Retirement Notice and Application

Oklahoma County Retirement System

320 Robert S. Kerr, Oklahoma City, OK 73102

(405) 713-1535

This application is submitted in compliance with Title 19 Chapter 25 Sections 951 – 962 of the Oklahoma State statute

i ilis applicatio	ii is suoimited in compi	nance with Title 19 Chapte		702 of the Oktanoma Stat	te statutes.		
1. APPLICANT INFOR	MATION (Please Pr	rint)					
Shottenkirk	550	121/	1	•			
Last Name First			Middle	Social Security Number			
, ,				•	41		
Address	Cit	y State	Zip	Date of Birth	M/F		
	1 400	,	2.5	1 1 1001	. 11 00 0		
Home Phone			Work Phone		Hire Date Termination Date		
		WOLK	work Phone		remination Date		
Lillie Thatte	WHK.	- 071	<u>r</u>				
Spouse Name		Date of Birth	M/F	Social Security Num	nber		
2. DEFINED CONTRIBU	TION		DEFINED				
Resolution #83-76 – Following A, B, C, D and E. Must have service. Must have 10 years of service for disability benefice. Must have 10 years of service for disability benefice. Must have 10 years of service for disability benefices. Resolution #125-82- Froze retirement prior to March 1, 1983 with not less than 15 years of service. Must have 10 years disability benefits. Resolution #159-89- Shall apply to employees retiring or vafter May 9, 1988. Must have 8 years of service. Must have service for disability benefits.					benefits. Lave 10 years of benefits. 1983. Over age 55 years of service for		
(A) RULE OF 60	(A) AGE 62, ADH TERMINATIC	(A) AGE 62, ADHERING TO PROVISIONS OF RESOLUTION AT TIME OF TERMINATION, LAST 2 YRS CONSECUTIVE. IMMEDIATELY PRECEDING RETIREMENT. (No longer employed by County)					
(B) DISABILITY		TERMINATIO	(B) NOT AGE 62, ADHERING TO PROVISIONS OF RESOLUTION AT TIME OF TERMINATION, LAST 2 YRS. CONSECUTIVE. (1st Pension Payment to begin when County employee reaches age 62)				
(C) OTHER(C) AGE 55, ADHERING TO PROVISION TERMINATION, LAST 2 YRS CON					N AT TIME OF		
		(D) RULE OF 80 (age plus years of service equal eighty)					
			ADHERING TO PROVI MANENTLY DISABLI				
3A. HEALTH/DENTAL/VIS Continuation only available if of Family Status Single Family Other				[Rates	For Office Use Only are subject to change) Monthly Premium 385.00		

3B. ELECTION OR WAIVER OF CONTINUED HEALTH/ DEN	TAL COVERAGE				
I elect to continue health and dental coverage.	I understand I am NOT eligible for continued health or dental coverage:				
	(a) I am not currently covered.				
I do NOT elect to continue health, dental, and vision coverage.	(b) I am not eligible under the RULE OF 75				
ALL TYPE INCHES OF A STATE OF A S	West.				
4A. <u>LIFE INSURANCE</u> (Only available if hired prior to Feb 1, 1987)	For Office Use Only Monthly Premium				
Frozen Life Volume (as of 2-1-87) divided by 2 = \$	(Rates are subject to change)				
X \$1.50 per thousand = \$	(
	\$				
4B. ELECTION OR WAIVER OF CONTINUED LIFE COVERA	I understand I am NOT eligible for life insurance due to non-continuous coverage.				
I elect to continue life coverage.	due to non-continuous coverage.				
-	I understand I am NOT eligible to continue life coverage				
I do NOT elect to continue life coverage.	due to my hire date being after February 1, 1987.				
5. PREMIUM DEDUCTION AUTHORIZATION					
I elect to have the premiums charged by the County deducted from I elect to directly pay the County for any premiums due for conting of the month of coverage and may be canceled if payment is not re-	nued coverage(s). I understand that premiums are due on the first				
SIGNAT	TURE PAGE				
2 Hallistation	10-24-2025				
Applicant Signature Received by: Jonul News	Date Date Do 24-25 Date				
APPROVED THIS DATE:	BY THE OKLAHOMA COUNTY RETIREMENT BOARD.				
CHAIRMAN	TREASURER				
ATTEST:					

OKLAHOMA COUNTY RETIREMENT APPLICATION SUMMARY

					244VP
DEFINED CONTRIBUTION	ON APPLICATION NO. 25.1	DATE	OF APPLICA	ATION //	0-24-15
DEFINED BENEFIT APPI	JCATION NO.	BOARI) MEETING	DATE [//	~24.25
Application to re	eceive retirement benefits is submitted to the	Board of Trustees of th	e Employees Retir	ement System of	
APPLICANT: Steven	s as provided by Title 19 and any subsequent ShoHen Kirk	YEARS	ons of the Oklaho. MONTI	ma State Statutes. IS DAYS	ROUNDED
DATE OF HIRE: DA 7/1/96 (rounding permitted only if fully vested)	ATE OF TERMINATION: ll/20/29	29	4	20	
PREVIOUS OK COUNTY EN	IPLOYMENT SERVICE CREDI	(T:			
MILITARY SERVICE CRED (Maximum of 5 years)	IT:				
OTHER SERVICE CREDIT: (7yr max for employee service; 4 yr. max credit only for elected officials)	. for elected official service) (DB Plan allow	s			
ACCRUED UNUSED ANNUA (DC Plan Not To Exceed 30 or 45 days)	L LEAVE:				
TOTAL SEA	RVICE CREDIT	29	4	20	29
DATE OF BIRTH:	AGE: 6 Z (At Retirement Effective Date	, 62	10		63
DETIDEMEN	G DENIEDYOG				
RETIREMENT BENEFITS		DEFINE BENEF		DEFINED CONTRIBUTION	
Retirement Effective Date:				11-21	
Benefit/Vested Percentage:		%	%	100%	
	onthly Pension to Begin:			N/A	
Ionthly Pension Amount:		\$		N/A	
APPLICANT SIGNATURE:	E Staumturk		DATE:	10-24-21	225
ATTEST: OKLAHOMA COL	UNTY BENEFITS AND RETIRE	MENT			
BY BENEFITS & RETIRMEN	T: Jon willerson		DATE:	10-24-2	<u>s</u>