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 statutes.

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1. APPLICANT INFORMA	ATION (Please Pri	nt)					
1 Hotas Ka	thu '	llobin		4			
Last Name	First		Middle	Social Securi	Social Security Number		
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Address	City	State	Zip	Date of Birth	M/F		
٠,	Onut	Yerk "	•	7-1-7	10-30-75		
Home Phone	Department	Work	Phone	Hire Date	Termination Date		
Tiome I none	Dopartitione	Work	i none	The Date	1 ornination Date		
Spouse Name		Date of Birth	M/F	Social Security	Number		
2. <u>DEFINED CONTRIBUTION</u>	<u>ON</u>	DEFINED BENEFIT  Resolution #83-76 – Following A, B, C, D and E . Must have 15 years of service. Must have 10 years of service for disability benefits.					
		Resolution service. M Resolution with not I disability Resolution after May	Resolution #69-81-Following A, B, C, D and E. Must have 10 years of service. Must have 10 years of service for disability benefits.  Resolution #125-82- Froze retirement prior to March 1, 1983. Over age 55 with not less than 15 years of service. Must have 10 years of service for disability benefits.  Resolution #159-89- Shall apply to employees retiring or vesting on or after May 9, 1988. Must have 8 years of service. Must have 8 years of service for disability benefits.				
(A) RULE OF 60			ERING TO PROVI		JTION AT TIME OF		
(age plus years of service equal sixty)		IMMEDIATELY PRECEDING RETIREMENT. (No longer employed by County)					
(B) DISABILITY		(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)					
		(1st Pension Payr	nent to begin when	County employee rea	aches age 62)		
(C) OTHER		(C) AGE 55, ADHERING TO PROVISIONS OF RESOLUTION AT TIME OF TERMINATION, LAST 2 YRS CONSECUTIVE.					
		(D) RULE OF 80 (age plus years of service equal eighty)					
		(E) CURRENTLY RESOLUTION	(E) CURRENTLY EMPLOYED AND ADHERING TO PROVISIONS OF RESOLUTION. TOTALLY & PERMANENTLY DISABLED.				
3A. HEALTH/DENTAL/VISIO Continuation only available if cov	ered at time of retirer	NTINUATION - (Only nent application and 1009	PPO coverage may % vested)		For Office Use Only Rates are subject to change)		
	licare/Medicaid Applicant Spouse Dependent				Monthly Premium  § 02.		
					-20044007-20-5-F		

3B. ELECTION OR WAIVER OF CONTINUED HEALTH/ DENTAL	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				
4A. <u>LIFE INSURANCE</u> (Only available if hired prior to Feb 1, 1987)  Frozen Life Volume (as of 2-1-87) divided by 2 = \$	For Office Use Only Monthly Premium				
X \$1.50  per thousand = \$	(Rates are subject to change)				
	\$				
4B. ELECTION OR WAIVER OF CONTINUED LIFE COVERAGE	I understand I am <b>NOT</b> eligible for life insurance due to non-continuous coverage.				
I elect to continue life coverage.	VOO I understand I am NOT aligible to continue life severage				
I do NOT elect to continue life coverage.	due to my hire date being after February 1, 1987.				
pre-					
5. PREMIUM DEDUCTION AUTHORIZATION  Level I elect to have the premiums charged by the County deducted from my  I elect to directly pay the County for any premiums due for continued of the month of coverage and may be canceled if payment is not receive	coverage(s). I understand that premiums are due on the first				
SIGNATUR					
K Koly Polt	4-24-25				
Applicant Signature Received by:    Don Wilherson	4-34-35  Date 4-24-25				
APPROVED THIS DATE:	BY THE OKLAHOMA COUNTY RETIREMENT BOARD.				
CHAIRMAN	TREASURER				
ATTEST:					

## OKLAHOMA COUNTY RETIREMENT APPLICATION SUMMARY

DEFINED CONTRIBUTION AP	PLICATION NO. 25-11	DATE OF APPLICATION 4-24-25				
DEFINED BENEFIT APPLICAT	BOARD MEETING DATE 5-27-2\$					
Application to receive re	tirement benefits is submitted to the Board o	f Trustees of the E	mployees Retirei	nent System of		
APPLICANT: Kathy P	nded by Title 19 and any subsequent resolution  Otts	yEARS	MONTHS		ROUNDED	
DATE OF HIRE: DATE O  2-1-20 8 (rounding permitted only if fully vested)	F TERMINATION: G-30-25	7	4			
PREVIOUS OK COUNTY EMPLO 3-30-2011 40	YMENT SERVICE CREDIT:	le	le	3		
MILITARY SERVICE CREDIT: (Maximum of 5 years)						
OTHER SERVICE CREDIT: (7yr max for employee service; 4 yr. max. for electric credit only for elected officials)	cted official service) (DB Plan allows					
ACCRUED UNUSED ANNUAL LEA (DC Plan Not To Exceed 30 or 45 days)	AVE:					
		1	:			
TOTAL SERVI	CE CREDIT	13	10	}	円	
DATE OF BIRTH:	AGE: (At Retirement Effective Date)	lele	1		47	
RETIREMENT BENEFITS		DEFINED BENEFIT	I .	DEFINED CONTRIBUTION		
Retirement Effective Date:				1-1-25		
Benefit/Vested Percentage:	PRINCE AND A PRINC	%	%		/0	
Monthly Pension to Begin:		<u> </u>		N/A		
Monthly Pension Amount:		\$		N/A		
APPLICANT SIGNATURE: K. I	Rolo Potts	DATE: 4-24-25				
ATTEST: OKLAHOMA COUNTY	BENEFITS AND RETIREMEN	T				
BY BENEFITS & RETIRMENT:	Jrn Welneron	AMAGAMAN TERRATURA	DATE:	1-24-25	<u>,                                     </u>	
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