deceased police officer served as a member of a duly constituted Police Department in the State of Oklahoma for a total of _____ years, _____ months and _____ days.
That said service began on _____ , and ended on _____ .

2. That said member died on _____ , by reason of injury sustained while in and in consequence of the performance of duty as an officer of said police department.

3. Pursuant to the member having paid the agreed contributions to the Oklahoma Police Pension and Retirement Fund, the surviving beneficiary is eligible for a pension beginning _____ pursuant to 11 O.S. § 50-101 et seq.

4. Please check one:

☐ That applicant was married to said member at the time of death.

☐ That applicant is the surviving child of said member and is <u>under</u> age eighteen (18) or a full time student <u>under</u> age twenty-two (22).

Current Age _____

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

BENEFICIARY 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 _____

<u>A COPY OF THE FOLLOWING DOCUMENTS MUST ACCOMPANY THIS APPLICATION</u>:

1. Official Injury Report
2. Death Certificate
3. Direct Deposit Form (Form 110)
4. Federal and State Tax Form
5. Marriage License (if applicable)
6. Child(s) Birth Certificate(s) (if applicable)
7. School Verification for Children Over 18 (if applicable)

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