

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)

Swanegan **Alicia**

Last Name

First

Middle

Social Security Number

F

Address

City

State

Zip

Date of Birth

M/F

Home Phone

Department

Work Phone

Hire Date

1-4-21 **1-5-26**

Termination Date

Spouse Name

Date of Birth

M/F

Social Security Number

2. DEFINED CONTRIBUTION**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 #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.

AS (A) RULE OF 60

(age plus years of service equal sixty)

(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

(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 PROVISIONS OF RESOLUTION AT TIME OF TERMINATION, LAST 2 YRS CONSECUTIVE.

(D) RULE OF 80 (age plus years of service equal eighty)

(E) CURRENTLY EMPLOYED AND ADHERING TO PROVISIONS OF RESOLUTION. TOTALLY & PERMANENTLY DISABLED.

3A. HEALTH/DENTAL/VISION COVERAGE CONTINUATION - (Only PPO coverage may be continued)

Continuation only available if covered at time of retirement application and 100% vested)

Family Status**Medicare/Medicaid**

Single
 Family
 Other

Applicant
 Spouse
 Dependent

For Office Use Only
 (Rates are subject to change)

Monthly Premium

\$ 1169.00

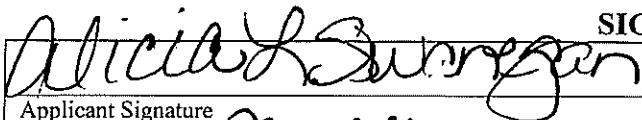
3B. ELECTION OR WAIVER OF CONTINUED HEALTH/ DENTAL COVERAGE**OS** I elect to continue health and dental coverage. I understand I am NOT eligible for continued health or dental coverage: I do NOT elect to continue health, dental, and vision coverage. (a) I am not currently covered. (b) I am not eligible under the RULE OF 75**4A. LIFE INSURANCE** (Only available if hired prior to Feb 1, 1987)Frozen Life Volume (as of 2-1-87) divided by 2 = \$ _____
X \$1.50 per thousand = \$ _____

For Office Use Only

Monthly Premium

(Rates are subject to change)

\$ _____

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.**AS** I understand I am NOT eligible to continue life coverage
due to my hire date being after February 1, 1987.**5. PREMIUM DEDUCTION AUTHORIZATION****AS** I elect to have the premiums charged by the County deducted from my pension account each month. I elect to directly pay the County for any premiums due for continued coverage(s). I understand that premiums are due on the first
of the month of coverage and may be canceled if payment is not received by the last day of the month of coverage.**SIGNATURE PAGE**

Applicant Signature

Received by: 

Date

1-5-26

, Benefits and Retirement, on

APPROVED THIS DATE: _____ BY THE OKLAHOMA COUNTY RETIREMENT BOARD.

CHAIRMAN

TREASURER

ATTEST: _____

OKLAHOMA COUNTY RETIREMENT APPLICATION SUMMARY

DEFINED CONTRIBUTION APPLICATION NO.

26-1

DATE OF APPLICATION

1-5-26

DEFINED BENEFIT APPLICATION NO.

BOARD MEETING DATE

1-26-26

Application to receive retirement benefits is submitted to the Board of Trustees of the Employees Retirement System of Oklahoma County as provided by Title 19 and any subsequent resolutions or regulations of the Oklahoma State Statutes.

APPLICANT: <i>Alicia Swanegan</i>	YEARS	MONTHS	DAYS	ROUNDED
DATE OF HIRE: <i>1-4-21</i> (rounding permitted only if fully vested)	DATE OF TERMINATION: <i>1-5-26</i>	<i>5</i>	<i>0</i>	<i>2</i>
PREVIOUS OK COUNTY EMPLOYMENT SERVICE CREDIT:				
MILITARY SERVICE CREDIT: (Maximum of 5 years)				
OTHER SERVICE CREDIT: (7yr max for employee service; 4 yr. max. for elected official service) (DB Plan allows credit only for elected officials)				
ACCRUED UNUSED ANNUAL LEAVE: (DC Plan Not To Exceed 30 or 45 days)				
TOTAL SERVICE CREDIT	5	0	2	5

DATE OF BIRTH:	AGE: (At Retirement Effective Date)	57	6	58
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RETIREMENT BENEFITS	DEFINED BENEFIT	DEFINED CONTRIBUTION
Retirement Effective Date:		<i>1-6-26</i>
Benefit/Vested Percentage:	%	% <i>100</i> %
Monthly Pension to Begin:		N/A
Monthly Pension Amount:	\$	N/A

APPLICANT SIGNATURE: *Alicia Swanegan*DATE: *01-05-26*

ATTEST: OKLAHOMA COUNTY BENEFITS AND RETIREMENT

BY BENEFITS & RETIREMENT: *John W. Morrison*DATE: *1-5-26*