



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



VESTED BENEFIT APPLICATION

Paid Applicant _____

Volunteer Applicant _____

11 O. S. Supp. 1986, Sec. 49-117.1, as amended states that a firefighter who has completed ten (10) or more years of credited service at the date of termination is entitled to a vested benefit. (A paid firefighter has the option of a vested benefit in lieu of receiving a refund of accumulated contributions.) If the paid firefighter elects the vested benefit, he/she would be entitled to a monthly retirement benefit commencing on the date the member reaches fifty (50) years of age or the date the firefighter would have completed twenty (20) years of service had the firefighters employment continued uninterrupted, whichever is later. The amount of such retirement benefit shall be equal to two and one-half percent of final average salary multiplied by the number of years of credited service. The volunteer firefighter's vested benefit would commence when the firefighter reaches age fifty (50) or when the firefighter would have completed twenty (20) years of service, whichever is later. The volunteer retirement benefit shall be the amount being paid to volunteer firefighters at the time the member vests multiplied by the number of years of credited service. (Sec. 49-101(B))

Should a firefighter who terminates employment and receives a vested benefit die prior to being eligible to receive benefits, the firefighter's beneficiary shall be entitled to the firefighter's normal monthly retirement benefit on the date the deceased firefighter would have been eligible to receive the benefit. The beneficiary would be required to complete a benefit application at the time of the member's death.

PART 1 - EMPLOYER'S CERTIFICATION: I hereby certify that _____,
(as shown on current social security card)

SS# _____, was employed by the _____ Fire Department on
_____ and terminated on _____
Date of Employment _____ Date of Termination _____

Date: _____
Clerk _____

Fire Chief

PART 2 - EMPLOYEE'S STATEMENT: I, _____, have completed ten (10) or more years of credited service in the Oklahoma Firefighters Pension and Retirement System and I wish to elect a Vested Benefit in the retirement system (if paid firefighter, in lieu or refund of contributions). I fully understand that benefits will commence in accordance with 11 O.S. Supp. 1986, Section 49-117.1 or Section 49-101 (B). **Death Benefits shall not apply to any member retiring under these provisions.**

Dated this _____ day of _____, 20 ____
Applicant's Signature _____

Applicant's Birthday _____
Mailing Address _____

Spouse's Name _____

Spouse's Birthday _____

Marriage Date _____
City _____ State _____ Zip _____

List below prior service (dates and city)

Phone _____

- * **Attach copy of Local Pension Board Minutes**
- * **Attach copy of Birth Certificate**

(Over)

State of Oklahoma)

County of _____)

_____, first being duly sworn on oath deposed and says that he/she is the Applicant above named, that he/she has read the within and foregoing application, knows the contents thereof, and that the statements contained therein are true and correct.

Subscribed and sworn to before me this _____ day of _____, _____.

My commission expires _____ Notary Public _____

IMPORTANT: ANY CHANGE IN ADDRESS OF APPLICANT MUST BE MADE IN WRITING TO:

Oklahoma Firefighters Pension System
4545 N. Lincoln Blvd., Suite 265
Oklahoma City, OK 73105-3407
WE MUST BE KEPT INFORMED OF CURRENT MAILING ADDRESS

THIS SECTION FOR OFFICE USE ONLY

Final Average Salary of Paid Applicant _____

Total Credited Service _____ X2.5% = _____ %

Benefit Amount _____ Vested Benefit Date _____

Volunteer Amount per Year _____ X Credited Service Time _____

Benefit Amount _____ Effective Retirement Date _____ Vested Benefit Date _____

Prepared By: _____ Reviewed By: _____ Approved By: _____