

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 / fax (405) 840-8465

www.opprs.ok.gov

MUNICIPALITY APPLICATION FOR DISABILITY BENEFIT

PLEASE CHECK ONE:

CITY _____

APPLICATION FOR DISABILITY BENEFIT IN LINE OF DUTY

APPLICATION FOR DISABILITY BENEFIT NOT IN LINE OF DUTY

I, _____, an official authorized to file this application, do hereby make application to the Oklahoma Police Pension and Retirement Board for a disability benefit under 11 O.S. § 50-101 et seq. for Officer _____ (“the officer”), a member of the Police Department of the City of _____ and respectfully submit the following:

1. To the best of my knowledge, the officer has _____ 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 the disability:

Attach a copy of accident/incident report in support of statement.

3. Has workers compensation claim been filed? YES NO

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

5. Officer _____ has been temporarily disabled for a period of _____ months in accordance with 11 O.S. § 50-116.1.

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

7. 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 the officer can fill.

8. I have attached documentation in support of this application for disability benefit.

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

SIGNATURE OF CITY OFFICIAL(Witnessed by Notary) _____

MAILING ADDRESS _____

CITY, STATE, ZIP _____

TELEPHONE NUMBER () _____ DATE _____

NOTARY’S SIGNATURE:

STATE OF _____) ss.

COUNTY OF _____)

Signed 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
- 2. Fitness for Duty Physical
- 3. Any miscellaneous documentation in support of application
- 4. No position – Letter from the Municipality