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 INFORMAT	CION (Please Print)				
	<u> </u>				
Henderson	wallac	e	<u> </u>	4	<u>.</u>
Last Name .	_ First		Middle	Social Security	Number
	,		1011		\cdot \cap
Address	City	State	Zip	Date of Birth	M/F
	Dist#1		•	7-10-100	4 410.15
Home Phone	Department	Work P	hone	Hire Date	Termination Date
Tromo i none	Doparamont	WOLKI	none	Tille Date	remination Date
C N		D. CD' d) / fr	<u> </u>	
Spouse Name		Date of Birth	M/F	Social Security N	ımber
2. DEFINED CONTRIBUTION	<u>·</u> —	service. M Resolution service. M Resolution with not le disability b Resolution after May	ust have 10 years of #69-81-Following A, ust have 10 years of #125-82- Froze retires than 15 years of seenefits.	A, B, C, D and E . M service for disabilit , B, C, D and E. Mus service for disabilit ement prior to March	y benefits. t have 10 years of y benefits. 1, 1983. Over age 55 0 years of service for ng or vesting on or
WTH(A) RULE OF 60 (age plus years of service equal sixty)		TERMINATIO	N, LAST 2 YRS CON	ONS OF RESOLUTI NSECUTIVE. TREMENT. (No longe	
(B) DISABILITY		TERMINATION	i, last 2 yrs. coi		LUTION AT TIME OF
(C) OTHER	(RING TO PROVISION, LAST 2 YRS CON	ONS OF RESOLUTI	ON AT TIME OF
	(D) RULE OF 80 (a)	ge plus years of servi	ce equal eighty)	
		,		DHERING TO PRO' MANENTLY DISAB	
Single Family	COVERAGE CONTINUITY of at time of retirement appare/Medicaid Applicant Spouse Dependent	VATION - (Only F plication and 100%	PO coverage may b vested)		For Office Use Only es are subject to change) Monthly Premium

3B. ELECTION OR WAIVER OF CONTINUED HEALTH/ DENTAL	COVERAGE				
WTH l 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				
	- 10 T T T T T T T T T T T T T T T T T T				
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 = \$ X \$1.50 per thousand = \$	(Rates are subject to chan				
	\$				
The state of the s					
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.	the state of the s				
I do NOT elect to continue life coverage.	due to my hire date being after February 1, 1987.				
5. PREMIUM DEDUCTION AUTHORIZATION					
l elect to have the premiums charged by the County deducted from my	pension account each month.				
WH I elect to directly pay the County for any premiums due for continued of	coverage(s). I understand that premiums are due on the first				
of the month of coverage and may be canceled if payment is not receiv	ed by the last day of the month of coverage.				
SIGNATUR	E PAGE				
WaltresTHendericen	4/4/2025				
Applicant Signature Received by: Maldy est Hendersen Received by: Maldhum	, Benefits and Retirement, on Date 4/4/25				
APPROVED THIS DATE:	BY THE OKLAHOMA COUNTY RETIREMENT BOARD.				
CHAIRMAN	TREASURER				
ATTEST:					

OKLAHOMA COUNTY RETIREMENT APPLICATION SUMMARY

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DEFINED CONTRIBUTION APPLICATION NO. 25.9	DATE OF	APPLICAT	ION 4	14/25
DEFINED BENEFIT APPLICATION NO.	BOARD N	IEETING D	ATE 4/	128/25
Application to receive retirement benefits is submitted to the Boar	rd of Trustees of the E	nployees Retirem	ent System of	
Oklahoma County as provided by Title 19 and any subsequent resort APPLICANT: Wallace Henderson	YEARS	of the Oklahoma MONTHS		ROUNDED
DATE OF HIRE: DATE OF TERMINATION: (rounding permitted only if fully vested) Output Output DATE OF HIRE: Output Output	30	9	14	
PREVIOUS OK COUNTY EMPLOYMENT SERVICE CREDIT:				
MILITARY SERVICE CREDIT: (Maximum of 5 years)		2		
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	30	9	14	3/
	1		· 1	
DATE OF BIRTH: AGE: 60 (At Retirement Effective Date)	60	4		60
RETIREMENT BENEFITS	DEFINED BENEFIT	I	DEFINED CONTRIBUTION	
Retirement Effective Date:	DIAGDATI		4/19/	
Benefit/Vested Percentage:	%			
Monthly Pension to Begin:			N/A	
Monthly Pension Amount:	\$		N/A	L
APPLICANT SIGNATURE: Dellaci THenderson		DATE:	44/202	 5
ATTEST: OKLAHOMA COUNTY BENEFITS AND RETIREM	ENT			
BY BENEFITS & RETIRMENT: Ja hulkerson		DATE: 4	14/25	·
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