



OKLAHOMA FIREFIGHTERS PENSION & RETIREMENT SYSTEM

4545 N. Lincoln Blvd., Suite 265
Oklahoma City, Oklahoma 73105-3407
1-800-525-7461 • 405/522-4600 • Fax (405) 522-4643

APPLICATION FOR SURVIVING SPOUSE FOR PENSION

Before the Board of Trustees of the Oklahoma Firefighters Pension and Retirement System, \_\_\_\_\_

Fire Department, City of \_\_\_\_\_ County of, \_\_\_\_\_ Oklahoma.

In re: Application for Pension of \_\_\_\_\_, pursuant to Oklahoma Statutes, Title II, Section 49-101 and 49-106, Supp. 1981. (members name)

COMES NOW \_\_\_\_\_, spouse of \_\_\_\_\_, deceased, and hereby makes application to the Board of Trustees of the Oklahoma Firefighters Pension and Retirement System for pension and respectfully submits the following:

1. That applicant is the spouse of said deceased firefighter, was married to him/her at the time of his/her death for more than thirty (30) continuous months prior thereto. If in line of duty, this does not apply.

2. That at the time of fire fighters death said deceased was a parent of the following named unmarried children under the age of eighteen (18) years, 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 learning, or physically or mentally disabled children, to wit:

Table with 6 columns: Name of Child, Birthdate, Name of Child, Birthdate, Name of Child, Birthdate. Includes blank lines for entry.

Form section for CODE, DEPT. NAME, SOCIAL SECURITY NO., BIRTHDATE, MARRIAGE DATE, DEATH DATE, DEDUCTIONS, and FOR OFFICE USE ONLY (RETIREMENT CODE, PAYEE CLASS, STATUS, PENSION AMOUNT \$).

3. That applicant is the widow of said deceased, who was a fireman duly appointed and enrolled in the Fire Department of \_\_\_\_\_, Oklahoma at the time of his/her death, and that said deceased fireman served a total of \_\_\_\_\_ years, \_\_\_\_\_ months, and \_\_\_\_\_ days, as a member of a duly constituted Fire Department of the State of Oklahoma. That said service began on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, and ended on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.
4a. That said deceased, on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, died from causes not arising in the line of duty or in the course of his employment as a member of said Fire Department.
4b. That said deceased, on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, died by reason of an injury or sickness sustained by him/her while in consequence of the performance of his/her duty as a member of said Fire Department.

5a. If Death in Line of Duty, applicant requests that a monthly pension of \$ \_\_\_\_\_ be granted. (If regarding a paid firefighter who has served twenty years, applicant is entitled to a monthly pension of one-half (1/2) of the average monthly salary of the firefighter's highest salaried thirty consecutive months of the last sixty months of service. If firefighter served less than twenty years, benefit is based on the average monthly salary of the last thirty months of service.) If regarding a volunteer firefighter, applicant is entitled to the full volunteer pension being paid to service retirees.) Said sum to be paid from the Oklahoma Firefighters Pension and Retirement System in accordance with the laws of the State of Oklahoma in such cases made and provided.

5b. If Death was Not In Line of Duty, applicant requests that a monthly pension of \$ \_\_\_\_\_ be granted. (If regarding a paid firefighter, benefit is based on one-half of the firefighter's last sixty months average salary. (If regarding a volunteer firefighter, applicant shall be entitled to 1/20 of the normal volunteer service pension for each year of service.) Said sum to be paid from the Oklahoma Firefighters Pension and Retirement System in accordance with the laws of the State of Oklahoma in such cases made and provided.

WAS FIREFIGHTER RECEIVING A PENSION AT TIME OF DEATH? YES \_\_\_\_ NO \_\_\_\_  
WHAT WAS AMOUNT OF PENSION FIREFIGHTER WAS RECEIVING AT TIME OF DEATH? \$ \_\_\_\_\_  
WAS FIREFIGHTER'S DEATH A RESULT OF INJURY OR SICKNESS SUSTAINED BY HIM/HER WHILE IN OR IN CONSEQUENCE OF PERFORMANCE OF HIS/HER DUTY? YES \_\_\_\_ NO \_\_\_\_  
WAS FIREFIGHTER'S DEATH A RESULT OF INJURY OR SICKNESS FROM CAUSES NOT ARISING IN LINE OF DUTY? YES \_\_\_\_ NO \_\_\_\_  
DID FIREFIGHTER SERVE AS MUCH AS TWENTY (20) YEARS IN ONE OR MORE FIRE DEPARTMENTS IN THE STATE OF OKLAHOMA?  
YES \_\_\_\_ NO \_\_\_\_

HAD FIREFIGHTER BEEN APPROVED FOR A VESTED BENEFIT? IF SO, WHAT DATE WAS BENEFIT TO BEGIN? \_\_\_\_\_  
MO DAY YR.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Applicant's Signature (as shown on social security card)

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Phone

State of Oklahoma }  
County of \_\_\_\_\_ } SS.

\_\_\_\_\_, 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 \_\_\_\_\_, \_\_\_\_\_.

My commission expires \_\_\_\_\_

\_\_\_\_\_  
Notary Public

PLEASE ENCLOSE:

MINUTES OF YOUR LOCAL PENSION BOARD MEETING (Minutes from town counsel cannot be accepted).

COPY OF DEATH CERTIFICATE

COPY OF MARRIAGE LICENSE

FEDERAL AND STATE WITHHOLDING TAX FORM (If not attached, taxes will automatically be withheld due to federal regulations).

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