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.

1. APPLICANT INFORMATION (Please Print)									
Various		1	n						
Last Name	<u> </u>	<u> </u>	Middle	Social Security No					
Date France	i not	•=	- Wilddle	Social Security Ni	ımber				
Address	City	State		Date of Birth	<u> </u>				
11441555	Showing	· State	Zip	O 1 3 A	M/F				
Home Phone	Department	Work P	none	3-1-2004 Hire Date	1/20/25				
	,	WOIK F	ione	Aire Date	Temmation Date				
Spouse Name	YARBER	Date of Birth	M/F	Social Security Num	her				
		Date of Bitti	14171	Social Security Num	ibei				
2. <u>DEFINED CONTRI</u>	BUTION	, 1970 and 1	DEFINED		1774				
Resolution #83-76 – Following A, B, C, service. Must have 10 years of service Resolution #69-81-Following A, B, C, D service. Must have 10 years of service				of service for disability I A, B, C, D and E. Must h	ce for disability benefits. D and E. Must have 10 years of				
		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		8 years of service. Mus					
<u><u>R</u> (A) RULE OF 60</u>		(A) AGE 62, ADHE	RING TO PROVIS	SIONS OF RESOLUTION	N AT TIME OF				
(age plus years of service equal sixty)		TERMINATION, LAST 2 YRS CONSECUTIVE. 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 Payme	ent to begin when C	County employee reaches	age 62)				
(C) OTHER	_		RING TO PROVIS , LAST 2 YRS CO	IONS OF RESOLUTION NSECUTIVE.	N AT TIME OF				
		(D) RULE OF 80 (ag	e plus years of serv	vice equal eighty)					
(E) CURRENTLY EMPLOYED AND ADHERIN RESOLUTION. TOTALLY & PERMANENT									
	ISION COVERAGE CONT			be continued)					
Continuation only available if covered at time of retirement application and 100% vested)					or Office Use Only are subject to change)				
Family Status	Medicare/Medicaid				lonthly Premium				
Single Family	Applicant Spouse			\$	137.00				
Other	Dependent			<u>u</u>	_				

	- The state of the				
3B. ELECTION OR WAIVER OF CONTINUED HEALTH/ DENTA	AL COVERAGE				
R3 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)	For Office Lies Only				
	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 = \$, , , , , , , , , , , , , , , , , , , ,				
	\$				
The state of the s	A				
4B. ELECTION OR WAIVER OF CONTINUED LIFE COVERAGE	I understand I am NOT eligible for life insurance				
	due to non-continuous coverage.				
I elect to continue life coverage.	ON				
I do NOT elect to continue life coverage.	I understand I am NOT eligible to continue life coverage				
1 do NO1 elect to continue me 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 m	ny pension account each month.				
dat					
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 rece	d coverage(s). I understand that premiums are due on the first				
of the month of coverage and may be canceled if payment is not rece	ived by the last day of the month of coverage.				
SIGNATU	RE PAGE				
	/ . 1.				
xichard Sylarvery	12/5/2624				
Applicant Signature Received by:	Dated Dated - 5-21				
Received by.	, Benefits and Retirement, on				
APPROVED THIS DATE:	BY THE OKLAHOMA COUNTY RETIREMENT BOARD.				
CHAIRMAN	TREASURER				

OKLAHOMA COUNTY RETIREMENT APPLICATION SUMMARY

		, <u>, ,</u>			
DEFINED CONTRIBUTION APPLICATION NO.	24-57	DATE O	APPLICA	rion [12:	-5-24
DEFINED BENEFIT APPLICATION NO.	BOARD MEETING DATE 12-16-24				
Application to receive retirement benefits is submitte Oklahoma County as provided by Title 19 and any sub	ed to the Board o	of Trustees of the E	mployees Retire	ment System of	
APPLICANT: Richard Yarber	osequeni resolul	YEARS	MONTH		ROUNDED
DATE OF HIRE: DATE OF TERMINATION: 8-1-70 D 4 (rounding permitted only if fully vested)	25	20	5		
PREVIOUS OK COUNTY EMPLOYMENT SERVICE O	CREDIT:				
MILITARY SERVICE CREDIT: (Maximum of 5 years)					
OTHER SERVICE CREDIT: (7yr max for employee service; 4 yr. max. for elected official service) (DB Placed to only for elected officials)	an allows				
ACCRUED UNUSED ANNUAL LEAVE: (DC Plan Not To Exceed 30 or 45 days)					
				İ	
TOTAL SERVICE CREDIT		20	5		20
DATE OF BIRTH: AGE: (At Retirement Effect	tive Date)	71	2		71
RETIREMENT BENEFITS		DEFINED BENEFIT		DEFINED CONTRIBUTION	
Retirement Effective Date:					-25
Benefit/Vested Percentage:		%	%		10
Monthly Pension to Begin:				N/A	
Monthly Pension Amount:		\$		N/A	
APPLICANT SIGNATURE: Liebard X.	prl	rer	DATE:	2/5/	2024
ATTEST: OKLAHOMA COUNTY BENEFITS AND RI	ETIREMEN	NT		•	
BY BENEfits & RETIRMENT: Thousand	X/A	NWO S	DATE:	12-5-24	<u></u>