Print Form

Oklahoma Firefighters Pension and Retirement System
4545 N. Lincoln Blvd., Suite 265
Oklahoma City, Oklahoma 73105-3407
1-800-525-7461 · (405) 522-4600 · Fax (405) 522-4643
www.okfirepen.state.ok.us

EMPLOYEE ENTRANCE APPLICATION

Firefighters are entitled to member benefits under the pension system only upon receipt of this application in the pension office. Do Not wait until the probation period has ended to send in the Form 13.

Dept _____ Social Security Number _____

_____ County _____ Code

Name (Last) _____ (First) _____ (Middle) _____
(as shown on current social security card)

Address _____ _____ City _____ State _____ Zip

Phone _____ Sex _____ Birthdate _____ Status: Paid _____ Volunteer _____
mo. day yr.

Have you previously served on this or any other fire department in Oklahoma? If yes, list department(s) below.

_____ From _____ to _____ Pd. _____ Vol. _____
(city)

_____ From _____ to _____ Pd. _____ Vol. _____
(city)

(For Office Use Only -- Total Additional Service Time:) _____
yrs. mo. days

Have you ever received a Refund of Contributions from the Firefighters Pension & Retirement System? _____
If Refund was received, it must be returned (plus ten percent interest from date of withdrawal) in order for previous service time to count towards retirement.

Have you ever served in the armed forces of the United States? If so, submit a copy of your service record including date of entry, date of discharge, and proof of an honorable discharge.

Spouse's Name _____ Birthdate _____ Marriage Date _____

_____ child's name mo. day yr. _____ child's name mo. day yr. _____ child's name mo. day yr.

_____ child's name mo. day yr. _____ child's name mo. day yr. _____ child's name mo. day yr.

Signature _____
Applicant

Date Hired: _____ _____
Fire Chief

MUST BE COMPLETED, SIGNED AND NOTARIZED ON REVERSE SIDE

RELEASE OF INFORMATION FOR PAID AND VOLUNTEER MEMBERS

I, _____ , authorize the Oklahoma Firefighters Pension and Retirement Board ("Board") to conduct a physical examination, as required by 11 O.S. §49-116, in order for me to participate in the retirement system and qualify to receive any pension benefits, if applicable. Further, I consent to the release of the examination results, and any other information, including but not limited to medical information relating to the existence of my disability, if any, or any other information related to my pension benefits, to personnel authorized by the Board, participating employer, local pension board, physicians or medical personnel selected by the Board, and to Board members, for appropriate review and the determination of disability or regular pension benefits.

_____
Applicant

State of Oklahoma)

County of _____)

I hereby certify that the above and foregoing release was executed by_____ on this_____ day of _____ .

My commission expires _____ Notary Public _____

PLEASE ENCLOSE:

FORM 11: DESIGNATION OF RECEPIENT FOR DEATH BENEFIT

SSA - 1945: STATEMENT CONCERNING YOUR EMPLOYMENT IN A JOB NOT COVERED BY SOCIAL SECURITY

AGILITY TEST

$60 CHECK FOR VOLUNTEER APPLICATIONS* (UNLESS DEPARTMENT IS AN APPROVED EXEMPT DEPARTMENT)

Return to: **OKLAHOMA FIREFIGHTERS PENSION AND RETIREMENT SYSTEM**
4545 N. Lincoln Blvd., Suite 265
Oklahoma City,OK 73105-3407

***$60 check is to cover first calendar year of required volunteer contributions, failure to remit check will result in a return of this application.**

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