Oklahoma Police Pension and Retirement System

Instruction Manual
2008

TABLE OF CONTENTS

Address Changes……. 23

Back DROP Provision of the Deferred Option Plan……... 67

Beneficiary's Continuation of Pension…… 74

Board Meetings and Composition……... 9

Contributions……... 19

Contribution Pre-List……..……. 21

Contributions Refund…….. 84

Death Benefit……... 80

Death of Member with Contributions to be Refunded…….……... 87

Death of Retired Member without Beneficiary……... 77

Deferred Option Payout Provision Policy……..... 62

Deferred Option Plan Application……... 55

Deferred Option Plan Termination and Payout……... 59

Deferred Option Plan Termination and Payout upon Death of Member…… 65

Definitions……... 5

Disability Benefit (Temporary)……... 36

Disability Benefit in Line of Duty…….. 37

Disability Benefit Not in Line of Duty…… 43

Governmental Contract Service Credit Purchase.…….. 30

Introduction……. 4

Medical Examination……...…… 15

Member Municipalities…… 11

Membership……. 13

Military Credit……. 31

Participation Application……. 16

Prior Service Purchase…… 27

Salary Increases for Active Officer (Notification)……. 25

Service Pension…… 71

Survivor's Pension for Death in Line of Duty……. 49

Survivor's Pension for Death Not in Line of Duty……..…… 52

Transfer of Credited Service from Other State Retirement Systems……..…… 28

Transfer of Service from Another Participating Municipality……...…… 33

Vested Benefit……. 81

OKLAHOMA POLICE PENSION AND RETIREMENT SYSTEM
1001 N. W. 63rd Street, Suite 305
Oklahoma City, Oklahoma 73116-7335

This Oklahoma Police Pension and Retirement System instruction manual provides you with instructions and the necessary forms from which to carry out your duties in the administration of the Oklahoma Police Pension and Retirement System. You may have other duties, but it is unlikely any of them will be more challenging than assisting the police officers of your participating municipality in understanding and collecting the retirement benefits due each of them. Knowing you have assisted a police officer or his/her family member in obtaining the maximum retirement benefits available should be a source of great satisfaction.

This instruction manual will assist you in every step involved in making certain the Oklahoma Police Pension and Retirement System serves the purpose for which it was created. This retirement plan is a valuable fringe benefit for all participating members. The staff of the Oklahoma Police Pension and Retirement System will need your assistance and cooperation to serve all the participating members of the System. The instruction manual and all forms are available through our web site www.opprs.ok.gov.

STAFF

Robert J. Wallace	Executive Director
Steven K. Snyder	Deputy Executive Director/General Counsel
Linda Ruckman (Disability Applicants) extension 227	Administrative Officer
Judy Cong	Comptroller
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DEFINITIONS

The following words and phrases shall have the following meanings respectively ascribed to each of them, unless different meanings are plainly required by the context:

Accrued Retirement Benefit - means two and one-half percent (2 ½ %) of the member's final average salary multiplied by the member's years of credited service not to exceed thirty (30) years.

Article - means Article 50 of Title 11 of the Oklahoma Statutes.

Beneficiary – means a member's surviving spouse or any surviving children, including biological and adopted children, at the time of the member's death. The surviving spouse must have been married to the member for the thirty (30) continuous months immediately preceding the member's death, provided a surviving spouse of a member who died while in, and as a consequence of, the performance of the member's duty for a participating municipality, shall not be subject to the thirty-month marriage requirement for survivor benefits. A surviving child of a member shall be a beneficiary until reaching eighteen (18) years of age or twenty-two (22) years of age if the child is enrolled full time and regularly attending a public or private school or any institution of higher education. Any child adopted by a member after the member's retirement shall be a beneficiary only if the child is adopted by the member for the thirty (30) continuous months preceding the member's death. Any child who is adopted by a member after the member's retirement and such member dies accidentally or as a consequence of the performance of the member's duty as a police officer shall not be subject to the thirty-month adoption requirement. This definition of a beneficiary shall be in addition to any other requirement set forth in Article 50 of Title 11 of the Oklahoma Statutes.

Credited Service – means the period of service used to determine the eligibility for and the amount of benefits payable to a member. Credited service shall consist of the period during which the member participated in the System or the predecessor municipal systems as an active employee in an eligible membership classification, plus any service prior to the establishment of the predecessor municipal systems which was credited under the predecessor municipal systems or credited service granted by the State Board.

Eligible Employer – means any municipality with a municipal police department.

Entry Date – means the date as of which an eligible employer joins the System. The first entry date pursuant to this article shall be January 1, 1981.

Executive Director – means the managing officer of the System employed by the State Board.

Final Average Salary – means the average paid base salary of the member for normally scheduled hours over the highest salaried thirty (30) consecutive months of the last sixty (60) months of credited service. Base salary shall not include payment for accumulated sick and annual leave upon termination of employment or any uniform allowances. Provided, for purposes of determining the normal disability benefit, final average salary shall be based on the member's total service if less than thirty (30) months. Base salary shall include any amount of elective salary reduction under Section 457 of the Internal Revenue Code of 1986, as amended, and any amount of non-elective salary reduction under Section 414(h) of the internal Revenue Code of 1986, as amended. Effective January 1, 1988, base salary shall include any amount of elective salary reduction under Section 125 of the Internal Revenue Code of 1986, as amended. Effective July 1, 1998, gross salary shall include any amount of elective salary reduction not includable in the gross income of the member under Section 132(f)(4) of the Internal Revenue Code of 1986, as amended. Only salary on which required contributions have been made may be used in computing the final average salary.

Fund – means the Oklahoma Police Pension and Retirement Fund.

Limitation Year – means the year used in applying the limitations of Section 415 of the Internal Revenue Code of 1986, as amended, which year shall be the calendar year.

Member – means all eligible officers of a participating municipality and any person hired by a participating municipality who is undergoing police training to become a permanent police officer of the participating municipality. Effective July 1, 1987, a member does not include a "leased employee" as defined under Section 414 (n)(2) of the Internal Revenue Code of 1986, as amended. Effective July 1, 1999, any individual who agrees with the participating municipality that the individual's services are to be performed as a leased employee or an independent contractor shall not be a member regardless of any

classification as a common law employee by the Internal Revenue Service or any other governmental agency, or any court of competent jurisdiction. A member shall include eligible commissioned officers of the Oklahoma State Bureau of Narcotics and Dangerous Drugs Control, the Oklahoma State Bureau of Investigation, and the Alcoholic Beverage Laws Enforcement Commission who elect to participate in the System pursuant to 11 O.S. Section 50-111.5.

Normal Retirement Date – means the date at which the member is eligible to receive the unreduced payments of the member's accrued retirement benefit. Such date shall be the first day of the month coinciding with or following the date the member completes twenty (20) years of credited service. If the member's employment continues past the normal retirement date of the member, the actual retirement date of the member shall be the first day of the month after the member terminates employment with more than twenty (20) years of credited service.

Officer – means any duly appointed and sworn full-time officer of the regular police department of a participating municipality whose duties are to preserve the public peace, protect life and property, prevent crime, serve warrants, enforce all laws and municipal ordinances of this state, and any political subdivision thereof, and who is authorized to bear arms in the execution of such duties.

Paid Base Salary – means, effective May 1, 2002, compensation that shall include longevity, educational allowances, and normal compensation paid on a regularly scheduled pay period of which said pay period shall include holidays, annual leave and sick leave. Paid base salary shall not include overtime, shall not include payment of accumulated sick and annual leave upon termination of employment, and shall not include any uniform allowance or any other compensation for reimbursement of out-of-pocket expenses.

Participating Municipality – means a municipality which is making contributions to the System on behalf of its officers. The Oklahoma State Bureau of Narcotics and Dangerous Drugs Control, the Oklahoma State Bureau of Investigation, and the Alcoholic Beverage Laws Enforcement Commission shall be treated in the same manner as a participating municipality only regarding those members who elect to participate in the System pursuant to 11 O.S. Section 50-111.5.

Permanent In-Line Disability- means incapacity to earn any wages as a certified, commissioned police officer due to accidental injury or occupational disease, incurred while in, and in consequence of, the performance of duty as an officer.

Permanent Partial Disability – means permanent disability which is less than permanent total disability as defined in this section. The member must be declared no greater than ninety-nine percent (99%) impaired as defined by the "American Medical Association's Guides to the Evaluation of Permanent Impairment" on the basis of a physical medical examination by a physician licensed to practice medicine in this state, as selected by the State Board.

Permanent Total Disability –means incapacity due to accidental injury or occupational disease, to earn any wages in the employment for which the member is physically suited and reasonably fitted through education, training or experience. Further, the member must be declared one hundred percent (100%) impaired as defined by the "American Medical Association's Guides to the Evaluation of Permanent Impairment" on the basis of a physical medical examination by a physician licensed to practice medicine in this state, as selected by the State Board.

State Board – means the Oklahoma Police Pension and Retirement Board.

System – means the Oklahoma Police Pension and Retirement System and all predecessor municipal Police Pension and Retirement Systems.

BOARD MEETINGS AND COMPOSITION

The Oklahoma Police Pension and Retirement Board normally meets on the third Wednesday of each month. The agenda for each meeting will be set one week prior to the Board meeting. Applications/documentation to be placed on the agenda for consideration by the Board must be received no later than the Monday of the week prior to the meeting. A schedule of the following year's agenda and meeting dates will be sent to each participating municipality in November of each year.

The Oklahoma Police Pension and Retirement Board is composed of thirteen (13) members as follows:

1. Seven members shall be elected as follows:
   a) One member shall be elected to represent State Board District 1. State Board District 1 shall include that area of the state, except for any area comprising Oklahoma City, that is north of Interstate Highway 40 and west of Interstate Highway 35.
   b) One member shall be elected to represent State Board District 2. State Board District 2 shall include that area of the state, except for any area comprising Oklahoma City, that is south of the Interstate Highway 40 and west of Interstate Highway 35.
   c) One member shall be elected to represent State Board District 3. State Board District 3 shall include that area of the state, except for any area comprising Oklahoma City or Tulsa, that is north of Interstate Highway 40 and east of Interstate Highway 35.
   d) One member shall be elected to represent State Board District 4. State Board District 4 shall include that area of the state, except for any area comprising Oklahoma City, that is south of the Interstate Highway 40 and east of Interstate Highway 35.
   e) One member shall be elected to represent State Board District 5. State Board District 5 shall include that area of the state comprising the City of Tulsa.
   f) One member shall be elected to represent State Board District 6. State Board District 6 shall include that area of the state comprising the City of Oklahoma City.
   g) One member shall be elected to represent State Board District 7. State Board District 7 shall include the entire area of the state.

The members elected to represent State Board Districts 1 through 6 shall be active members of the System and work for a participating municipality whose police department is physically located within the State Board District. The member elected to represent State Board District 7 shall be a retired member of the System.

2. Six members shall be appointed as follows:

   a) One member shall be appointed by the Speaker of the House of Representatives;

   b) One member shall be appointed by the President Pro Tempore of the Senate;

   c) One member shall be appointed by the Governor;

   d) One member shall be appointed by the President of the Oklahoma Municipal League;

   e) One member shall be the State Insurance Commissioner or the Commissioner's designee: and

   f) One member shall be the Director of State Finance or the Director's designee.

MEMBER MUNICIPALITIES BY DISTRICT

District 1

Alva
Arapaho
Bethany
Clinton
Drummond
Edmond
El Reno
Elk City
Enid
Garber
Guthrie
Guymon
Kingfisher
Nichols Hills
Okeene
Piedmont
Sayre
The Village
Warr Acres
Watonga
Weatherford
Woodward
Yukon

District 2

Altus
Anadarko
Blair
Chickasha
Duncan
Frederick
Grandfield
Granite
Hinton
Hobart
Lawton
Lindsay
Mangum
Marlow
Mustang
Newcastle
Tuttle
Waurika

District 3

Bartlesville
Bixby
Blackwell
Boynton
Bristow
Broken Arrow
Catoosa
Chandler
Checotah
Choctaw
Claremore
Cleveland
Collinsville
Commerce
Coweta
Cushing
Dewey
Disney
Drumright
Forest Park
Fort Gibson
Glenpool
Grove
Harrah
Haskell
Henryetta
Hominy
Jenks
Jones
Mannford
Miami
Midwest City
Muskogee
Newkirk
Nicoma Park
Nowata
Okmulgee
Owasso
Pawhuska
Perkins
Perry
Ponca City
Prague
Pryor
Sallisaw
Sand Springs
Sapulpa
Skiatook
Spencer
Stillwater
Tahlequah
Tonkawa
Vinita
Warner

District 4

Ada
Ardmore
Atoka
Cromwell
Davis
Del City
Durant
Eufaula
Hugo
Idabel
Krebs
Lexington
Madill
McAlester
Moore
Noble
Norman
Pauls Valley
Poteau
Purcell
Sawyer
Seminole
Shawnee
Stigler
Sulphur
Tishomingo
Valley Brook
Weleetka
Wetumka
Wewoka
Wister

District 5

Tulsa

District 6

Oklahoma City

MEMBER MUNICIPALITIES

Each participating municipality is assigned a four digit code for use in tracking data. Please refer to the following list of member municipalities to find your respective code number. The application for participation (Form 100) must have the city code.

MEMBER	CODE	MEMBER	CODE	MEMBER	CODE
Ada	6205	Frederick	7110	Owasso	7230
Altus	3305	Garber	2435	Pauls Valley	2525
Alva	7605	Glenpool	7220	Pawhuska	5745
Anadarko	0805	Grandfield	7115	Perkins	6015
Arapaho	2005	Granite	2810	Perry	5220
Ardmore	1005	Grove	2115	Piedmont	0920
Atoka	0305	Guthrie	4215	Ponca City	3635
Bartlesville	7405	Guymon	7010	Poteau	4040
Bethany	5505	Harrah	5530	Prague	4140
Bixby	7205	Haskell	5125	Pryor	4935
Blackwell	3605	Henryetta	5625	Purcell	4415
Blair	3310	Hinton	0855	Sallisaw	6835
Boynton	5105	Hobart	3815	Sand Springs	7235
Bristow	1905	Hominy	5735	Sapulpa	1945
Broken Arrow	7260	Hugo	1215	Sawyer	1230
Catoosa	6605	Idabel	4520	Sayre	0520
Chandler	4115	Jenks	7225	Seminole	6720
Checotah	4605	Jones	5535	Shawnee	6335
Chickasha	2615	Kingfisher	3715	Skiatook	7270
Choctaw	5510	Krebs	6145	Spencer	5580
Claremore	6615	Lawton	1640	Stigler	3120
Cleveland	5910	Lexington	1405	Stillwater	6025
Clinton	2015	Lindsay	2510	Sulphur	5015
Collinsville	7215	Madill	4810	Tahlequah	1115
Commerce	5810	Mangum	2815	The Village	5590
Coweta	7305	Mannford	1930	Tishomingo	3530
Cromwell	6705	Marlow	6920	Tonkawa	3640
Cushing	6005	McAlester	6150	Tulsa	7250
Davis	5005	Miami	5820	Tuttle	2630
Del City	5515	Midwest City	5555	Valley Brook	5585
Dewey	7415	Moore	1410	Vinita	1820
Disney	4915	Muskogee	5130	Warner	5155
Drummond	2420	Mustang	0915	Warr Acres	5595
Drumright	1915	Newcastle	4435	Watonga	0635
Duncan	6910	Newkirk	3630	Waurika	3435
Durant	0735	Nichols Hills	5560	Weatherford	2030
Edmond	5520	Nicoma Park	5565	Weleetka	5425
El Reno	0910	Noble	1415	Wetumka	3235
Elk City	0510	Norman	1420	Wewoka	6725
Enid	2425	Nowata	5315	Wister	4055
Eufaula	4610	Okeene	0630	Woodward	7730
Forest Park	5525	Oklahoma City	5570	Yukon	0930
Fort Gibson	5120	Okmulgee	5640		

MEMBERSHIP

Each new police officer or any person hired by a participating municipality who is paid for working more than twenty-five (25) hours per week or any person who is undergoing police training to become a permanent police officer of the participating municipality must participate in the System upon initial employment with a police department of a participating municipality. Each applicant must meet the following requirements before employment:

1. An officer must be not less than twenty-one (21) years of age or more than forty-five (45) years of age. An officer who is more than forty-five (45) years of age would not be eligible to participate in the System, but may be employed if the officer has never participated in the System, and if the resulting total of employed full-time officers for the municipality is two (2) or fewer (inclusive of the police chief, whether or not the police chief is a participating member of the System).
2. An officer is **required to complete the physical-medical examination and be approved for membership by the Board prior to the beginning of actual employment**. This officer must complete a physical-medical examination pertaining to sight, hearing, agility and other conditions, the requirement of which shall be established by the State Board. This examination shall identify any preexisting conditions.
3. An officer must be duly appointed and a sworn full time officer who is being paid for working more than twenty-five (25) hours per week for the regular police department of a participating municipality and whose duties are to preserve the public peace, protect life and property, prevent crime, serve warrants, enforce all laws and municipal ordinances of this state and any political subdivision thereof, and who is authorized to bear arms in the execution of such duties.
4. A former participating member of the System who terminates employment from a participating municipality and who has neither retired from the System nor entered the Oklahoma Police Deferred Option Plan may be employed regardless of age. **A complete physical-medical examination and approval by the Board is required prior to employment.**

The police chief of any participating municipality may be exempt from membership in the System or may become a participating member provided the requirements of the above are met at the time of employment. Please refer to 11 O.S. Section 50-112 for statutory language governing eligibility for membership.

MEDICAL EXAMINATION

All persons employed as police officers or any person hired by a participating municipality who is undergoing police training to become a permanent police officer of the participating municipality and is being paid for working more than twenty-five hours per week, shall participate in the Oklahoma Police Pension and Retirement System upon **initial employment** with a police department of a participating municipality.

All such persons shall submit to a physical-medical examination pertaining to sight, hearing, agility and other conditions, the requirements of which shall be established by the State Board.

The person **must complete this physical-medical examination prior to the beginning of actual employment**. This examination shall identify any preexisting conditions.

One of two exceptions to taking the physical-medical examination is when a police officer, who is a participating member of the Oklahoma Police Pension and Retirement System, transfers from one participating member municipality to another. The other exception is when a participating police officer terminates employment and returns to police work with a participating municipality within ninety (90) days of termination. The medical examination is then waived. The participating municipality may send their applicant to any licensed physician of their selection. The results of the physical-medical examination must be reflected on the System's medical Form 114 and signed by the attending physician. The attending physician should send the results of this physical-medical examination to the participating municipality's office. You will then forward the medical results to the System for review by the State Board's physician.

The State Board's physician will review and provide any preexisting medical conditions. Should the participating municipality determine to continue with the hiring process, complete an Application for Participation (Form 100) and forward the original to the System.

The State Board shall have the final authority in determining eligibility for membership in the System. Once the State Board has approved membership, the applicant may be employed.

APPLICATION FOR PARTICIPATION
FORM 100

File a complete Application for Participation (Form 100) with the Oklahoma Police Pension and Retirement System. The following contains a sample form and instructions for the form completion. If you have any questions, please contact the Oklahoma Police Pension and Retirement System at 1-(405) 840-3555 or 1-(800) 347-6552. Municipalities beginning with a letter between A through L and Oklahoma City dial extension 224 and speak with **Katie Luttrell**. All other municipalities should dial extension 225 and speak with **Sean Ruark**.

1. City – Name of participating municipality.
2. City Code – Use assigned participating municipality code provided in this manual.
3. Social Security Number – Must contain nine digits.
4. Birth Date – Month, day and year.
5. Name – Completed in full (please print).
6. Mailing Address – Completed in full.
7. Telephone Number – Including area code.
8. Male or Female – Please indicate.
9. Active Military Service Dates – Please provide dates and DD214.
10. Prior Employment – Please provide the participating municipality and dates of employment.
11. Participated in Police Pension System – Yes or no.
12. Previous Refund – Yes or no.
13. Applicant Signature – Completed in full.
14. Date – Month, day and year.
15. Date Employed – Month, day and year.
16. Authorized City Signature – Witnessed by notary.
17. Date – Month, day and year.
18. Notary Public – Must be notarized.

The Oklahoma Police Pension and Retirement Board will consider this application at their next regular meeting following the Board's physician's review of the applicant's medical exam.

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 PARTICIPATION (PLEASE PRINT)

CITY _____ (1) _____ CITY CODE _____ (2) _____

SOCIAL SECURITY NUMBER _____ (3) _____ BIRTH DATE _____ (4) _____

NAME (Last) _____ (5) _____ (First) _____ (5) _____ (Middle) _____ (5) _____

MAILING ADDRESS _____ (6) _____

CITY, STATE, ZIP _____ (6) _____

TELEPHONE NUMBER ( ) _____ (7) _____ (8) MALE ☐ FEMALE ☐

ACTIVE MILITARY SERVICE DATES: _____ (9) _____ TO _____ (9) _____ ATTACH DD214

I have been previously employed with the following participating police department(s) in Oklahoma: (10)

CITY	DATE OF EMPLOYMENT	DATE OF TERMINATION

Participated in Oklahoma Police Pension and Retirement System: (11) Yes ☐ No ☐ Previous refund: (12) Yes ☐ No ☐

I hereby certify the above information regarding my employment is true and correct; information provided on the physical report (Form 114) represents a true statement of my health. I have no disabilities which would interfere with the performance of my regular police duties.

APPLICANT SIGNATURE _____ (13) _____

DATE _____ (14) _____

FOR MUNICIPALITY USE ONLY:

I hereby certify this applicant is entitled to participate in the Oklahoma Police Pension and Retirement System upon employment pursuant to 11 O.S. § 50-101 et seq.

DATE EMPLOYED _____ (15) _____

AUTHORIZED CITY SIGNATURE (**Witnessed by Notary**) _____ (16) _____

DATE _____ (17) _____

NOTARY'S SIGNATURE:
STATE OF _____ (18) _____) ss.
COUNTY OF _____ (18) _____)

Signed and sworn to before me on, the undersigned notary, on this ___ (18) ___ day of _____ (18) _____ , 20 ___ (18) ___ .

Notary Signature _____ (18) _____ My commission number _____ (18) _____

[SEAL] (18) My commission expires _____ (18) _____

CONTRIBUTIONS

Each participating member in the System shall contribute to the System, a minimum of eight percent (8%) of the participating member's actual base salary **beginning with the day of employment and continuing through the last day of employment**. Base salary shall include longevity, educational allowance, normal compensation paid on a regularly scheduled pay period of which said pay period shall include holiday, annual leave and sick leave. Paid base salary shall not include overtime. This shall exclude any incremental increases due to reimbursement of payment of benefits or other allowances including but not limited to insurance premium reimbursements.

The participating municipality in the System shall contribute to the System thirteen percent (13%) of the actual paid base salary of each participating member of the System employed by the participating municipality.

The sum appropriated shall be paid to the System within **ten (10)** days following the payroll period on which the contribution is based. Amounts deducted from the salary of a participating member and not paid to the System after thirty (30) days from each ending payroll date shall be subject to a monthly late charge of one and one-half percent (1 ½%) of the unpaid balance to be paid by the participating municipality to the System. This payment must be accompanied with a contribution pre-list for instruction on its use. Please refer to 11 O.S. Section 50-109 and 50-110 for statutory language governing contributions.

Effective January 1, 1989, the Oklahoma Statutes pertaining to the Oklahoma Police Pension and Retirement System (11 O.S. Section 50-101 et seq.) have been amended to exclude participating member contributions from federal and state income taxes, in accordance with Section 414(h) of the Internal Revenue Code of 1986. Please refer to 11 O.S. Section 50-114.1 for statutory language governing deferred taxes on contributions.

OKLAHOMA POLICE PENSION AND RETIREMENT SYSTEM

CONTRIBUTION PRE-LIST

CITY: 9000 PAY PERIOD ENDING: _____

PREVIOUS PAYMENT AMOUNT:

Soc Sec No	Last	First	MI	Base Salary	City Required 13%	Member Required 8%
111 11 1111	Jones	June	J	1000.00	130.00	80.00
222 22 3333	Smith	Sam	S	1000.00	130.00	Plan B
333 33 3333	Wills	Walt	W	1000.00	130.00	80.00
Total members	3				390.00	160.00

CONTRIBUTION PRE-LIST

The contribution pre-list is a computer-generated document reflecting the city code, city name, pay period ending date, police officer's SSN, name, base salary, employer contribution and employee contribution. This document also reflects the total employer and employee contributions made to the System.

Your office and this System use this pre-list as a turnaround document. Enter the pay period ending date in the upper right hand corner as the first step in processing. Make any additions, changes, terminations or leave of absences directly to the document for input to the System. Add SSN, name, base salary, and employer and employee contributions for newly employed officers. Salary changes require marking out the old and writing the new amount above the old. Identify participants of the Oklahoma Police Deferred Option Plan by writing "Plan B" in the left margin next to their name and deleting the employee contribution. Mark off any officer who has terminated or is on leave of absence and provide dates. After processing the data for that pay period, a new pre-list is returned for your use with the next payroll.

The participating municipality may provide a pre-list that is generated by its own system. This pre-list must provide all information in exactly the same order as the pre-list provided by the Oklahoma Police Pension and Retirement System. This may be used only if the participating municipality name and code are given at the top along with the pay period ending date. Also the employee information must be in the exact following order: SSN, name, base salary, employer contribution and employee contribution. The employer and employee contribution columns must be totaled and equal the amount of the check you will be sending for that pay period.

The Oklahoma Police Pension and Retirement System may also accept the information by diskette. Please contact the System should your participating municipality be interested in sending municipality pre-lists or sending the information by file on diskette.

All paid base salary increases given to active police officers must be reported to the Oklahoma Police Pension and Retirement System prior to the effective date of increase. Please use Notice of Paid Base Salary Increases for Active Police Officers (Form 101).

A sample pre-list for your review is provided in this manual. If you have any questions, please contact the Oklahoma Police Pension and Retirement System at 1 (405) 840-3555 or 1 (800) 347-6552. Municipalities beginning with a letter between A through L and Oklahoma City dial extension 224 and speak with **Katie Luttrell**. All other municipalities should dial extension 225 and speak with **Sean Ruark**.

ADDRESS CHANGES
FORM 115

Notification to the Oklahoma Police Pension and Retirement System of all home address changes is very important (i.e. the home address is used for the mailing of the Active Member Statements, Deferred Option Statements, ballots for the election of Board Members, etc.). Please provide Form 115 for completion to be made by the officer or by authorized municipal staff and forward this form to the Oklahoma Police Pension and Retirement System.

1. Status of Account – Please check one.
2. Member Social Security Number – (Only if for beneficiary/alternate payee) Must contain nine digits.
3. Police Department – Name of participating municipality.
4. Old Mailing Address – Completed in full.
5. New Mailing Address – Completed in full.
6. Home Telephone Number – Including area code.
7. Business Telephone Number – Including area code.
8. Name – Completed in full (please print).
9. Social Security Number – Must contain nine digits.
10. Participant Signature – (Only if participant is completing form) Completed in full.
11. Date – Month, day and year.
12. Authorized City Signature – (Only if city is completing form) Completed in full.
13. Date – (Only if city is completing form) Current month, day and year.
14. Position or Title – (Only if city is completing form) Job title.
15. Telephone Number – (Only if city is completing form) Including area code.

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NOTICE OF CHANGE OF ADDRESS

Active member (1) Deferred Option Plan (1) Retired Member (1) Beneficiary (1) Alternate Payee (1)

If Beneficiary receiving benefit, or alternate payee, please provide member SSN _____ (2) _____

Police Department _____ (3) _____

OLD ADDRESS:

Mailing Address _____ (4) _____

City, State and Zip _____ (4) _____

NEW ADDRESS

Mailing Address _____ (5) _____

City, State and Zip _____ (5) _____

Telephone: Home ( ) (6) _____ Business ( ) (7) _____

I, _____ (8) _____ , SSN _____ (9) _____ ,
PLEASE PRINT NAME

do hereby notify and authorize the Oklahoma Police Pension and Retirement System ("System") of the following change of mailing address:

Signature of Participant _____ (10) _____

Date _____ (11) _____

OR Authorized City Signature _____ (12) _____ Date _____ (13) _____

Position/Title _____ (14) _____ Telephone Number ( ) (15) _____

PLEASE NOTIFY THE SYSTEM WHEN MAKING A CHANGE IN YOUR HOME ADDRESS OR ANY OTHER INFORMATION RELATING TO YOUR PARTICIPATION. THE PARTICIPANT OR THE AUTHORIZED CITY EMPLOYEE MAY SIGN THIS FORM.

WHEN CONTACTING THE SYSTEM, PLEASE IDENTIFY YOURSELF BY YOUR NAME, SOCIAL SECURITY NUMBER, AND THE CITY FROM WHICH YOU ARE RETIRED OR FOR WHICH YOU ARE CURRENTLY WORKING.

OFFICER SALARY INCREASES
FORM 101

Retired members from your participating municipality may be eligible for an increase in their pension benefit as a result of the raises given to active officers. Report any paid base salary increase given to your active police officers to the Oklahoma Police Pension and Retirement System using Form 101.

The following contains a sample form and instructions for the form completion. If you have any questions, please contact the Oklahoma Police Pension and Retirement System at 1 (405) 840-3555 or 1 (800) 347-6552. Municipalities beginning with a letter between A through L and Oklahoma City dial extension 224 and speak with **Katie Luttrell**. All other municipalities should dial extension 225 and speak with **Sean Ruark**.

1. Effective Date – Date increase was effective.
2. Annual Paid Base Salary After Increase – New annual paid base salary amount.
3. Annual Paid Base Salary Before Increase – Annual paid base salary before increase was in effect.
4. Total Annual Salary Increase – The difference between 2 (paid base salary after increase) and 3 (paid base salary before increase).
5. Name of Highest Paid Patrol Officer – Name of officer used to report increase.
6. Authorized City Signature – Completed in full.
7. Position/Title – Job Title.
8. City – Name of participating municipality.
9. City Code – Use assigned participating municipality code provided in this manual.
10. Date – Month, day and year.

OKLAHOMA POLICE PENSION AND RETIREMENT SYSTEM
1001 N. W. 63rd Street, Suite 305
Oklahoma City, Oklahoma 73116-7335
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NOTICE OF PAID BASE SALARY INCREASES FOR ACTIVE POLICE OFFICERS

The Western District Federal Court of Oklahoma, Case #C1V 2821, has ruled that some retired police officers may be eligible for cost of living adjustment (COLA). The COLA to the retirees is based on the following criteria

> If a member was retired or vested on or before December 31, 1980, then the member is eligible for one half (1/2) of the salary increase given to the highest paid patrol officer of the retirant's municipality.
>
> If a member was retired or vested on or before May 26, 1983, then the member is eligible for one-third (1/3) of the salary increase given to the highest paid patrol officer of the retirant's municipality.
>
> If a member completes twenty (20) years of credited service on or after May 27, 1983, then the member is not eligible for a COLA benefit.

In order for the Oklahoma Police Pension and Retirement System to comply with the court order we must receive notification of salary increases given to active police officers.

Please provide the **annual** paid base salary increase that was given to your highest paid patrol officer. The amount of this increase must be based on base salary. **Paid base salary shall include longevity, educational allowance, and normal compensation paid on a regularly scheduled pay period of which said pay period shall include holidays, annual leave and sick leave. Paid base salary shall not include overtime, shall not include payment for accumulated sick and annual leave upon termination of employment, and shall not include any uniform allowance or any other compensation for reimbursement of out-of-pocket expenses.**

Effective Date _____ (1) _____

Annual paid base salary after increase _____ (2) _____

Annual paid base salary before increase _____ (3) _____

Total annual paid base salary increase _____ (4) _____

Name of highest paid patrol officer used for increase _____ (5) _____

I certify the above information relating to paid base salary increases is true and correct to the best of my knowledge.

Authorized City Signature _____ (6) _____

Position/Title _____ (7) _____

City _____ (8) _____ City Code _____ (9) _____ Date _____ (10) _____

As always, please remember to send contributions for any retro raise paid to terminated, retired, or deferred option plan members (member contributions, too, for any portion of the raise effective prior to their current status). A breakout by pay period may be needed on these individuals. Please call if questions.

PURCHASE OF PRIOR SERVICE

Whenever a participating member has terminated covered employment and has withdrawn the participating member's accumulated contributions and has rejoined the System, the participating member, upon proper application and approval by the Board, may pay to the System the sum of the accumulated contributions which were withdrawn plus ten percent (10%) annual interest from the date of the withdrawal and shall receive the same benefits as if the participating member had never withdrawn the contributions.

To receive credit for prior service, all required contributions and interest must be paid within ninety (90) days of Board approval of the application.

There is no application form for the purchase of prior service. The participating member should send a request in writing to the Oklahoma Police Pension and Retirement System. The System will obtain certification of the membership from the respective municipality and notify the applicant after the Board's consideration.

Please refer to 11 O.S. Section 50-111.1 for statutory language governing purchase of prior service.

TRANSFER OF CREDITED SERVICE FROM OTHER STATE RETIREMENT SYSTEMS

A participating member of the Oklahoma Police Pension and Retirement System may receive up to five (5) years of credited service accumulated by the participating member while a participating member of the Oklahoma Firefighters Pension and Retirement System, Oklahoma Law Enforcement Retirement System, Teacher's Retirement System of Oklahoma, Oklahoma Public Employees Retirement System, or a county retirement system created pursuant to 19 O.S. Section 951 or an Oklahoma municipal retirement system, if the participating member is not receiving or eligible to receive retirement credit from said service in any other public retirement system.

The purchase price for transferred credited service shall be based on the actuarial cost of the incremental projected benefits to be purchased.

In the event the participating member is unable to pay the purchase price by the due date, the State Board shall permit the participating member to amortize the purchase price over a period not to exceed sixty (60) months. Said payments shall be made by payroll deductions unless the State Board permits an alternate payment source. The amortization shall include interest in an amount not to exceed the actuarially assumed interest rate adopted by the State Board for investment earnings each year. Any participating member who ceases to make payment, terminates, retires or dies before completing the payments provided for in 11 O.S. Section 50-111.4 shall receive prorated service credit for only those payments made, unless the unpaid balance is paid by said participating member, his or her estate or successor in interest within six (6) months after said participating member's death, termination of employment or retirement, provided no retirement benefits shall be payable until the unpaid balance is paid, unless said participating member or beneficiary affirmatively waives the additional six-month period in which to pay the unpaid balance.

The transferred credited service of the participating member from another Oklahoma state retirement system shall not alter the participating member's normal retirement date or vesting requirements. The transferred credited service will be added after the participating member reaches normal retirement date or vesting date.

The participating member should send a written request to the Oklahoma Police Pension and Retirement System. The System will obtain certification of membership from the respective retirement system and notify the applicant after the Board's consideration.

Please refer to 11 O.S. Section 50-111.2, 50-111.4, and OAC 550:20 for statutory language and administrative rules governing transfer of credited service from other state retirement systems.

GOVERNMENTAL CONTRACT SERVICE CREDIT

A participating member who terminates employment for the purpose of performing service as a police officer on a contract basis for the United States Department of Defense (DOD) or for the State Department of the United States in a war zone may purchase not to exceed one (1) year of service credit for the period of time during which the member performed services for either of such entities, or any branch of the United States military or other entity operating under authority of the DOD or the State Department, by making payment of all required employer and employee contributions for the period of service during which the member was so privately employed.

The contributions required shall be paid by the member within one (1) year of becoming reemployed by a participating employer of the System.

Service credit purchased shall be counted for purposes of vesting, normal retirement date, eligibility to participate in the Deferred Option Plan authorized by 11 O.S. Section 50-111.3 and for purposes of computing the retirement benefit of the member.

Application may be made by written request to the Board. The municipality will need to provide a complete history reflecting the base salary and contributions by pay period as though the participating member did not have a leave of absence. The participating member is responsible for paying his/her contributions and the municipality contributions as well. The System will notify the participating member after Board consideration.

Please refer to 11 O.S. Section 50-111.2A for statutory language governing the purchase of credited service related to such private employment.

CREDIT FOR MILITARY SERVICE

The Uniformed Services Employment and Re-Employment Act of 1994 (USERRA) provides that a person reemployed shall be treated as not having incurred a break in service for pension plan purposes (38 U.S.C. Section 4318(a)(2)(A)). Pension plan accrual and vesting continues during an employee's military service (38 U.S.C. Section 4318(b)(2)). The statute provides that there is no forfeiture of benefits that have already accrued (38 U.S.C. Section 4318(2)(B)). The employer and employee are required to pay their respective contributions for the period of time in which the employee was in military service in order to receive pension credit for their military service (38 U.S.C. Section 4318(b)(2)).

A returning member, upon completion of a period of service in the uniformed services, must notify the participating municipality of their intent to return to the participating municipality as a police officer and report to work within certain time periods, pursuant to 38 (U.S.C. Section 4312(e)).

The returning member of the System and participating municipality have a time period equal to three times the amount of military service time but in any case no longer than five years to make up the required contributions (38 U.S.C. Section 4318(b)(2)). In order for the participating municipality and the Oklahoma Police Pension and Retirement System to comply with USERRA these procedures must be followed.

When a participating member notifies a participating municipality of active duty, the participating municipality must submit to the System a completed Notice of Leave of Absence for Military Service (Form 125), and copies of the orders, if available.

While a participating member is on military leave pursuant to USERRA, the participating municipality must continue to submit regularly scheduled contributions to the System on behalf of the participating member and the participating municipality for any period of <u>paid</u> time. If the participating member is receiving intermittent pay during the military service leave (such as for paid leave time), the participating municipality must continue to contribute for the time that the participating member is being paid.

When the member returns from active duty, the participating municipality must submit to the System a completed Notice of Return from Leave of Absence for Military Service (Form 126), a copy of the member's orders, if not previously submitted, and a copy of the member's DD214. The Historic Payroll Record for Military Service Leave (Form 130) reflects the base salary by pay period for the military service. This record would appear as though the participating member did not leave for military leave of absence and would include any compensation increases, promotions or other adjustments that would normally have occurred during the period of the leave. The participating member is responsible for paying his/her contributions. The participating municipality must pay its contributions as well.

The System is required to give the participating member service credit for purposes of vesting (military service time counts toward credited service time). However, the participating member has the option to make up the contributions for the period served in the military if the participating member wants to receive the credited service for purposes of benefit accrual. Please provide the participating member the Service Credit Purchase Application (Form 127), the Installment Payroll Deduction Form for Purchase of Credited Service (for Military Service Under USERRA) (Form 128) and the Trustee-to-Trustee Transfer Form for Purchase of Credited Service (for Military Service Under USERRA) (Form 131), if applicable. The participating municipality will need to complete Military Service Payment Schedule for Participating Municipality (Form 129) should the participating member decide to purchase the military service. If the mode of payment should need to be altered, the participating member needs to complete a Member Change of Payment for Service Credit Purchase (for Military Service Under USERRA) (Form 132). If the payroll deduction schedule is to be changed, then the participating municipality needs to submit a completed Change in Payment Schedule for Participating Municipality (Form 133).

If you have any questions, contact the Oklahoma Police Pension and Retirement System at 1 (405) 840-3555 or 1 (800) 347-6552. Municipalities beginning with a letter between A through L and Oklahoma City dial extension 224 and speak with **Katie Luttrell**. All other municipalities should dial extension 225 and speak with **Sean Ruark**.

APPLICATION FOR TRANSFER OF SERVICE CREDIT
FORM 102

A participating member who terminates employment with a participating municipality may transfer credited service upon employment with another participating municipality. The Board only requires a new medical examination if the participating member ceased employment as a police officer with a participating municipality for more than ninety (90) days. File a completed Application for Transfer of Service Credit (Form 102) with the Oklahoma Police Pension and Retirement System as soon as possible following the last contribution to the System.

The following contains a sample form and instructions for the form completion. If you have any questions, please contact the Oklahoma Police Pension and Retirement System at 1-(405) 840-3555 or 1-(800) 347-6552. Municipalities beginning with a letter between A through L and Oklahoma City dial extension 224 and speak with **Katie Luttrell**. All other municipalities should dial extension 225 and speak with **Sean Ruark**.

1. Member Name – Completed in full (please print).
2. Social Security Number – Must contain nine digits.
3. Terminating Police Department.
4. New Police Department.
5. Applicant Signature – Witnessed by notary.
6. Mailing Address – Completed in full.
7. Telephone Number – Including area code.
8. Date – Month, day and year.
9. Notary Public – Must be Notarized.
10. City – Name of participating municipality.
11. Code – Use assigned participating municipality code provided in this manual.
12. Applicant Name – Completed in full (please print).
13. Applicant Social Security Number – Must contain nine digits.
14. Date of Employment – Month, day and year.

15. Date of Termination – Month, day and year.

16. Member Contributions Being Transferred – Life to date member contributions.

17. Member Name – Completed in full (please print).

18. Authorized City Signature – Completed in full.

19. Date – Month, day and year.

20. Position/Title – Job title.

21. Telephone Number – Including area code.

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APPLICATION FOR TRANSFER OF SERVICE CREDIT

I _____ (1) _____ , SSN _____ (2) _____ ,

hereby make application for my service credit with the Oklahoma Police Pension and Retirement System, to be transferred from the

_____ (3) _____ Police Department to the _____ (4) _____ Police Department.

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

APPLICANT SIGNATURE (Witnessed by Notary) _____ (5) _____

MAILING ADDRESS _____ (6) _____

CITY, STATE, ZIP _____ (6) _____

TELEPHONE NUMBER ( ) _____ (7) _____ DATE _____ (8) _____

NOTARY'S SIGNATURE:

STATE OF _____ (9) _____) ss.
COUNTY OF _____ (9) _____)

Signed and sworn before me, the undersigned notary, on this ____ (9) ____ day of _____ (9) _____ , 20 ____ (9) ____ .

Notary Signature _____ (9) _____ My commission number _____ (9) _____

[SEAL] (9) My commission expires _____ (9) _____

<u>TO BE COMPLETED BY CITY TRANSFERRING FROM</u>:

CITY _____ (10) _____ CODE _____ (11) _____

APPLICANT NAME (Please Print) _____ (12) _____

APPLICANT SSN _____ (13) _____

DATE OF EMPLOYMENT _____ (14) _____ DATE OF TERMINATION _____ (15) _____

MEMBER (ONLY) CONTRIBUTIONS BEING TRANSFERRED $ _____ (16) _____

I certify the above information relating to member pension contributions and dates of service for Officer _____ (17) _____ is true and correct to the best of my knowledge.

Authorized City Signature _____ (18) _____ Date _____ (19) _____

Position/Title _____ (20) _____ Telephone Number ( ) _____ (21) _____

TEMPORARY DISABILITY BENEFIT

Whenever any participating member of the police department of any participating municipality is unable to perform the participating member's duties because of sickness or temporary disability caused or sustained while in the discharge of the participating member's duty as such participating member, notwithstanding the provisions of Sections 11 and 12 of Title 85 of the Oklahoma Statutes, the salary shall be paid by the participating municipality to the participating member. The participating member's salary shall continue while the participating member is sick or temporarily disabled for a period of not more than six (6) months with the participating municipality having the option of extending the period for up to an additional six (6) months, not to exceed a total of twelve (12) months, after which said period the provisions for permanent total or permanent partial disability benefits of the Oklahoma Police Pension and Retirement System shall apply. Should a participating member receiving a salary under 11 O.S. Section 50-116.1 be eligible to receive, and should the salary of the participating member under this section exceed any temporary disability benefit paid to the participating member under Section 1 et seq. of Title 85 of the Oklahoma Statutes, the participating member shall transfer said temporary disability benefits under Section 1 et seq. of Title 85 of the Oklahoma Statutes to the participating municipality while the participating member is sick or temporarily disabled.

Please refer to 11 O.S. Section 50-116.1 for statutory language governing temporary disability benefits.

DISABILITY BENEFIT IN LINE OF DUTY
FORM 103

The State Board is authorized to pay a disability benefit to a participating member of the System or a pension to the beneficiaries of such participating member. The State Board must find that the participating member incurred a permanent total disability or a permanent partial disability or died while in, and in consequence of, the performance of duty as a police officer. The disability benefit is payable immediately upon determination of eligibility. Any preexisting condition identified at the time of any initial or subsequent membership shall be used to offset the percentage of impairment to the whole person in determining any disability benefit. Once the initial disability benefit has been awarded by the Board on the basis of the percentage of impairment to the whole person, the participating member shall have no further recourse to increase the awarded percentage of impairment.

In order for any participating member to be eligible for any disability benefit, or the participating member's beneficiaries to be eligible for a pension, the participating member must have complied with any agreement as to contributions.

Before making a finding as to the disability of a participating member, the State Board may require the following:

1. Application for Disability Benefit in Line of Duty (Form 103).
2. Evidence of injury in the line of duty and /or evidence of exposure to hazardous chemicals in the line of duty (e.g., copy of accident/injury report(s) or other proof that disability was incurred while in, and in consequence of, the performance of duty as an officer).
3. A certificate as to such disability made by a physician licensed to practice in this state.
4. The participating municipality must show cause to the State Board that there is no position as a sworn officer within the police department of that participating municipality which the participating member can fill.
5. Authorization to Release Medical/Psychiatric/Psychological information signed by applicant (Form 117).

Upon determination by the State Board that a participating member has incurred a permanent in-line disability as a result of physical or mental causes, the member shall be awarded a benefit as follows:

1% to 49% impairment to whole person =
50% of the normal disability benefit

50% to 74% impairment to whole person =
75% of the normal disability benefit

75% to 100% impairment to whole person =
100% of the normal disability benefit

In the event of the death of any participating member who has been awarded a disability benefit or is eligible therefore, the participating member's beneficiary shall be paid the benefit.

Please refer to 11 O.S. Section 50-115 and OAC 550:10-1-5 for statutory language and administrative rules governing disability benefit in line of duty.

File a completed Application for Disability Benefit in Line of Duty (Form 103) and, as needed, items 2, 3, 4, and 5 above with the Oklahoma Police Pension and Retirement System. The following contains a sample form and instruction for the form completion. If you have any questions, please contact the Oklahoma Police Pension and Retirement System at 1 (405) 840-3555 or 1-(800) 347-6552. Municipalities with questions concerning disabilities dial extension 227 and speak with **Linda Ruckman**. Municipalities beginning with a letter between A through L and Oklahoma City dial extension 224 and speak with **Katie Luttrell**. All other municipalities should dial extension 225 and speak with **Sean Ruark**.

1. Select type of disability – In line or not in line.
2. City – Name of participating municipality.
3. Member Name – Completed in full (please print).
4. Applicant Social Security Number – Must contain nine digits.
5. Total years, months and days of credited service.
6. Service Began – Month, day and year.
7. Service Ended – Month, day and year.
8. Brief summary of disability.

9. Workers Compensation Claim – Indicate if filed – Yes or No.

10. Compensation from Veterans Administration/Department of Defense – Yes or No.

11. Applicant Signature – Witnessed by notary.

12. Mailing Address – Completed in full.

13. Telephone Number – Including area code.

14. Date – Month, day and year.

15. Notary Public – Must be notarized.

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PLEASE CHECK ONE: (1) CITY _____ (2) _____

☐ **APPLICATION FOR DISABILITY BENEFIT IN LINE OF DUTY**

☐ **APPLICATION FOR DISABILITY BENEFIT NOT IN LINE OF DUTY**

I, _____ (3) _____, SSN _____ (4) _____, 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 ___(5)___ years, ___(5)___ months and ___(5)___ days of credited service with the Oklahoma Police Pension and Retirement System.
Such service began on _____ (6) _____, and ended on _____ (7) _____.

2. The following summarizes the nature and extent of my disability: (8)

_____

_____

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? (9) YES ☐ NO ☐

4. Is applicant receiving compensation and/or benefits from either the Veterans Administration or the Department of Defense?
(10) 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) _____ (11) _____

MAILING ADDRESS _____ (12) _____

CITY, STATE, ZIP _____ (12) _____

TELEPHONE NUMBER ( ) (13) _____ DATE _____ (14) _____

NOTARY'S SIGNATURE:
STATE OF _____ (15) _____) ss.
COUNTY OF _____ (15) _____)

Signed and sworn to before me, the undersigned notary, on this ___(15)___ day of _____ (15) _____, 20 ___(15)___.

Notary Signature _____ (15) _____ My commission number _____ (15) _____

[SEAL] (15) My commission expires _____ (15) _____

<u>A COPY OF THE FOLLOWING DOCUMENTS WILL BE NEEDED TO EXPEDITE THIS APPLICATION</u>:

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

MEDICAL/PSYCHIATRIC/PSYCHOLOGICAL RELEASE
FORM 117

Form 117 must be signed and dated by the applicant. Attach a list of doctors and/or hospitals with their addresses and telephone numbers that the applicant has seen for treatment or evaluation which pertains to applicant's disability. This information is requested to provide the Board's physician with complete medical history before being examined for disability.

This release must accompany Form 103.

If you have any questions, please contact the Oklahoma Police Pension and Retirement System at 1 (405) 840-3555 or 1 (800) 347-6552. Municipalities with questions concerning disabilities dial extension 227 and speak with **Linda Ruckman**. Municipalities beginning with a letter between A through L and Oklahoma City dial extension 224 and speak with **Katie Luttrell**. All other municipalities should dial extension 225 and speak with **Sean Ruark**.

1. Patient's Name – Completed in full (please print).
2. Date of Birth – Month, day and year.
3. Social Security Number – Must contain nine digits.
4. Patient's Signature – Completed in full.
5. Date – Month, day and year.

OKLAHOMA POLICE PENSION AND RETIREMENT SYSTEM

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AUTHORIZATION TO RELEASE MEDICAL/PSYCHIATRIC/PSYCHOLOGICAL INFORMATION

Patient's Name _____ (1) _____

Date of Birth _____ (2) _____

Social Security Number _____ (3) _____

TO WHOM IT MAY CONCERN:

I hereby request and authorize any health plan, physician, health care professional, hospital, clinic, laboratory, pharmacy, medical facility, or other health care provider that has provided payment, treatment or services to me or on my behalf to furnish to the Oklahoma Police Pension and Retirement System and/or the Retirement Board and any representative thereof (collectively, the "System") any and all records, information and evidence in their possession regarding my injuries, medical history, physical condition, and psychiatric/psychological information, including information related to alcohol or drug abuse, both prior and subsequent to the date below until this authorization expires or until I revoke this authorization. Any or all of such health information is referred to in this authorization as my "protected health information" or "PHI."

Upon presentation of this authorization, or an exact photocopy thereof, you are directed (1) to permit the personal review, copying or photostatting of such records, information and evidence by the System or (2) to provide copies of such records to the System.

I further understand that, if my PHI is transmitted or maintained electronically (my "electronic PHI"), you or any agent or subcontractor that creates, receives, maintains, or transmits my electronic PHI will implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of my electronic PHI, and you will ensure that any agent (including a subcontractor) to whom you provide my electronic PHI agrees to implement reasonable and appropriate security measures to protect my PHI.

THE INFORMATION AUTHORIZED FOR RELEASE MAY INCLUDE RECORDS WHICH MAY INDICATE THE PRESENCE OF A COMMUNICABLE OR NONCOMMUNICABLE DISEASE.

I hereby acknowledge that the information authorized for release may include information which may be considered information about a communicable or venereal disease, which may include, but is not limited to, a disease such as hepatitis, syphilis, gonorrhea or the human immunodeficiency virus, also known as Acquired Immune Deficiency Syndrome (AIDS).

I also acknowledge that the information that is used or disclosed pursuant to this authorization may be used or redisclosed by the System for purposes of eligibility and benefits determinations and, if presented at a Retirement Board meeting and/or hearing, the information may become part of a public record.

I understand that I may revoke this authorization at any time, in writing, except that revocation will not apply to information already used or disclosed in response to this authorization.

Unless revoked or otherwise indicated, this authorization will expire two years from date of signature.

I hereby release the System from any liability in connection with the release of information pursuant to this authorization.

Signature _____ (4) _____ Date _____ (5) _____

DISABILITY BENEFIT NOT IN LINE OF DUTY
FORM 103

The State Board is authorized to pay a disability benefit to a participating member of the System or a pension to the beneficiaries of such participating member. Such disability benefit shall be payable immediately upon determination of eligibility. Any preexisting condition identified at the time of initial or subsequent membership shall be used to offset the percentage of impairment to the whole person in determining any disability benefit. Once the initial disability benefit has been awarded by the Board on the basis of the percentage of impairment to the whole person, the participating member shall have no further recourse to increase the awarded percentage of impairment.

In order for any participating member to be eligible for any disability benefit or the participating member's beneficiaries to be eligible for a pension, the participating member must have complied with any agreement as to contributions.

The participating member must have served a minimum of ten (10) years and incurred a permanent total disability or permanent partial disability or has died for any cause.

Before making a finding as to disability of a participating member, the State Board shall require the following:

1. Application for disability benefit not in line of duty, Form 103.
2. A certificate as to such disability from a physician licensed to practice in this state.
3. The participating municipality must show cause to the State Board that there is no position as a sworn officer within the police department of that participating municipality which the participating member can fill.
4. Authorization to Release Medical/Psychiatric/Psychological Information (Form 117) signed by applicant and list of doctors and/or hospitals with addresses and telephone numbers.

Upon determination by the State Board that a participating member is physically or mentally disabled and the disability is permanent and total and that the participating member has completed ten (10) years of credited service and is disabled by any cause, the participating member shall receive a disability benefit on the basis of the participating member's accrued retirement benefit.

Upon determination by the State Board that a participating member is physically or mentally disabled and that the disability is permanent and partial and that the participating member has completed ten (10) years of credited service as a participating member and is disabled from any cause, the participating member shall be awarded a disability benefit on the basis of the participating member's years of credited service as a participating member and the percentage of impairment to the whole person, as defined by the most current standards of the impairment as outlined in the "American Medical Association's Guides to the Evaluation of Permanent Impairment", on the basis of the following table:

1% to 24% impaired = 25% of accrued retirement benefit

25% to 49% impaired = 50% of accrued retirement benefit

50% to 74% impaired = 75% of accrued retirement benefit

75% to 99% impaired = 90% of accrued retirement benefit

In the event of the death of any participating member who has been awarded a disability benefit or is eligible therefore, the participating member's beneficiary shall be paid the benefit.

Please refer to 11 O.S. Section 50-115 for statutory language governing disability benefit not in the line of duty.

File a completed Application for Disability Benefit Not in Line of Duty (Form 103) and items 2, 3 and 4 above with the Oklahoma Police Pension and Retirement System. The following contains a sample form and instructions for the form completion. If you have any questions, please contact the Oklahoma Police Pension and Retirement System at 1 (405) 840-3555 or 1 (800) 347-6552. Municipalities with questions concerning disabilities dial extension 227 and speak with **Linda Ruckman**. Municipalities beginning with a letter between A through L and Oklahoma City dial extension 224 and speak with **Katie Luttrell**. All other municipalities should dial extension 225 and speak with **Sean Ruark**.

1. Select type of disability – In line or not in line.
2. City – Name of participating municipality.
3. Member Name – Completed in full (please print).
4. Applicant Social Security Number – Must contain nine digits.

5. Total years, months and days of credited service.
6. Service Began – Month, day and year.
7. Service Ended – Month, day and year.
8. Brief summary of disability.
9. Workers Compensation Claim – Indicate if filed – Yes or No.
10. Compensation from Veterans Administration/Department of Defense – Yes or No.
11. Applicant Signature – Witnessed by notary.
12. Mailing Address – Completed in full.
13. Telephone Number – Including area code.
14. Date – Month, day and year.
15. Notary Public – Must be notarized.

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

PLEASE CHECK ONE: (1) CITY _____ (2) _____

☐ **APPLICATION FOR DISABILITY BENEFIT IN LINE OF DUTY**

☐ **APPLICATION FOR DISABILITY PENSION NOT IN LINE OF DUTY**

I, _____ (3) _____, SSN _____ (4) _____, 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 ___(5)___ years, ___(5)___ months and ___(5)___ days of credited service with the Oklahoma Police Pension and Retirement System.
Such service began on _____ (6) _____, and ended on _____ (7) _____.

2. The following summarizes the nature and extent of my disability: (8)

_____

_____

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? (9) YES ☐ NO ☐

4. Is applicant receiving compensation and/or benefits from either the Veterans Administration or the Department of Defense?
(10) 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) _____ (11) _____

MAILING ADDRESS _____ (12) _____

CITY, STATE, ZIP _____ (12) _____

TELEPHONE NUMBER ( ) _____ (13) _____ DATE _____ (14) _____

NOTARY'S SIGNATURE:
STATE OF _____ (15) _____) ss.
COUNTY OF _____ (15) _____)

Signed and sworn to before me, the undersigned notary, on this ___(15)___ day of _____ (15) _____, 20 ___(15)___.

Notary Signature _____ (15) _____ My commission number _____ (15) _____

[SEAL] My commission expires _____ (15) _____

<u>A COPY OF THE FOLLOWING DOCUMENTS WILL BE NEEDED TO EXPEDITE THIS APPLICATION</u>:

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

MEDICAL/ PSYCHIATRIC/PSYCHOLOGICAL RELEASE
FORM 117

Form 117 must be signed and dated by the applicant. Attach a list of doctors and/or hospitals with their addresses and telephone numbers that the applicant has seen for treatment or evaluation which pertains to applicant's disability. This information is requested to provide the Board's physician with complete medical history before being examined for disability.

This release must accompany Form 103.

If you have any questions, please contact the Oklahoma Police Pension and Retirement System at 1 (405) 840-3555 or 1 (800) 347-6552. Municipalities with questions concerning disabilities dial extension 227 and speak with **Linda Ruckman**. Municipalities beginning with a letter between A through L and Oklahoma City dial extension 224 and speak with **Katie Luttrell**. All other municipalities should dial extension 225 and speak with **Sean Ruark**.

1. Patient's Name – Completed in full (please print).
2. Date of Birth – Month, day and year.
3. Social Security Number – must contain nine digits.
4. Patient's Signature – Completed in full.
5. Date – Month, day and year.

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AUTHORIZATION TO RELEASE MEDICAL/PSYCHIATRIC/PSYCHOLOGICAL INFORMATION

Patient's Name _____ (1) _____

Date of Birth _____ (2) _____

Social Security Number _____ (3) _____

TO WHOM IT MAY CONCERN:

I hereby request and authorize any health plan, physician, health care professional, hospital, clinic, laboratory, pharmacy, medical facility, or other health care provider that has provided payment, treatment or services to me or on my behalf to furnish to the Oklahoma Police Pension and Retirement System and/or the Retirement Board and any representative thereof (collectively, the "System") any and all records, information and evidence in their possession regarding my injuries, medical history, physical condition, and psychiatric/psychological information, including information related to alcohol or drug abuse, both prior and subsequent to the date below until this authorization expires or until I revoke this authorization. Any or all of such health information is referred to in this authorization as my "protected health information" or "PHI."

Upon presentation of this authorization, or an exact photocopy thereof, you are directed (1) to permit the personal review, copying or photostatting of such records, information and evidence by the System or (2) to provide copies of such records to the System.

I further understand that, if my PHI is transmitted or maintained electronically (my "electronic PHI"), you or any agent or subcontractor that creates, receives, maintains, or transmits my electronic PHI will implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of my electronic PHI, and you will ensure that any agent (including a subcontractor) to whom you provide my electronic PHI agrees to implement reasonable and appropriate security measures to protect my PHI.

THE INFORMATION AUTHORIZED FOR RELEASE MAY INCLUDE RECORDS WHICH MAY INDICATE THE PRESENCE OF A COMMUNICABLE OR NONCOMMUNICABLE DISEASE.

I hereby acknowledge that the information authorized for release may include information which may be considered information about a communicable or venereal disease, which may include, but is not limited to, a disease such as hepatitis, syphilis, gonorrhea or the human immunodeficiency virus, also known as Acquired Immune Deficiency Syndrome (AIDS).

I also acknowledge that the information that is used or disclosed pursuant to this authorization may be used or redisclosed by the System for purposes of eligibility and benefits determinations and, if presented at a Retirement Board meeting and/or hearing, the information may become part of a public record.

I understand that I may revoke this authorization at any time, in writing, except that revocation will not apply to information already used or disclosed in response to this authorization.

Unless revoked or otherwise indicated, this authorization will expire two years from date of signature.

I hereby release the System from any liability in connection with the release of information pursuant to this authorization.

Signature _____ (4) _____ Date _____ (5) _____

SURVIVOR'S PENSION FOR DEATH IN LINE OF DUTY AND DEATH BENEFIT
FORM 104

The State Board is authorized to pay a pension to the beneficiary (see definition of beneficiary) of any participating member where requirements for eligibility for such pension are met. The pension shall be in an amount as the State Board shall provide not exceeding the accrued retirement benefit or normal disability benefit. Before any beneficiary of a participating member shall be entitled to any pension the participating member must have complied with any agreement as to contributions by the participating member and the State Board must find that:

1. The participating member lost his or her life while in, and in consequence of, the performance of the participating member's duty and through no negligence on the participating member's part; and
2. That the participating member left a beneficiary.

If such finding is made, a pension shall be allowed. The pension shall commence to the beneficiary of the participating member within one (1) year of the death of the participating member and, except as otherwise provided in 11 O.S. Section 50-101 et seq., shall be payable over the life of the beneficiary. If the beneficiary is the spouse of a participating member, the benefit will continue for the life of the spouse. If the beneficiary is a child of the participating member, the pension payments shall cease automatically when the child reaches eighteen (18) years of age. If the child is enrolled in a public or private school as a full time student and provides verification of enrollment and grades from the previous semester, the benefit will continue until the last day of the month in which the child becomes twenty-two (22) years of age.

Please refer to 11 O.S. Section 50-115(B)(1), 50-115.2, and 50-117 for statutory language governing survivor's pension for death in line of duty.

File a completed Application for Survivor's Pension for Death in Line of Duty and Death Benefit (Form 104) and copies of marriage license (if applicable), death certificate, and children's birth certificates (if applicable) with the Oklahoma Police Pension and Retirement System. The following contains a sample form and instructions for the form completion. If you have any questions, contact the Oklahoma Police

Pension and Retirement System at 1 (405) 840-3555 or 1 (800) 347-6552. Municipalities beginning with a letter between A through L and Oklahoma City dial extension 224 and speak with **Katie Luttrell**. All other municipalities should dial extension 225 and speak with **Sean Ruark**.

1. Surviving Beneficiary Name – Completed in full (please print).
2. Social Security Number of Surviving Beneficiary – Must contain nine digits.
3. Birth Date of Surviving Beneficiary – Month, day and year.
4. Deceased Member Name – Completed in full (please print).
5. Deceased Member Social Security Number – Must contain nine digits.
6. City of Employment – Name of participating municipality.
7. Surviving Beneficiary Name – Completed in full (please print).
8. Deceased Member Name – Completed in full (please print).
9. Deceased Member Name – Completed in full (please print).
10. City – Name of participating municipality.
11. Total years, months and days of service.
12. Service Began – Month, day and year.
13. Service Ended – Month, day and year.
14. Date of Death – Month, day and year.
15. Pension Benefit Date – Day after death, include month, day and year.
16. Select type of survivor to receive pension.
17. Child(s) Age – Years (if applicable).
18. Surviving Beneficiary Signature – Witnessed by notary.
19. Surviving Beneficiary Mailing Address – Completed in full.
20. Telephone Number – Including area code.
21. Date – Month, day and year.
22. Notary Public – Must be notarized.

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

(1)	(2)	(3)
Surviving Beneficiary	SSN	Birth Date
(4)	(5)	(6)
Deceased Member	SSN	City of Employment

Comes now (7), surviving beneficiary of (8), 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 (9), now deceased, who was a police officer duly appointed and employed with the (10) 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 (11) years, (11) months and (11) days.
That said service began on (12), and ended on (13).

2. That said member died on (14), 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 (15) pursuant to 11 O.S. § 50-101 et seq.

4. Please check one: (16)

☐ 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 (17)

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) (18)

MAILING ADDRESS (19)

CITY, STATE, ZIP (19)

TELEPHONE NUMBER ( ) (20) DATE (21)

NOTARY'S SIGNATURE:
STATE OF (22)) ss.
COUNTY OF (22))

Signed and sworn to before me, the undersigned notary, on this (22) day of (22), 20 (22).

Notary Signature (22) My commission number (22)

[SEAL] My commission expires (22)

<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)

SURVIVOR'S PENSION FOR DEATH NOT IN LINE OF DUTY AND DEATH BENEFIT FORM 105

The State Board is authorized to pay a pension to the beneficiary (see definition of beneficiary) of any participating member where requirements for eligibility for such pension are met. The pension shall be in an amount as the State Board shall provide not exceeding the accrued retirement benefit or normal disability benefit. Before any beneficiary of a participating member shall be entitled to any pension the participating member must have complied with any agreement as to contributions by the participating member and the State Board must find that:

1. The participating member has completed ten (10) years of credited service and died from any cause.
2. That the participating member left a beneficiary.

If such finding is made, a pension shall be allowed. The pension shall commence to the beneficiary of the participating member within one (1) year of the death of the participating member and, except as otherwise provided in this section, shall be payable over the life of the beneficiary. The surviving spouse must have been married to the participating member for the thirty (30) continuous months immediately preceding the participating member's death. If the beneficiary is a child of the participating member, the pension payments shall cease automatically when the child reaches eighteen (18) years of age. If the child is enrolled in a public or private school as a full time student and provides verification of enrollment and grades from the previous semester the benefit will continue until the last day of the month in which the child becomes twenty-two (22) years of age.

Please refer to 11 O.S. Section 50-115, 50-115.2, and 50-117 for statutory language governing survivor's pension for death not in line of duty. File a completed Application for Survivor's Pension for Death Not in Line and Death Benefit (Form 105) and copies of marriage license (if applicable), death certificate, and children's birth certificates (if applicable) with the Oklahoma Police Pension and Retirement System. The following contains a sample form and instructions for the form completion. If you have any questions, please contact the Oklahoma Police Pension and Retirement System at 1 (405) 840-3555 or 1 (800) 347-6552. Municipalities beginning with a letter between A through L and Oklahoma City dial

extension 224 and speak with **Katie Luttrell**. All other municipalities should dial extension 225 and speak with **Sean Ruark**.

1. Surviving Beneficiary Name – Completed in full (please print).
2. Social Security Number of Surviving Beneficiary – Must contain nine digits.
3. Birth Date of Surviving Beneficiary – Month, day and year.
4. Deceased Member Name – Completed in full (please print).
5. Deceased Member Social Security Number – Must contain nine digits.
6. City of Employment – Name of participating municipality.
7. Surviving Beneficiary Name – Completed in full (please print).
8. Deceased Member Name – Completed in full (please print).
9. Select type of survivor to receive pension.
10. Child(s) Age – Years (if applicable).
11. Service Began – Month, day and year.
12. Service Ended – Month, day and year.
13. Total years, months and days service.
14. List police department(s) worked and beginning and ending dates of additional employment.
15. Pension Benefit Date – Day after death, include month, day and year.
16. Surviving Beneficiary Signature – Witnessed by notary.
17. Surviving Beneficiary Mailing Address – Completed in full.
18. Telephone Number – Including area code.
19. Date – Month, day and year.
20. Notary Public – Must be notarized.

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APPLICATION FOR SURVIVOR'S PENSION FOR DEATH NOT IN LINE OF DUTY AND DEATH BENEFIT

(1)	(2)	(3)
Surviving Beneficiary	SSN	Birth Date
(4)	(5)	(6)
Deceased Member	SSN	City of Employment

Comes now _____(7)_____ , surviving beneficiary of _____(8)_____ , deceased, hereby making application to the Oklahoma Police Pension and Retirement Board for a pension and respectfully submitting the following:

1. Please check one: (9)

☐ That applicant is the surviving spouse of said member and was married to said member for a period of thirty (30) continuous months or more immediately preceding the member's 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 _____(10)_____

2. Deceased member served for a period of not less than ten (10) years as a duly appointed police officer of a participating municipality, as defined by 11 O.S. § 50-101 et seq.
   Such service began on _____(11)_____ , and ended on _____(12)_____ ,
   for a total of ____(13)____ years, ____(13)____ months and ____(13)____ days.

Please indicate on the line below if service was not continuous or if service was in more than one participating police department:

_____(14)_____

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 _____(15)_____ pursuant to 11 O.S. § 50-101 et seq.

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) _____(16)_____

MAILING ADDRESS _____(17)_____

CITY, STATE, ZIP _____(17)_____

TELEPHONE NUMBER (_____) _____(18)_____ DATE _____(19)_____

NOTARY'S SIGNATURE:

STATE OF _____(20)_____) ss.
COUNTY OF _____(20)_____)

Signed and sworn to before me, the undersigned notary, on this ___(20)___ day of _____(20)_____ , 20 ___(20)___ .

Notary Signature _____(20)_____ My commission number _____(20)_____

[SEAL] (20) My commission expires _____(20)_____

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

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

OKLAHOMA POLICE DEFERRED OPTION PLAN
FORM 111

The Oklahoma Police Deferred Option Plan allows an active participating member who has not less than twenty (20) years of creditable service, who is eligible to receive a service retirement pension, an election to participate in the Oklahoma Police Deferred Option Plan. In lieu of terminating employment and accepting a service retirement pension, the eligible participating member defers the receipts of benefits under the provisions of the Oklahoma Police Deferred Option Plan.

The duration of participation in the Oklahoma Police Deferred Option Plan for a participating member shall not exceed five (5) years. At the conclusion of a participating member's participation in the Oklahoma Police Deferred Option Plan, the participating member shall terminate employment with all participating municipalities as an officer and shall start receiving the participating member's accrued monthly retirement benefit from the System. Please refer to 11 O.S. Section 50-111.3 and OAC 550:15 for statutory language and administrative rules governing the Oklahoma Police Deferred Option Plan.

I. APPLICATION

A. The applicant must have twenty (20) years or more of credited service with the Oklahoma Police Pension and Retirement System to be eligible.

B. The applicant must submit his/her completed application in the Oklahoma Police Deferred Option Plan.

C. The effective date of membership will be the first day of the month.

D. Participation in the Oklahoma Police Deferred Option Plan is irrevocable once the Board has approved the application and the participating member's option account has been credited with the first contribution or benefit.

II. CONTRIBUTIONS

A. The final participating member contribution made to the Oklahoma Police Pension and Retirement System shall be for the last pay period prior to the first of the month in which the participating member becomes a participant in the Oklahoma Police Deferred Option Plan.

B. The employer's contribution will continue to the Oklahoma Police Pension and Retirement System.

C. The participating member's option account shall be credited fifty percent (50%) of the employer's contributions received for the participating member and the Oklahoma Police Pension and Retirement System shall be credited fifty percent (50%). The credit to the participating

member's option account shall be made the next work day after receipt of the employer's contributions.

D. Only the participating member's portion of the employer's contribution will be credited to the participating member's option account. No other contributions will be accepted.

III. BENEFITS

A. The monthly retirement benefit that would have been payable had the participating member elected to cease employment and receive a service retirement shall be credited into the participating member's option account.

B. The participating member's service retirement benefit freezes and at no time will he/she be allowed to increase his/her pension benefit due to additional years of service.

C. The monthly retirement benefit will be credited to the participating member's option account the last day of the month.

D. A participating member who participates in this plan shall be eligible to receive cost of living increases.

IV. INTEREST

A. The participating member's option account shall earn interest at a rate of two percent (2%) below the rate of return of the total investment portfolio of the System, but no less than the actuarial assumed interest rate established at the beginning of the fiscal year as certified by the actuary and approved by the Board in the yearly evaluation report of the actuary. This report is on a fiscal year basis ending on June 30.

B. The Fund's annual rate of return shall be calculated and certified by the Board's financial consultant. The annual rate of return shall be for the fiscal year ending June 30.

C. The interest shall be credited to the participating member's option account on an annual basis which is defined as fiscal year ending June 30. The amount of the interest credited shall be calculated at simple interest. The formula for calculating the interest shall be the amount of the deposit times the certified return, less two percent (2%), divided by 365 days, times the number of days the deposit was credited to the participating member's option account for the fiscal year.

D. Each participating member shall receive an itemized statement at least on an annual basis.

E. Upon completion of the five (5) year term in the Oklahoma Police Deferred Option Plan or earlier termination of employment by the participating member, annual interest calculated through the last day of the month employed and certified by the Board's financial consultant will be credited to the participating member's option plan account provided the annual rate of return is greater than the actuarial assumed interest rate. If the rate of return is less than the actuarial assumed rate then the participating member's option account will be credited at the assumed interest rate of the last actuarial report.

F. Once the participating member's option account reaches the maximum time of five (5) years or at the election of the participating member he/she terminates prior to the five (5) year maximum, the participating member's option account ceases to earn interest.

File a completed Deferred Option Plan Application (Form 111) with the Oklahoma Police Pension and Retirement System. The Oklahoma Police Pension and Retirement Board will consider the application at their next regular meeting. A letter will advise you of the participating member's starting date in the Oklahoma Police Deferred Option Plan and the pay period ending for the last employee contribution. The employer's contributions will continue to the Oklahoma Police Pension and Retirement System. Three (3) months prior to the completion of the five (5) years in the Plan, or upon notification by participating member or participating municipality if less than five (5) years, the Oklahoma Police Pension and Retirement System will mail all required forms to terminate the Oklahoma Police Deferred Option Plan and retire. These forms include Deferred Option Plan Notice of Termination, direct deposit, federal and state tax forms for the participating member's pension benefit, Deferred Option Payout Provision Election, and the disbursement selection form for distribution from the Oklahoma Police Deferred Option Plan. The following contains a sample form and instruction for the form completion. If you have any questions, please contact the Oklahoma Police Pension and Retirement System at 1 (405) 840-3555 or 1 (800) 347-6552. Municipalities beginning with a letter between A through L and Oklahoma City dial extension 224 and speak with **Katie Luttrell**. All other municipalities should dial extension 225 and speak with **Sean Ruark**.

1. Applicant Name – Completed in full (please print).
2. Applicant Social Security Number – Must contain nine digits.
3. Start Date – Month and year (must be first day of month).
4. End Date – Month and year (must be last day of month prior to start month).
5. City – Name of participating municipality.
6. Applicant Signature – Witnessed by notary.
7. Mailing Address – Completed in full.
8. Telephone Number – Including area code.
9. Date – Month, day and year.
10. Notary Public – Must be notarized.

OKLAHOMA POLICE PENSION AND RETIREMENT SYSTEM
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DEFERRED OPTION PLAN APPLICATION

I, _____ (1) _____ , SSN _____ (2) _____ , in lieu of terminating employment and accepting a service retirement pension, do hereby **irrevocably** elect to participate in the Oklahoma Police Deferred Option Plan ("Plan") in accordance with 11 O.S. § 50-101 et seq. and OAC 550:15.

My participation in the plan shall begin on (**first day of month)** _____ (3) _____ , and shall not exceed five (5) years terminating on (**last day of month**) _____ (4) _____ , unless I terminate employment prior to such date. At the conclusion of my participation in the Plan, I shall terminate employment with all participating municipalities as an officer and shall begin receiving my accrued monthly retirement benefit from the Oklahoma Police Pension and Retirement System ("System"). My pension date is the first of the month following the last day of employment.

Upon commencement of my participation in the Plan, my contributions to the System shall cease. The contributions of the employer made by the Municipality of _____ (5) _____ shall continue to be paid in accordance with 11 O.S. § 50-101 et seq. Such employer contributions shall be credited equally to the System and the Plan. The monthly retirement benefit that would have been payable had I elected to cease employment and receive a service retirement pension shall be paid into my Plan account.

During my participation in the Plan, I will be eligible to receive any applicable cost of living increase and the interest earned shall be credited to my Plan account on an annual basis.

Thirty (30) days prior to termination of my participation in the Plan, the method of payment should be selected as set out in a form to be provided by the System. In the event of my death during my participation in the Plan, a lump sum payment equal to the balance of my Plan account shall be paid to my beneficiary, or if there is no beneficiary, to my estate.

*** * * * * * * * * * IMPORTANT NOTICE * * * * * * * * * ***

The System, which includes the Plan, has been approved by the Internal Revenue Service ("IRS") as a qualified plan under the Internal Revenue Code, Section 401. This IRS approval in no way addresses the tax consequences of any portion of the System to any individual participant of this Plan.

The System, the Police Pension Board, and the Employer are not responsible for the tax consequences to any participant of making an election to participate in the Plan and/or receiving payment(s) under the System. Participants are encouraged to seek the advice of a competent professional tax advisor regarding the tax consequences of making an election to participate in the Plan and receiving payment(s) under the System.

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) _____ (6) _____

MAILING ADDRESS _____ (7) _____

CITY, STATE, ZIP _____ (7) _____

TELEPHONE NUMBER ( ) (8) _____ DATE _____ (9) _____

NOTARY'S SIGNATURE:
STATE OF _____ (10) _____) ss.
COUNTY OF _____ (10) _____)

Signed and sworn to before me, the undersigned notary, on this (10) day of _____ (10) _____ , 20 (10) .

Notary Signature _____ (10) _____ My commission number _____ (10) _____

[SEAL] (10) My commission expires _____ (10) _____

TERMINATION AND PAY OUT OF DEFERRED OPTION PLAN
FORM 112

The duration of participation in the Oklahoma Police Deferred Option Plan for a participating member shall not exceed five (5) years. At the conclusion of a participating member's participation in the Oklahoma Police Deferred Option Plan, the participating member shall terminate employment with all participating municipalities as an officer and shall start receiving the participating member's accrued monthly retirement benefit from the System.

Three (3) months prior to the completion of five (5) years in the Plan, or upon notification by participating member or participating municipality if less than five (5) years, the Oklahoma Police Pension and Retirement System will mail all required forms to terminate the Oklahoma Police Deferred Option Plan and retire. These forms include the direct deposit form, federal and state tax withholding form for the participating member's pension benefit, Deferred Option Payout Provision Election Form, and the disbursement selection form for distribution from the Oklahoma Police Deferred Option Plan. Please refer to 11 O.S. Section 50-111.3 and OAC 550:15 for statutory language and administrative rules governing the Oklahoma Police Deferred Option Plan.

V. **PAYMENT**

A. The participating member should make payment selection a minimum of thirty (30) days prior to termination using the form provided by the System.

B. The participating member may select a lump sum payment, equal to the participating member's Plan account, which will be paid directly to the participating member by the Oklahoma Police Deferred Option Plan. This payment will be made after the last contribution has been received and interest is applied following termination.

C. The participating member may select an annuity. The annuity provider which is selected by the participating member shall be the result of the participating member's own research and investigation. The participating member's option account balance will be transferred directly to the participating member's selected annuity provider. If the participating member does not select an annuity provider the participating member shall receive a lump sum payment equal to the participating member's Plan account balance.

D. The participating member may elect to transfer their Deferred Option Account balance to a Deferred Option Payout Account to be invested with the portfolio of the System. See the Deferred Option Payout Provision Policy on page 62.

E. Once the participating member's Plan account, equal to the payments to the account, has been paid to the participating member or to the participating member's annuity provider the member

shall not have any recourse against the Oklahoma Police Deferred Option Plan or the Oklahoma Police Pension and Retirement System.

F. The Oklahoma Police Deferred Option Plan shall not be subject to any fees or charges from the annuity provider.

File a completed Deferred Option Plan Notice of Termination (Form 112) with the Oklahoma Police Pension and Retirement System. The following contains a sample form and instructions for the form completion. If you have any questions, please contact the Oklahoma Police Pension and Retirement System at 1 (405) 840-3555 or 1 (800) 347-6552. Municipalities beginning with a letter between A through L and Oklahoma City dial extension 224 and speak with **Katie Luttrell**. All other municipalities should dial extension 225 and speak with **Sean Ruark**.

1. Participant Name – Completed in full (please print).
2. Social Security Number – Must contain nine digits.
3. City – Name of participating municipality.
4. Date of Termination – Month, day and year.
5. Participant Signature – Witnessed by notary.
6. Mailing Address – Completed in full.
7. Telephone Number – Including area code.
8. Date – Month, day and year.
9. Notary Public – Must be notarized.

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

DEFERRED OPTION PLAN NOTICE OF TERMINATION

I, _____(1)_____, SSN _____(2)_____, as a participant in the Oklahoma Police Deferred Option Plan ("Plan"), 11 O.S. § 50-101 et seq. and OAC 550:15, will terminate employment with the _____(3)_____ Police Department on _____(4)_____, and will elect a method of benefit payment upon receipt of tax notices regarding Plan payments and options from the Oklahoma Police Pension and Retirement System.

Options to be considered:

Lump-Sum Payment: The member may select a lump sum payment, equal to the member's option account, which will be paid directly to the member by the Oklahoma Police Deferred Option Plan. This payment will be made after the last contribution has been received and interest applied following termination of employment and after receipt of the completed payment selection form.

Direct Rollover: The member may select a direct rollover of his or her distribution in accordance with OAC 550:1-7-5. If the member does not select an Eligible Retirement Plan as described in OAC 550:1-7-5, or an annuity, the member shall receive a lump-sum payment equal to member's option account balance.

Payout Provision Account: The member may elect to leave their Deferred Option Account balance in the total pension fund and transfer the balance to a Deferred Option Payout Account.

The member may select an annuity/IRA. The annuity/IRA provider, which is selected by the member, shall be the result of the member's own research and investigation. The balance of the member's Plan account will be transferred directly to the member's selected annuity IRA/provider. If the member does not select an annuity/IRA provider, the member shall receive a lump sum payment equal to the member's Plan account balance.

Once the member's option account has been paid to the member, as a Direct Rollover or to the member's annuity provider, the member shall not have any recourse against the Oklahoma Police Deferred Option Plan, the Oklahoma Police Pension and Retirement System, its Executive Director and staff, and/or the Board.

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

PARTICIPANT SIGNATURE (Witnessed by Notary) _____(5)_____

MAILING ADDRESS _____(6)_____

CITY, STATE, ZIP _____(6)_____

TELEPHONE NUMBER ( ) _____(7)_____ DATE _____(8)_____

NOTARY'S SIGNATURE:
STATE OF _____(9)_____) ss.
COUNTY OF _____(9)_____)

Signed and sworn to before me, the undersigned notary, on this ___(9)___ day of _____(9)_____, 20 ___(9)___ .

Notary Signature _____(9)_____ My commission number _____(9)_____

[SEAL] (9) My commission expires _____(9)_____

A COPY OF THE FOLLOWING DOCUMENTS MUST ACCOMPANY THIS APPLICATION:
1. Federal and State Tax Form
2. Direct Deposit Form (Form 110b)

DEFERRED OPTION PAYOUT PROVISION POLICY

The Oklahoma Police Pension and Retirement System allows a member who is on the Oklahoma Police Deferred Option Plan under the Forward Drop or the Back Drop provisions to elect a transfer of their Deferred Option Account balance to a Deferred Option Payout Account. The member who makes this election must submit to the System a completed Deferred Option Payout Provision Election form (Form 134) no more than thirty (30) days following termination of employment with a participating municipality.

Pursuant to 11 O.S. § 50-111.3(F)(3), the Oklahoma Police Pension and Retirement Board ("Board") has approved a method of payment (Payout Provision) as follows to-wit:

I. PURPOSE

A retired member who has completed participation in the Oklahoma Police Deferred Option Plan under the Forward Drop or the Back Drop provisions may elect to leave their Deferred Option Account balance in the Fund. The retired member's Deferred Option Payout Account balance will be commingled and invested with the total pension fund and as such the retired member will not be able to direct their investments. The retired member must make a written election to the Oklahoma Police Pension and Retirement Board no more than 30 days following termination of employment with a participating municipality or within 30 days of the implementation of this policy.

II. ELECTION

1. The retired member must be participating in the Deferred Option Plan under the Forward Drop provision or by making application for the Deferred Option Plan under the Back Drop provision.

2. The retired member must submit to the Oklahoma Police Pension and Retirement System ("System") his or her completed election form to participate in the Oklahoma Police Deferred Option Payout Provision. Forms will be provided by the System.

3. The effective date of the Oklahoma Police Deferred Option Payout Provision will be the first day of the month following completion of participation in the Oklahoma Police Deferred Forward Drop or Back Drop provisions.

4. Once the Board has approved the written election for the Oklahoma Police Deferred Option Payout Provision, the retired member's Deferred Option Account balance will be transferred to a Deferred Option Payout Account.

5. Should a retired member fail to elect this method of payment as provided for in this policy within 30 days of termination of employment with a participating municipality or within 30 days of implementation of this policy, then and in that event, the retired member shall receive their Oklahoma Police Deferred Option Plan Account balance in accordance with the provisions of 11 O.S. § 50-111.3(F)(1) or (F)(2).

6. Should the retired member elect to leave their Deferred Option Account balance in the Fund to be invested with the investment portfolio of the System, such retired member shall not have any recourse against the Oklahoma Police Deferred Option Plan, the System, its Executive Director, staff, and/or Board for any type of additional benefits including, but not limited to, interest applied to the retired member's Deferred Option Payout Account balance based on the net annual rate of return of the investment portfolio of the System.

III. BENEFITS/CONTRIBUTIONS

1. Once the retired member's Deferred Option Account balance has been transferred into the Deferred Option Payout Account, no further contributions or benefits shall be accepted into the Payout Account.

IV. INVESTMENTS

1. The retired member's Deferred Option Payout Account balance will be commingled and invested with the total pension fund and as such the retired member will not be able to direct their investments.

2. The fund's investments are diversified and based upon a long-term time horizon. The Board will add, change or terminate strategies and investment managers based on recommendations from the Board's financial consultant.

3. The Board's investment strategy is to meet or exceed the actuarial assumption rate of 7.5% per annum. This may or may not be in accordance with investment strategies of the retired member.

V. INTEREST

1. Should a retired member elect to participate in the Deferred Option Payout Provision following the completion of participation in the Deferred Option Plan, the retired member shall not be guaranteed a minimum rate of return.

2. Past rates of return of the investment portfolio of the System do not guarantee future rates of return.

3. The fund's net annual rate of return shall be calculated and certified by the Board's financial consultant. The net annual rate of return shall be for the fiscal year ending June 30.

4. A retired member who elects to participate in the Deferred Option Payout Provision shall earn interest as follows:

   a. Should the net annual rate of return of the investment portfolio of the System be greater than 2%, the retired member's Deferred Option Payout Account balance shall earn interest at a rate of two percentage points below the net annual rate of return of the investment portfolio of the System.

   b. Should the net annual rate of return of the investment portfolio of the System be less than two percentage points but equal to or greater than zero percentage points, a retired member's Deferred Option Payout Account balance shall earn interest of zero percentage points.

   c. Should the net annual rate of return of the investment portfolio of the System be less than zero percentage points, there shall be a reduction in the Deferred Option Payout Account balance of the retired member equal to the net annual rate of return of the investment portfolio of the System.

5. Interest, if any, shall be credited to the retired member's Deferred Option Payout Account on an annual basis which is defined as fiscal year ending June 30. The formula for calculating the interest shall be the balance of the Deferred Option Payout Account times the interest rate (determined by number 4 above), divided by the number of days in the fiscal year, and multiplied by the number of days the balance was deposited into the Payout Account for the fiscal year.

6. Each retired member shall receive an itemized statement on an annual basis following fiscal year end.

VI. PAYMENT

1. The retired member must submit a completed election form for termination of his or her participation in the Deferred Option Payout Provision and make a payment selection a minimum of thirty (30) days prior to terminating the Payout Provision.

2. A retired member may leave their Deferred Option Payout Account balance in the Fund until age 70 ½, at which time the retired member shall withdraw their entire Deferred Option Payout Account balance. Should a retired member decide to withdraw monies from their Deferred Option Payout Account prior to reaching age 70 ½, the retired member must withdraw their Deferred Option Payout Account balance in total.

3. When a retired member has participated in the Deferred Option Payout Provision until the maximum age of 70 ½ or if the retired member elects to withdraw the Deferred Option Payout Account balance prior to age 70 ½, the retired member's Deferred Option Payout Account balance ceases to earn interest.

4. At the time the retired member elects to withdraw the Deferred Option Payout Account balance, annual interest calculated through the last day of the month in which the retired member has elected to withdraw and certified by the Board's financial consultant will be credited to the retired member's Deferred Option Payout Account.

5. The retired member may select a lump sum payment, equal to the retired member's Deferred Option Payout Account balance, which will be paid directly to the retired member by the System. This payment will be made after interest, if any, is applied following termination from this Payout Provision and after receipt of the completed payment selection form.

6. The retired member may select a direct rollover of his or her distributions in accordance with OAC 550:1-7-5. If the retired member does not select an Eligible Retirement Plan as described in OAC 550:1-7-5, or an annuity, the retired member shall receive a lump-sum payment equal to the retired member's Deferred Option Payout Account balance.

7. The retired member may select an annuity to be provided by a third party. The System shall not be subject to any fees or charges from the annuity provider.

8. Once the retired member's Deferred Option Payout Account balance has been paid to the retired member, as a direct rollover or to the retired member's annuity provider, the retired member shall not have any recourse against the Oklahoma Police Deferred Option Plan, the System, its Executive Director, staff, and/or Board.

9. Should the retired member die during the period of the participation in the Deferred Option Payout Provision, a beneficiary may elect to receive a lump sum payment equal to the retired member's account balance. A beneficiary who is a surviving spouse of a retired member may also elect a direct rollover of the Deferred Option Payout Account balance in accordance with OAC 550:1-7-5. If there is no beneficiary or if the beneficiary predeceases the retired member a lump sum payment equal to the account balance shall be paid to the estate of the retired member.

VII. BENEFICIARIES

Should the retired member die prior to withdrawing the Deferred Option Payout Account balance, the beneficiary as defined in 11 O.S. §50-101(13) or estate shall receive the Oklahoma Police Deferred Option Payout Plan Account balance in accordance with the provisions of 11 O.S. § 50-111.3(F)(1) or (F)(2).

VIII. EFFECTIVE DATE

The effective date of implementation of this policy shall be July 1, 2006.

TERMINATION AND PAY OUT OF DEFERRED OPTION PLAN AND DEATH BENEFIT FORM 112A

BENEFICIARIES

If the participant dies during the period of participation in the Oklahoma Police Deferred Option Plan ("Plan"), a lump sum payment or selected annuity, if qualified, equal to the account balance of the participant shall be paid to the beneficiary of the participant or if there is no beneficiary or if the beneficiary predeceased the participant a lump sum payment shall be paid to the estate of the participant. Please refer to 11 O.S. Section 50-111.3 and OAC 550:15 for statutory language and administrative rules governing the Plan.

File a completed Application for Deferred Option Plan Notice of Termination and Death Benefit (Form 112A) with the Oklahoma Police Pension and Retirement System. The following contains a sample form and instructions for the form completion. If you have any questions, please contact the Oklahoma Police Pension and Retirement System at 1 (405) 840-3555 or 1 (800) 347-6552. Municipalities beginning with a letter between A through L and Oklahoma City dial extension 224 and speak with **Katie Luttrell**. All other municipalities should dial extension 225 and speak with **Sean Ruark**.

1. Deceased Member Name – Completed in full (please print).
2. Deceased Member Social Security Number – Must Contain nine digits.
3. City of Employment – Name of participating municipality.
4. Applicant Name – Name in full (please print).
5. Beneficiary Birth Date – (If beneficiary) Month, day and year.
6. Beneficiary Social Security Number or Estate Tax ID –Must contain nine digits.
7. Deceased Member Name– Completed in full (please print).
8. Date of Death – Month, day, and year.
9. Select type of survivor to receive payment.
10. Child(s) Age – Years (if applicable).
11. Applicant Signature – Witnessed by notary.
12. Mailing Address – Completed in full.
13. Telephone Number – Including area code.
14. Date – Month, day, and year.
15. Notary Public – Must be notarized.

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 DEFERRED OPTION PLAN TERMINATION AND DEATH BENEFIT

(1)	(2)	(3)
Deceased Member	SSN	City of Employment
(4)	(5)	(6)
Beneficiary, Personal Representative or Affiant	Beneficiary Birth Date	Beneficiary SSN or Estate Tax ID

(7) deceased on (8), and was participating in the Oklahoma Police Deferred Option Plan ("Plan") under 11 O.S. § 50-101 et seq. and OAC 550:15.

PLEASE CHECK ONE: (9)

☐ The applicant is the surviving spouse of said member and was married for a period of thirty (30) continuous months or more immediately preceding the member's death.

☐ The applicant is the surviving child of said officer and is under age eighteen (18) or a full time student under age twenty-two (22).

Current Age (10)

☐ The applicant is a representative of the estate of said member and has attached either letters testamentary or letters of administration issued by a court of competent jurisdiction; or the applicant is an affiant and has attached an Affidavit of Heirship (Form 119).

Options to be considered by the beneficiary pursuant to 11 O.S. § 50-101 et seq. and OAC 550:15:

Lump-Sum payment: The member may select a lump sum payment, equal to the member's option account, which will be paid directly to the member by the Oklahoma Police Deferred Option Plan. This payment will be made after the last contribution has been received and interest applied following termination of employment and after receipt of the completed payment selection form.

Direct Rollover: The member may select a direct rollover of his or her distribution in accordance with OAC 550:1-7-5. If the member does not select an Eligible Retirement Plan as described in OAC 550:1-7-5, or an annuity, the member shall receive a lump-sum payment equal to the member's option account balance.

The beneficiary may select an annuity/IRA. The annuity/IRA provider, as selected by the beneficiary, shall be the result of the beneficiary's own research and investigation. The balance of the member's Plan account will be transferred directly to the beneficiary's selected annuity/IRA provider. If the beneficiary does not select an annuity/IRA provider, the beneficiary shall receive a lump sum payment equal to the member's Plan account balance. Once the member's Plan account has been paid, there will not be any recourse against the Oklahoma Police Pension and Retirement System pursuant to OAC 50:15.

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) (11)

MAILING ADDRESS (12)

CITY, STATE, ZIP (12)

TELEPHONE NUMBER ( ) (13) DATE (14)

NOTARY'S SIGNATURE:

STATE OF (15)) ss.
COUNTY OF (15))

Signed and sworn to before me, the undersigned notary, on this (15) day of (15), 20 (15).

Notary Signature (15) My commission number (15)

[SEAL] (15) My commission expires (15)

A COPY OF THE FOLLOWING DOCUMENTS MUST ACCOMPANY THIS APPLICATION:

1. Death Certificate
2. Marriage License (if beneficiary spouse)
3. Child(s) Birth Certificate(s) (if beneficiary child)
4. School Verification for Children Over 18 (if beneficiary child)
5. Letters of Administration/Testamentary (if applicable)
6. Affidavit of Heirship (Form 119, if applicable)
7. Direct Deposit Form (Form 110, if beneficiary)
8. Federal and State Tax Form (if beneficiary)

OKLAHOMA POLICE DEFERRED OPTION PLAN UNDER THE BACK DROP PROVISION
FORM 120

The Oklahoma Police Pension and Retirement System allows an active officer to participate in the Oklahoma Police Deferred Option Plan under the Back Drop provision, provided the active officer has not begun participation in the Oklahoma Police Deferred Option Plan.

Please refer to 11 O.S. Section 50-111.3(H) and OAC 550:15-1-3 for statutory language and administrative rules governing the Oklahoma Police Deferred Option Plan under the Back DROP provision.

The following definitions apply to the Back DROP Plan.

Back DROP date means the member's normal retirement date or the date five (5) years before the member elects to participate in the Oklahoma Police Deferred Option Plan, whichever date is later.

Termination date means the date the member elects to participate in the Oklahoma Police Deferred Back DROP plan **and** the date the member terminates employment with all participating municipalities as an active police officer, such termination has at all times included reemployment of a member by a participating municipality only if such reemployment is as a police chief or in a position not covered by the System

Earlier attained credited service means the credited service earned by a member as of the Back DROP date and earlier attained credited service cannot be reduced to less than twenty (20) years of credited service.

Deferred Benefit balance means all monthly retirement benefits that would have been payable had the member elected to cease employment on the Back DROP date and receive a service retirement from the Back DROP date to the termination date, all of the member's contributions and one-half (1/2) of the employer contributions from the Back DROP date to the termination date, with interest based on how the benefit would have accumulated as if the member had participated in the Oklahoma Police Deferred Option Plan from the Back DROP date to the termination date.

The monthly pension benefit will be based on the earlier attained credited service and on the final average salary as of the Back DROP date.

If a member who has not less than twenty (20) years of creditable service and who is eligible to receive a service retirement pension dies prior to terminating employment, the surviving spouse shall be eligible to elect to participate in the Oklahoma Police Deferred Option Plan under the Back DROP provision on the day immediately preceding the death. The surviving spouse must have been married to the member for the thirty (30) continuous months preceding the member's death; provided, the surviving spouse of a member who died while in, and as a consequence of, the performance of the member's duty for a participating municipality shall not be subject to the thirty-month marriage requirement for this election.

Application Requirements:

1. The applicant shall have more than twenty (20) years of credited service.

2. The applicant shall not Back DROP more than five (5) years.

3. The applicant **must terminate employment** with all participating municipalities as an active officer, such termination has at all times included reemployment of a member by a participating municipality only if such reemployment is as a police chief or a position not covered under the System.

4. The applicant must file a completed Application for Participation in the Oklahoma Police Deferred Option Plan under the Back DROP Provision (Form 120) with the Oklahoma Police Pension and Retirement System. The following contains a sample form and instructions for the form completion. If you have any questions, please contact the Oklahoma Police Pension and Retirement System at 1 (405) 840-3555 or 1 (800) 347-6552. Municipalities beginning with a letter between A through L and Oklahoma City dial extension 224 and speak with **Katie Luttrell**. All other municipalities should dial extension 225 and speak with **Sean Ruark**.

1. Applicant Name – Completed in full (please print).
2. Social Security Number - Must contain nine digits.
3. Date of Termination – Month, day and year.
4. City – Name of participating municipality.

5. Back DROP Date – Month, day and year.

6. Applicant Signature – Witnessed by notary.

7. Mailing Address – Completed in full.

8. Telephone Number – Including area code.

9. Date - Month, day and year.

10. Notary Public – Must be notarized.

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 PARTICIPATION IN THE OKLAHOMA POLICE DEFERRED OPTION PLAN UNDER THE BACK DROP PROVISION

I, _____(1)_____, SSN _____(2)_____, do hereby **irrevocably** elect to participate in the Oklahoma Police Deferred Option Plan under the Back DROP provision ("Back DROP") in accordance with 11 O.S. § 50-101 et seq.

I shall terminate employment on _____(3)_____, with the _____(4)_____ Police Department and with all participating municipalities as an officer, and shall begin receiving my accrued monthly benefit from the Oklahoma Police Pension and Retirement System ("System").

My monthly benefit shall be determined based on my earlier attained credited service (credited service earned as of the "Back DROP date") and on the final average salary of the Back DROP date.
My Back DROP date is _____(5)_____ (your Back DROP date is your normal retirement date or the date up to five (5) years before you elected to participate in the Back DROP, whichever is later).

Upon commencement of my participation in the Back DROP, I shall have an accumulated balance in the Back DROP of:

(1) an amount credited equal to the accumulated contributions I made to the System from my Back DROP date to my termination date; and
(2) an amount credited equal to all monthly retirement benefits that would have been payable had I elected to cease employment on the Back DROP date and receive a service retirement from the Back DROP date to the termination date with applicable cost of living adjustments; and
(3) an amount credited equal to one-half (1/2) of the employer contributions from the Back DROP date to the termination date; and
(4) interest on all of the above based on how the benefit would have accumulated as if I had participated in the Deferred Option Plan pursuant to 11 O.S. § 50-101 et seq. from my Back DROP date to my termination date.

I understand that on my Back DROP date, my retirement benefit freezes and at no time will I be allowed to increase my pension benefit due to additional years of service, salary or other promotional increases.

If I am reemployed by a participating municipality as a Police Chief or in a position not covered under the System, I shall continue to receive in-service distributions of my accrued monthly benefit from the System.

At the time of my termination, I shall select the method of payment as set out in the Notice of Selected Distribution under the Back DROP provision form provided by the System.

******* IMPORTANT TAX NOTICE *******

The System, which includes the Back DROP, has been approved by the Internal Revenue Service ("IRS") as a qualified plan under the Internal Revenue Code Section 401. This IRS approval in no way addresses the tax consequences of any portion of this System to any individual participant in the Back DROP.
The System, the Police Pension Board, and the Employer are not responsible for the tax consequences to any member making an election to participate in the Back DROP and/or receiving payment(s) under the System. Members are strongly encouraged to seek the advice of a competent professional tax advisor regarding the tax consequences of making an election to participate in the Back DROP and receiving payments under the System.

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) _____(6)_____

MAILING ADDRESS _____(7)_____

CITY, STATE, ZIP _____(7)_____

TELEPHONE NUMBER ( ) _____(8)_____ DATE _____(9)_____

NOTARY'S SIGNATURE
STATE OF _____(10)_____) ss.
COUNTY OF _____(10)_____)

Signed and sworn to before me, the undersigned notary, on this ___(10)___ day of _____(10)_____, 20 ___(10)___ .

Notary Signature _____(10)_____ My commission number _____(10)_____
[SEAL] My commission expires _____(10)_____

A COPY OF THE FOLLOWING DOCUMENTS MUST ACCOMPANY THIS APPLICATION:

1. Federal and State Tax Form
2. Direct Deposit Form (Form 110b)

SERVICE PENSION
FORM 106

The state Board is hereby authorized to pay out of funds in the System a monthly service pension to any eligible member, not exceeding in any event the amount of money in such funds and not exceeding in any event the accrued retirement benefit for such member. In order for a member to be eligible for such service pension the following requirements must be complied with:

1. The member's service with the police department of any participating municipality must have ceased, though the member may be reemployed as police chief;
2. The participating member must have reached the participating member's normal retirement date; and
3. The participating member must have complied with any agreement as to contributions by the participating member and other participating members to any funds of the System where said agreement has been made; provided, that should a retired participating member receive disability benefits, the time the retired participating member is receiving said disability benefits shall count as time on active service if the retired participating member should be recalled by the Chief of Police from said disability retirement. It shall be necessary before said time shall be counted toward retirement that the retired participating member make the same contribution as the participating member would have otherwise made if on active service for the time the retired participating member was disabled.

Any participating member complying with all requirements and who reaches normal retirement date, upon application, shall be retired at the accrued retirement benefit. When a participating member has served for the necessary number of years and is otherwise eligible, if such participating member is discharged without cause by the participating municipality, the participating member shall be eligible for a pension. Upon completion of twenty (20) years of creditable service with a police department of a participating municipality, a participating member may retire and begin drawing a pension benefit. The formula for calculating the pension benefit is as follows: 2 ½% of the average monthly salary multiplied

by the years of creditable service. Please refer to 11 O.S. Section 50-114 for statutory language governing service pension.

File a completed Application for Service Pension (Form 106) with the Oklahoma Police Pension and Retirement System. The following contains a sample form and instructions for the form completion. If you have any questions, please contact the Oklahoma Police Pension and Retirement System at 1 (405) 840-3555 or 1 (800) 347-6552. Municipalities beginning with a letter between A through L and Oklahoma City dial extension 224 and speak with **Katie Luttrell**. All other municipalities should dial extension 225 and speak with **Sean Ruark**.

1. City – Name of participating municipality.
2. Applicant Name – Completed in full (please print).
3. Applicant Social Security Number – Must contain nine digits.
4. Service Began – Month, day and year.
5. Service Ended – Month day and year.
6. Total Service – Accrued years, months and days.
7. List police department(s) worked and beginning and ending dates of additional employment.
8. Pension Date – Month and year (effective first day of month).
9. Applicant Signature – Witnessed by notary.
10. Mailing Address – Completed in full.
11. Telephone Number – Including area code.
12. Date – Month, day and year.
13. Notary Public – Must be notarized.

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 SERVICE PENSION

CITY _____ (1) _____

I, _____ (2) _____ , SSN _____ (3) _____ , hereby make application to the Oklahoma Police Pension and Retirement Board for a service pension.

I have served not less that twenty (20) years as a duly appointed police officer of a participating municipality pursuant to 11 O.S. § 50-101 et seq.

Such service began on _____ (4) _____ , and ended on _____ (5) _____ .

Total credited service is: _____ (6) _____ years, _____ (6) _____ months and _____ (6) _____ days.

Please indicate on the lines below if service was not continuous or if service was in more than one participating police department:

_____ (7) _____

_____

Having paid the agreed contributions to the Oklahoma Police Pension and Retirement Fund, I am eligible for a pension beginning _____ (8) _____ **(must be first day of month).**

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) _____ (9) _____

MAILING ADDRESS _____ (10) _____

CITY, STATE, ZIP _____ (10) _____

TELEPHONE NUMBER ( ) _____ (11) _____ DATE _____ (12) _____

NOTARY'S SIGNATURE:

STATE OF _____ (13) _____) ss.
COUNTY OF _____ (13) _____)

Signed and sworn to before me, the undersigned notary, on this ___ (13) ___ day of _____ (13) _____ , 20 ___ (13) ___ .

Notary Signature _____ (13) _____ My commission number _____ (13) _____

[SEAL] (13) My commission expires _____ (13) _____

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

1. Federal and State Tax Form
2. Direct Deposit Form (Form 110b)

BENEFICIARY'S CONTINUATION OF PENSION AND DEATH BENEFIT
FORM 107

In the event of the death of any participating member who has been awarded a retirement benefit, such participating member's beneficiaries shall be paid such retirement benefit.

The beneficiary is the surviving spouse or any surviving children including biological and adopted children, at the time of the participating member's death. The surviving spouse must have been married to the participating member for thirty (30) continuous months immediately preceding the participating member's death. A surviving child shall be the beneficiary should there not be a surviving spouse. The child of a participating member shall be a beneficiary until reaching eighteen (18) years of age or twenty-two (22) years of age if the child is enrolled full time and regularly attending a public or private school or any institution of higher education. Any child adopted by a participating member after the participating member's retirement shall be a beneficiary only if the child is adopted by the participating member thirty (30) continuous months preceding the participating member's death.

Please refer to 11 O.S. Section 50-114(D), 50-115.2, and 50-117 for statutory language governing survivor's continuation of pension and death benefit.

The beneficiary (see definition of beneficiary) must file a completed Application for Beneficiary's Continuation of Pension and Death Benefit (Form 107), copies of death certificate, marriage license or child(s) birth certificate(s) with the Oklahoma Police Pension and Retirement System. The following contains a sample form and instructions for the form completion. If you have any questions, please contact the Oklahoma Police Pension and Retirement System at 1 (405) 840-3555 or 1 (800) 347-6552. Municipalities beginning with a letter between A through L and Oklahoma City dial extension 224 and speak with **Katie Luttrell**. All other municipalities should dial extension 225 and speak with **Sean Ruark**.

1. Surviving Beneficiary Name – Completed in full (please print).
2. Social Security Number of Surviving Beneficiary – Must contain nine digits.
3. Birth Date of Surviving Beneficiary – Month, day and year.
4. Deceased Member Name – Completed in full (please print).

5. Deceased Member Social Security Number – Must contain nine digits.

6. City Retired – Name of participating municipality.

7. Surviving Beneficiary Name – Completed in full (please print).

8. Deceased Member Name – Completed in full (please print).

9. Select type of survivor to receive pension.

10. Child(s) Age – Years (if applicable).

11. Applicant Signature – Witnessed by notary.

12. Mailing Address – Completed in full.

13. Telephone Number – Including area code.

14. Date – Month, day and year.

15. Notary Public – Must be notarized.

OKLAHOMA POLICE PENSION AND RETIREMENT SYSTEM
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1 (405) 840-3555 / 1 (800) 347-6552
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APPLICATION FOR BENEFICIARY'S CONTINUATION OF PENSION AND DEATH BENEFIT

(1)	(2)	(3)
Surviving Beneficiary	SSN	Birth Date
(4)	(5)	(6)
Deceased Member	SSN	City Retired

(7) , beneficiary of (8) , now deceased, hereby makes application to the Oklahoma Police Pension and Retirement Board for a continuation of pension pursuant to 11 O.S. § 50-101 et seq. and respectfully submits the following:

Please check one: (9)

☐ That applicant is the surviving spouse of said member and was married for a period of thirty (30) continuous months or more immediately preceding the member's 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 (10)

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

APPLICANT SIGNATURE (Witnessed by Notary) (11)

MAILING ADDRESS (12)

CITY, STATE, ZIP (12)

TELEPHONE NUMBER ( ) (13) DATE (14)

NOTARY'S SIGNATURE:

STATE OF (15)) ss.
COUNTY OF (15))

Signed and sworn to before me, the undersigned notary, on this (15) day of (15) , 20 (15) .

Notary Signature (15) My commission number (15)

[SEAL] (15) My commission expires (15)

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

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

DEATH OF RETIRED MEMBER WITHOUT BENEFICIARY
APPLICATION FOR MONIES DUE THE ESTATE FROM THE SYSTEM
FORM 113

Upon the death of a retired participating member, the benefit payment for the month in which the retired participating member died, if not previously paid, shall be made to the participating member's estate if there is no beneficiary. Such benefit payment shall be made in an amount equal to a full monthly benefit payment regardless of the day of the month in which the retired participating member died.

For estates whose value exceeds Ten Thousand Dollars ($10,000.00), the personal representative of the estate of the deceased must have filed a probate action in a court of competent jurisdiction, have been issued either letters testamentary or letters of administration, and must furnish the Oklahoma Police Pension and Retirement System with a tax identification number.

For estates whose value does not exceed Ten Thousand Dollars ($10,000.00), the provisions of 58 O.S. Sections 393 and 394 shall apply. In addition, a tax identification number must be furnished to the Oklahoma Police Pension and Retirement System.

File a completed Application for Monies Due the Estate from the System (Form 113), a copy of the death certificate, and letters testamentary, letters of administration, or the Affidavit of Heirship (Form 119) with the Oklahoma Police Pension and Retirement System.

The following contains a sample form and instructions for the form completion. If you have any questions, please contact the Oklahoma Police Pension and Retirement System at 1 (405) 840-3555 or 1 (800) 347-6552. Municipalities beginning with a letter between A through L and Oklahoma City dial extension 224 and speak with **Katie Luttrell**. All other municipalities should dial extension 225 and speak with **Sean Ruark**.

1. Applicant Name – Completed in full (please print).
2. Estate Tax Identification Number – Must contain nine digits.
3. City of Membership – Name of participating municipality.
4. Deceased Name – Completed in full (please print).
5. Deceased Social Security Number – Must contain nine digits.

6. Member Social Security Number if Not the Deceased – Must contain nine digits.
7. Applicant Name – Completed in full (please print).
8. Deceased Name – Completed in full (please print).
9. Applicant Signature – Witnessed by notary.
10. Mailing Address – Completed in full.
11. Telephone Number – Including area code.
12. Date – Month, day and year.
13. Notary Public – Must be notarized.

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APPLICATION FOR MONIES DUE THE ESTATE FROM THE SYSTEM

(1)	(2)	(3)
Personal Representative/Affiant	Estate Tax ID	City of Membership
(4)	(5)	(6)
Deceased	Deceased SSN	Member SSN if not the deceased

(7) _____, Personal Representative/Affiant of Heirship of the Estate of (8) _____, hereby makes application to the Oklahoma Police Pension and Retirement System for monies due the estate.

I am aware of the following:

Upon the death of a retired member, the benefit payment for the month in which the retired member died, if not previously paid, shall be remitted to the beneficiary of the member as that term is defined in 11 O.S. § 50-101 et seq. or to the member's estate if there is no beneficiary. Such benefit payment shall be made in an amount equal to the full monthly benefit payment of the deceased member regardless of the day of the month in which the retired member died.

Upon the death of a beneficiary receiving a continuation of pension of a deceased member, the benefit for the month in which the beneficiary died, if not previously paid, shall be made to the deceased's estate. Such benefit payment shall be paid in an amount equal to a full monthly benefit payment regardless of the day of the month in which the beneficiary died.

Upon the death of a retired member, the Oklahoma Police Pension and Retirement System shall pay to the beneficiary of the member as that term is defined in 11 O.S. § 50-101 et seq., or if there is no beneficiary, or if the beneficiary predeceases the member, to the estate of the member, the sum of Five Thousand Dollars ($5,000.00).

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) _____ (9) _____

MAILING ADDRESS _____ (10) _____

CITY, STATE, ZIP _____ (10) _____

TELEPHONE NUMBER ( ) (11) _____ DATE _____ (12) _____

NOTARY'S SIGNATURE:

STATE OF _____ (13) _____) ss.
COUNTY OF _____ (13) _____)

Signed and sworn to before me, the undersigned notary, on this (13) day of (13) , 20 (13) .

Notary Signature _____ (13) _____ My commission number (13)

[SEAL] (13) My commission expires (13)

A COPY OF THE FOLLOWING DOCUMENTS MUST ACCOMPANY THIS APPLICATION:

1. Death Certificate
2. Letters of Administration /Testamentary (if applicable)
3. Affidavit of Heirship (Form 119, if applicable)

DEATH BENEFIT

Upon the death of an active or retired participating member, the Oklahoma Police Pension and Retirement System shall pay to the beneficiary of the participating member or if there is no beneficiary, or if the beneficiary predeceased the participating member, to the estate of the participating member, the sum of Five Thousand Dollars ($5,000.00) as a death benefit. A completed Form 104, Form 105, Form 107, Form 109A, or Form 112A from the beneficiary; or a completed Form 109A, Form 112A, or Form 113 from the legal representative of the estate must be filed with the Oklahoma Police Pension and Retirement System for this death benefit.

The following documents must accompany the written request from the legal representative of the estate:

1. Death Certificate.
2. Certified court document appointing legal representative or an Affidavit of Heirship (Form 119).
3. Estate Tax I.D. Number – Must contain nine digits.
4. Mailing address of legal representative.

Please refer to 11 O.S. Section 50-115.2 for statutory language governing death benefit.

VESTED BENEFIT
FORM 108

If a participating member who has completed ten (10) or more years of credited service elects the vested benefit, the participating member shall be entitled to a monthly retirement annuity commencing on the date the participating member reaches fifty (50) years of age **or** the date the participating member would have had twenty (20) years of credited service had the participating member's employment continued uninterrupted, whichever is **later**. The annual amount of such retirement annuity shall be equal to two and one-half percent (2 ½%) of the final average salary multiplied by the number of years of credited service.

If a participating member who terminates employment and elects a vested benefit dies prior to being eligible to receive benefits, the participating member's beneficiary shall be entitled to the participating member's normal monthly accrued retirement benefits on the date the deceased participating member would have been eligible to receive the benefit.

Please refer to 11 O.S. Section 50-111.1 for statutory language governing application for vested benefit. File a completed Application for Vested Benefit (Form 108) with the Oklahoma Police Pension and Retirement System. The following contains a sample form and instructions for the form completion. Municipalities beginning with a letter between A through L and Oklahoma City dial extension 224 and speak with **Katie Luttrell**. All other municipalities should dial extension 225 and speak with **Sean Ruark**.

1. Applicant Name – Completed in full (please print).
2. Applicant Social Security Number – Must contain nine digits.
3. City – Name of participating municipality.
4. Date member would have 20 years had the member continued employment.
5. Date member will be 50 years of age.
6. Applicant Signature – Witnessed by notary.
7. Mailing Address – Completed in full.
8. Telephone Number – Including area code.

9. Date – Month, day and year.
10. Notary Public – Must be notarized.
11. Member Name – Completed in full (please print).
12. Member Social Security Number – Must contain nine digits.
13. City – Name of participating municipality.
14. Service Began – Month, day and year.
15. Service Ended – Month, day and year.
16. Total Service – Years, months and days.
17. Authorized City Signature – Completed in full.
18. Date – Month, day and year.
19. Position/Title – Job title.
20. Telephone Number – Including Area Code.

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APPLICATION FOR VESTED BENEFIT

I, _____(1)_____, SSN _____(2)_____, have completed ten (10) or more years of credited service in the Oklahoma Police Pension and Retirement System ("System") while employed with the _____(3)_____ Police Department and I wish to elect a vested benefit in the System rather than withdraw my accumulated contributions. I understand that benefits will commence in accordance with 11 O.S. § 50-111.1 which states in part: "if a member has completed ten (10) years of credited service at the date of termination, the member may elect a vested benefit in lieu of receiving the member's accumulated contributions." The member shall then "…be entitled to a monthly retirement annuity commencing on the date the member reaches fifty (50) years of age or the date the member would have had twenty (20) years of credited service had the member's employment continued uninterrupted, whichever is later. The annual amount of such retirement annuity shall be equal to two and one-half percent (2 ½%) of final average salary multiplied by the number of years of credited service."

Would have had 20 years membership: _____(4)_____ 50th birthday will be: _____(5)_____

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) _____(6)_____

MAILING ADDRESS _____(7)_____

CITY, STATE, ZIP _____(7)_____

TELEPHONE NUMBER ( ) (8) _____ DATE _____(9)_____

NOTARY'S SIGNATURE:

STATE OF _____(10)_____) ss.
COUNTY OF _____(10)_____)

Signed and sworn to before me, the undersigned notary, on this ___(10)___ day of _____(10)_____, 20 ___(10)___ .

Notary Signature _____(10)_____ My commission number _____(10)_____

[SEAL] (10) My commission expires _____(10)_____

EMPLOYERS' CERTIFICATION:

I hereby certify that _____(11)_____, SSN _____(12)_____,

was employed by the _____(13)_____ Police Department.

Such service began on _____(14)_____, and ended on _____(15)_____,

for a total of ____(16)____ years, ____(16)____ months and ____(16)____ days.

Authorized City Signature _____(17)_____ Date _____(18)_____

Position/Title _____(19)_____ Telephone Number ( ) (20) _____

REFUND OF CONTRIBUTIONS
FORM 109

A participating member with ten (10) or more years of credited service is eligible for a vested benefit. Please refer to vested benefit option before proceeding with refund application.

A participating member who terminates his/her service before normal retirement date, other than by death or disability shall, upon application filed with the State Board, be refunded from the Fund an amount equal to the accumulated contributions the participating member has made to the Fund, but excluding any interest or any amount contributed by the participating municipality or state. If a participating member withdraws the member's accumulated contributions, such participating member shall not have any recourse against the System for any type of additional benefits including, but not limited to, disability benefits.

Employee and city contributions <u>must</u> be paid through the participating member's last day of employment. Do not deduct contributions from vacation, sick pay, compensation time or holiday pay when paid as a lump sum payment at termination.

NOTICE: Contributions paid into the System after 01/01/89, are subject to taxes. Applicant is responsible for payment of any taxes due. The System will mail tax Form 1099R at the end of same year of the withdrawal. Each participating member must keep the System advised of a current address. Refunds of contributions shall be paid by the System on the last business day of the month following receipt of last payroll contribution and Board approval. Please refer to 11 O.S. Section 50-111.1 for statutory language governing the refund of contributions.

File a complete Application for Refund of Contribution (Form 109) with the Oklahoma Police Pension and Retirement System. The following contains a sample form and instructions for the form completion. If you have any questions, please contact the Oklahoma Police Pension and Retirement System at 1 (405) 840-3555 or 1 (800) 347-6552. Municipalities beginning with a letter between A through L and Oklahoma City dial extension 224 and speak with **Katie Luttrell**. All other municipalities should dial extension 225 and speak with **Sean Ruark**.

1. Applicant Name – Completed in full (please print).

2. Applicant Social Security Number – Must contain nine digits.
3. City – Name of participating municipality.
4. Applicant Signature – Witnessed by notary.
5. Mailing Address – Completed in full.
6. Telephone Number – Including area code.
7. Date – Month, day and year.
8. Notary Public – Must be notarized.
9. City – Name of participating municipality.
10. Applicant Social Security Number – Must contain nine digits.
11. Date of Employment – Month, day and year.
12. Date of Termination – Month, day and year.
13. Amount of Refund – Life to date member contributions.
14. Name of Terminating Member – Completed in full (please print).
15. Authorized City Signature – Completed in full.
16. Date – Month, day and year.
17. Position/Title – Job title.
18. Telephone Number – Including Area Code.

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APPLICATION FOR REFUND OF CONTRIBUTIONS

I, _____(1)_____, SSN _____(2)_____, hereby make application for refund of contributions paid by me to the Oklahoma Police Pension and Retirement System during my employment with the _____(3)_____ Police Department under 11 O.S. § 50-101 et seq.

I am aware of the following:

1. A member with ten or more years of credited service may elect to receive a monthly vested benefit from the Oklahoma Police Pension and Retirement System ("System") commencing on the date of the member's fiftieth birthday or the date the member would have had twenty years of credited service had employment continued uninterrupted, whichever is later, rather than receive a refund of accumulated contributions.

2. A member continuing employment as a police officer in another member municipality may have the contributions and credited service transferred to that municipality rather than receiving a refund.

3. A member returning to a member municipality may return the contributions withdrawn from the System plus ten percent (10%) annual interest to count prior service towards retirement.

NOTICE: Contributions paid into the System after 01/01/89, are subject to taxes. Applicant is responsible for payment of any taxes due. This office will mail a tax form 1099R at the end of the same year of the withdrawal. Each member must keep this office advised of a current address. Refunds are made the last business day of the month after receiving the last payroll contributions and Board approval.

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) _____(4)_____

MAILING ADDRESS _____(5)_____

CITY, STATE, ZIP _____(5)_____

TELEPHONE NUMBER ( ) _____(6)_____ DATE _____(7)_____

NOTARY'S SIGNATURE:

STATE OF _____(8)_____) ss.
COUNTY OF _____(8)_____)

Signed and sworn to before me, the undersigned notary, on this ___(8)___ day of _____(8)_____, 20 ___(8)___.

Notary Signature _____(8)_____ My commission number _____(8)_____

[SEAL] (8) My commission expires _____(8)_____

TO BE COMPLETED BY CITY CLERK:

CITY _____(9)_____ APPLICANT SSN _____(10)_____

DATE OF EMPLOYMENT _____(11)_____ DATE OF TERMINATION _____(12)_____

MEMBER (ONLY) CONTRIBUTIONS TO BE REFUNDED $ _____(13)_____

I certify the above information relating to pension contributions and dates of employment for terminating Officer _____(14)_____ is true and correct to the best of my knowledge.

Authorized City Signature _____(15)_____ Date _____(16)_____

Position/Title _____(17)_____ Telephone Number _____(18)_____

REFUND OF CONTRIBUTIONS AND DEATH BENEFIT
FORM 109A

The State Board is authorized to pay a refund of contributions to the beneficiary (see definition of beneficiary) of a participating member when the participating member dies not in the line of duty prior to vesting, and when the requirements for eligibility for such a refund have been met. If an active participating member dies and does not leave a beneficiary, the accumulated contributions made to the System by the participating member shall be paid to the estate of the member.

NOTICE: Contributions paid into the System after 01/01/89, are subject to taxes. Applicant is responsible for payment of any taxes due. The System will mail tax Form 1099R at the end of same year of the withdrawal. Each applicant must keep the System advised of a current address. Refunds of contributions shall be paid by the System on the last business day of the month following receipt of last payroll contribution and Board approval.

Please refer to 11 O.S. Section 50-111.1(D), 50-114(D), 50-115.2, OAC 550:1-7-1 for statutory language and administrative rules governing the refund of contributions to the beneficiary or the estate.

A completed Application for Refund of Contributions and Death Benefit (Form 109A), a copy of the death certificate, and a copy of the marriage license (if beneficiary is spouse), a copy of the birth certificate (if beneficiary is a child), or letters testamentary, letters of administration, or an Affidavit of Heirship (Form 119) if for the estate, must be filed with the Oklahoma Police Pension and Retirement System. The following contains a sample form and instructions for the form completion. If you have any questions, please contact the Oklahoma Police Pension and Retirement System at 1 (405) 840-3555 or 1 (800) 347-6552. Municipalities beginning with a letter between A through L and Oklahoma City dial extension 224 and speak with **Katie Luttrell**. All other municipalities should dial extension 225 and speak with **Sean Ruark**.

1. Deceased Member Name – Completed in full (please print).
2. Deceased Member Social Security Number – Must contain nine digits.
3. City of Employment – Name of participating municipality.

4. Applicant Name – Completed in full (please print).

5. Beneficiary Birth Date – Month, day and year (if beneficiary).

6. Beneficiary Social Security Number or Estate Tax Identification Number – Must contain nine digits.

7. Select type of Applicant to receive refund.

8. Child(s) Age – Years if applicable.

9. Applicant Signature – Witnessed by notary.

10. Mailing Address – Completed in full.

11. Telephone Number – Including area code.

12. Date – Month, day and year.

13. Notary Public – Must be notarized.

14. City – Name of participating municipality.

15. City Code – Use assigned participating municipality code provided in this manual.

16. Member Name – Completed in full (please print).

17. Member Social Security Number – Must contain nine digits.

18. Date of Employment – Month, day and year.

19. Date of Death – Month, day and year.

20. Amount of Refund – Life to date member contributions.

21. Member Name – Completed in full (please print)

22. Authorized City Signature – Completed in full.

23. Date – Month, day and year.

24. Position/Title – Job title.

25. Telephone Number – Including area code.

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APPLICATION FOR REFUND OF CONTRIBUTIONS AND DEATH BENEFIT

(1)	(2)	(3)
Deceased Member	SSN	City of Employment
(4)	(5)	(6)
Beneficiary, Personal Representative or Affiant	Beneficiary Birth Date	Beneficiary SSN or Estate Tax ID

Please check one: (7)

☐ The applicant is the surviving spouse of said member and was married for a period of thirty (30) continuous months or more immediately preceding the member's death.

☐ The applicant is the surviving child of said member and is under age eighteen (18) or a full time student under age twenty-two (22).
Current Age _____ (8) _____

☐ The applicant is a representative of the estate of said member and has attached either letters testamentary or letters of administration issued by a court of competent jurisdiction; or the applicant is an affiant and has attached an Affidavit of Heirship (Form 119).

NOTICE: Contributions paid into the Oklahoma Police Pension and Retirement System ("System") after 01/01/89, are subject to taxes. Applicant is responsible for payment of any taxes due. The System will mail a tax form 1099R at the end of the same year of the withdrawal. Each applicant must keep the System advised of a current address. Refunds are made the last business day of the month after receiving the last payroll contributions and Board approval.

A COPY OF THE FOLLOWING DOCUMENTS MUST ACCOMPANY THIS APPLICATION:

1. Death Certificate
2. Marriage License (if beneficiary spouse)
3. Child(s) Birth Certificate(s) (if beneficiary child)
4. School Verification for Children Over 18 (if beneficiary child)
5. Letters of Administration/Testamentary (if applicable)
6. Affidavit of Heirship (Form 119, if applicable)

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

APPLICANT SIGNATURE (Witness by Notary) _____ (9) _____

MAILING ADDRESS _____ (10) _____

CITY, STATE, ZIP _____ (10) _____

TELEPHONE NUMBER ( ) _____ (11) _____ DATE _____ (12) _____

NOTARY'S SIGNATURE:
STATE OF _____ (13) _____) ss.
COUNTY OF _____ (13) _____)
Signed and sworn to before me, the undersigned notary, on this ___ (13) ___ day of _____ (13) _____ , 20 ___ (13) ___ .

Notary Signature _____ (13) _____ My commission number _____ (13) _____
[SEAL] (13) My commission expires _____ (13) _____

TO BE COMPLETED BY CITY CLERK: CITY _____ (14) _____ CODE ___ (15) ___

MEMBER NAME _____ (16) _____ SSN _____ (17) _____

DATE OF EMPLOYMENT _____ (18) _____ DATE OF DEATH _____ (19) _____

MEMBER (ONLY) CONTRIBUTIONS TO BE REFUNDED $ _____ (20) _____

I certify the above information relating to pension contributions and dates of employment for Officer _____ (21) _____ is true and correct to the best of my knowledge.

Authorized City Signature _____ (22) _____ Date _____ (23) _____

Position/Title _____ (24) _____ Telephone Number ( ) _____ (25) _____