

#SS-26-3

**OKLAHOMA COUNTY DEFINED CONTRIBUTION RETIREMENT PLAN
POSTHUMOUS RETIREMENT APPLICATION & SUMMARY
FOR SURVIVING SPOUSE AND DEPENDANT**

Oklahoma County Retirement System
320 Robert S. Kerr Oklahoma City, OK 73102
(405) 713-1535

Application to receive surviving spouse retirement benefits as the widow(er) of an Oklahoma County employee who died while in active service, and who was 100% vested in the Defined Contribution Retirement Plan, 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, the Oklahoma County Retirement Board of Trustees, and the Board of County Commissioners of Oklahoma County. This Surviving Spouse/Dependant Benefit entitles the widow(er) and eligible dependents of the deceased employee to retain Health Insurance Benefits, provided they were covered on the Plan at the time of the Employee's death. Surviving Spouses and Dependents are not eligible to purchase life insurance through Oklahoma County.

Application Number: SS-26-3 Date of Application: 1-15-26
Effective Date: 2/1/26 Board Meeting Date: 2-23-26
(first day of month following date of death)

DECEASED EMPLOYEE INFORMATION:
Name: David Lee DeFord Social Security No.: _____ +
Department: OCSO Investigations Date Deceased: 1-3-2026
Years of Active Service in Last Continuous Employment Period: 16 Vesting %: 100

SURVIVING SPOUSE/DEPENDANT INFORMATION:
Name: Sarah Ann DeFord Social Security No.: _____ 3
Address: _____
Phone: _____ Date of Birth: _____ M/F: F
Documentation Provided: _____ Marriage License Death Certificate _____ Other: _____
Eligible to Continue Health Coverage: Yes (Currently Covered) _____ No (Not Currently Covered)

HEALTH COVERAGE PREMIUM RATE: _____ Single Coverage Family Coverage \$ _____
 I will remit this premium directly to Oklahoma County each month by the 1st day of the month.
_____ I am the Beneficiary of my deceased spouse's/parent's Retirement Account, and elect to have this premium deducted from that account monthly.

Applicant Signature: Sarah DeFord Date: 1/15/26
Received by: [Signature] Benefits and Retirement on 1/30/26

APPROVED THIS DATE: _____ BY THE OKLAHOMA COUNTY RETIREMENT BOARD
Chairman _____ Treasurer _____ Date _____
ATTEST: _____, County Clerk Date _____