

Application No. **DB-26-5**

**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)**

McDowell Cassandra \_\_\_\_\_  
Last Name First Middle Social Security Number \_\_\_\_\_

\_\_\_\_\_  
Address City State Zip Date of Birth \_\_\_\_\_ M/F \_\_\_\_\_

\_\_\_\_\_  
Home Phone Department Work Phone Hire Date Termination Date

Richard L. McDowell \_\_\_\_\_  
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.

\_\_\_\_\_ (A) RULE OF 60  
(age plus years of service equal sixty)

\_\_\_\_\_ (B) DISABILITY

\_\_\_\_\_ (C) OTHER

(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) NOT AGE 62, ADHERING TO PROVISIONS OF RESOLUTION AT TIME OF TERMINATION, LAST 2 YRS. CONSECUTIVE. (1<sup>st</sup> Pension Payment to begin when County employee reaches age 62)

\_\_\_\_\_ (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)

<b>Family Status</b>	<b>Medicare/Medicaid</b>	For Office Use Only (Rates are subject to change) Monthly Premium
_____ Single	_____ Applicant	\$ _____
_____ Family	_____ Spouse	
_____ Other	_____ Dependent	

**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:  
 I do NOT elect to continue health, dental, and vision coverage. **CM** (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)

For Office Use Only  
Monthly Premium  
(Rates are subject to change)

Frozen Life Volume (as of 2-1-87) divided by 2 = \$ \_\_\_\_\_  
X \$1.50 per thousand = \$ \_\_\_\_\_

\$ \_\_\_\_\_

**4B. ELECTION OR WAIVER OF CONTINUED LIFE COVERAGE**

**CM** I understand I am NOT eligible for life insurance due to non-continuous coverage.

I elect to continue life coverage.

I understand I am NOT eligible to continue life coverage due to my hire date being after February 1, 1987.

I do NOT elect to continue life coverage.

**5. PREMIUM DEDUCTION AUTHORIZATION**

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: Cassandra McDowell Date: 2/12/2026  
Received by: [Signature], Benefits and Retirement, on 2-12-26

APPROVED THIS DATE: \_\_\_\_\_ BY THE OKLAHOMA COUNTY RETIREMENT BOARD.

CHAIRMAN \_\_\_\_\_ TREASURER \_\_\_\_\_

ATTEST: \_\_\_\_\_

**OKLAHOMA COUNTY RETIREMENT APPLICATION SUMMARY**

\_\_\_\_\_

DEFINED CONTRIBUTION APPLICATION NO.  DATE OF APPLICATION 2-12-26  
 DEFINED BENEFIT APPLICATION NO. DB-26-5 BOARD MEETING DATE 2-23-26

*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:	YEARS	MONTHS	DAYS	ROUNDED
<u>Cassandra McDowell</u>				
DATE OF HIRE: <u>10-01-1981</u> <i>(rounding permitted only if fully vested)</i>	<u>8</u>	<u>30</u>		
DATE OF TERMINATION: <u>10-31-1989</u>				
PREVIOUS OK COUNTY EMPLOYMENT SERVICE CREDIT:				
MILITARY SERVICE CREDIT: <i>(Maximum of 5 years)</i>				
OTHER SERVICE CREDIT: <i>(7yr. max for employee service; 4 yr. max. for elected official service) (DB Plan allows credit only for elected officials)</i>				
ACCRUED UNUSED ANNUAL LEAVE: <i>(DC Plan Not To Exceed 30 or 45 days)</i>				
<b>TOTAL SERVICE CREDIT</b>	<u>8</u>	<u>30</u>		<u>8</u>

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_  
*(At Retirement Effective Date)*

<u>RETIREMENT BENEFITS</u>	<u>DEFINED BENEFIT</u>	<u>DEFINED CONTRIBUTION</u>
Retirement Effective Date:	<u>10-1-2024</u>	
Benefit/Vested Percentage:	<u>21.31%   100%</u>	<u>%</u>
Monthly Pension to Begin:	<u>2-1-26</u>	N/A
Monthly Pension Amount:	<u>\$ 443.29</u>	N/A

APPLICANT SIGNATURE: Cassandra McDowell DATE: 2/12/2026

ATTEST: OKLAHOMA COUNTY BENEFITS AND RETIREMENT  
 BY BENEFITS & RETIREMENT: [Signature] DATE: 2-12-26

<b>Future DB: Cassandra McDowell</b>		
<b>Retirement Date:</b>	10/1/2024	\$ 443.29
	11/1/2024	\$ 443.29
	12/1/2024	\$ 443.29
	1/1/2025	\$ 443.29
	2/1/2025	\$ 443.29
	3/1/2025	\$ 443.29
	4/1/2025	\$ 443.29
	5/1/2025	\$ 443.29
	6/1/2025	\$ 443.29
	7/1/2025	\$ 443.29
	8/1/2025	\$ 443.29
	9/1/2025	\$ 443.29
	10/1/2025	\$ 443.29
	11/1/2025	\$ 443.29
	12/1/2025	\$ 443.29
	1/1/2026	\$ 443.29
<b>Benefits Start Date:</b>	2/1/2026	\$ 443.29
		<b>\$ 7,535.93</b>

NO. 706

BOARD OF TRUSTEES OF THE  
OKLAHOMA COUNTY EMPLOYEES  
RETIREMENT SYSTEM

This is to certify that the records of the office of the County Clerk disclose that County Employee, Cassandra McDowell, has been employed by Oklahoma County for a period of 8 years, \_\_\_\_\_ months, and 30 days. The last two years have been consecutive, and same employee has accrued \_\_\_\_\_ months, \_\_\_\_\_ days of sick leave, and other creditable service of \_\_\_\_\_ years, \_\_\_\_\_ months, and \_\_\_\_\_ days for a total of 8 years.

EMPLOYMENT RECORD

From: October 1, 1981 To: October 31, 1989 Office: Health

The following annual wages have been received during the highest three (3) salaried years:

<u>PERIOD</u>	<u>AMOUNT</u>
<u>1986</u>	<u>\$ 8,095</u>
<u>1987</u>	<u>\$ 20,169</u>
<u>1988</u>	<u>\$ 27,710</u>
<u>1989</u>	<u>\$ 18,914</u>
<u>TOTAL</u>	<u>\$ 74,888</u>

Dividing the above total by 36 months, the monthly average income of said

Cassandra McDowell equals \$ 2,080.22  
21.31 % of the monthly average equals Base of \$ 443.29

REQUESTED DEDUCTIONS:    Medical Only - Family Rate    \$ \_\_\_\_\_  
                                  Medical Only - Single Rate        \$ \_\_\_\_\_  
                                  Medical/Dental - Family Rate    \$ \_\_\_\_\_  
                                  Medical/Dental - Single Rate    \$ \_\_\_\_\_  
                                  Dental Only - Family Rate        \$ \_\_\_\_\_  
                                  Dental Only - Single Rate        \$ \_\_\_\_\_  
                                  Life Insurance                    \$ \_\_\_\_\_  
**(Life Insurance not available to survivors)**  
**NET MONTHLY PAYMENT**                    \$ \_\_\_\_\_

Ralph Hess, County Clerk

NO 706

RETIREMENT BENEFITS

NAME OF APPLICANT: CASSANDRA MCDOWELL  
ADDRESS OF APPLICANT: VD

SOCIAL SECURITY NO.:  
DATE OF APPLICATION: 5-09-90  
DATE OF BIRTH:  
OFFICE OF EMPLOYMENT: HEALTH  
DATE OF EMPLOYMENT: 10-1-81  
DATE OF TERMINATION: 10-31-89  
TOTAL YEARS OF EMP: 8 YEARS  
YEARS OF MIL SERVICE:  
SICK LEAVE FOR CREDIT:  
% OF SALARY: 21.31%

PERIOD FROM/TO:	TOTAL AMOUNT FOR THE TIME PERIOD:
1986	\$8,095.00
1987	\$20,169.00
1988	\$27,710.00
1989	\$18,914.00

TOTAL \$74,888.00

DIVIDED BY 36 MONTHS: \$2,080.22

TOTAL BENEFIT: \$443.29

HEALTH INSURANCE:  
LIFE INSURANCE:

NET MONTHLY PAYMENT: \$443.29

EFFECTIVE: