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 ADDITION TO INTERPRET	(ATION (Diana Daint)		· · · · · · · · · · · · · · · · · · ·			
1. APPLICANT INFORM	ATION (Please Print)					
Jeihel	marh					
Last Name	First		Middle	Social Security Nu	ımber	
	•	1	_	•	m	
Address	City	State —	Zip	Date of Birth	M/F	
	Treasurer	•	·	1 21 2002	10.20-25	
Home Phone	Department		Phone	4-21-2005 Hire Date	Termination Date	
	•	Work Phone		Time Date	Termination Date	
Judy Seike			7	* • • • • • • • • • • • • • • • • • • •	پسيسسيپي ۽	
Spouse Name		Date of Birth	M/F	Social Security Num	ber	
2. <u>DEFINED CONTRIBUT</u>	<u>ION</u>	service. M Resolution service. M Resolution with not le disability Resolution after May	fust have 10 years of #69-81-Following A fust have 10 years of #125-82- Froze retires than 15 years of the hereits. #159-89- Shall apple	BENEFIT A, B, C, D and E. Mus of service for disability la A, B, C, D and E. Must h f service for disability lement prior to March I, service. Must have 10 to ly to employees retiring 8 years of service. Must	penefits. ave 10 years of penefits. 1983. Over age 55 years of service for	
(A) RULE OF 60		TERMINATIO	N, LAST 2 YRS CO	IONS OF RESOLUTIO NSECUTIVE. FIREMENT. (No longer e		
(age plus years of service equal sixty	,	IMMEDIATEL	A PRECEDING RE	TICEIVIENT, (NO longer e	imployed by County)	
(B) DISABILITY			ADHERING TO PRONG TO	OVISIONS OF RESOLU	JTION AT TIME OF	
				ounty employee reaches	age 62)	
(C) OTHER			ERING TO PROVIS N, LAST 2 YRS CO	IONS OF RESOLUTIÓI NSECUTIVE.	N AT TIME OF	
		(D) RULE OF 80 (a	age plus years of serv	rice equal eighty)		
	(E) CURRENTLY EMPLOYED AND ADHERING TO PROVISIONS OF RESOLUTION. TOTALLY & PERMANENTLY DISABLED.					
Single	on COVERAGE CONT wered at time of retirement dicare/Medicaid Applicant Spouse Dependent	INUATION - (Only tapplication and 100%	PPO coverage may 6 vested)	I (Rates	For Office Use Only are subject to change) fonthly Premium	

3B. ELECTION OR WAIVER OF CONTINUED HEALTH/ DENT.	AL COVERAGE				
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 Use Only Monthly Premium				
Frozen Life Volume (as of 2-1-87) divided by 2 = \$ X \$1.50 per thousand = \$	(Rates are subject to change)				
	\$				
4B. ELECTION OR WAIVER OF CONTINUED LIFE COVERAGE					
	due to non-continuous coverage.				
I elect to continue life coverage.	%				
I de NIOTO el esta escalación 1/6	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.	due to my nire date being after February 1, 1987.				
I elect to have the premiums charged by the County deducted from a letter to directly pay the County for any premiums due for continue of the month of coverage and may be canceled if payment is not reconstructed.	ed coverage(s). I understand that premiums are due on the first				
SIGNATU	JRE PAGE				
10) ARK Seikel					
Applicant Signature Received by:					
APPROVED THIS DATE:	BY THE OKLAHOMA COUNTY RETIREMENT BOARD.				
CHAIRMAN	TREASURER				

OKLAHOMA COUNTY RETIREMENT APPLICATION SUMMARY

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DEFINED CONTRIBUTION APPLICATION NO. 25	-12	DATE OF	APPLICATIO	ON 5	-7.25
DEFINED BENEFIT APPLICATION NO.	BOARD MEETING DATE 5-27-3				
Application to receive retirement benefits is submitted to the Oklahoma County as provided by Title 19 and any subsequen					
APPLICANT: Mark Seikel	<u>ii resonno</u>	YEARS	MONTHS	DAYS	ROUNDED
DATE OF HIRE: DATE OF TERMINATION: 4-21+2003 (rounding permitted only if fully vested)	25	22	2		
PREVIOUS OK COUNTY EMPLOYMENT SERVICE CRED	DIT:				-
MILITARY SERVICE CREDIT: (Maximum of 5 years)					-
OTHER SERVICE CREDIT: (7yr max for employee service; 4 yr. max. for elected official service) (DB Plan allo credit only for elected officials)	ws		,		
ACCRUED UNUSED ANNUAL LEAVE: (DC Plan Not To Exceed 30 or 45 days)					
	į	3	1		
TOTAL SERVICE CREDIT		22	2		22
DATE OF BIRTH: AGE: 74 (At Retirement Effective Da	ite)	74	7	· · · · · · · · · · · · · · · · · · ·	75
RETIREMENT BENEFITS		DEFINED		DEFIN	ED
		BENEFIT		CONTRIBUTION	
Retirement Effective Date:				7-1-2	5
Benefit/Vested Percentage:		%	%	100 3	%
Monthly Pension to Begin:				N/A	
Monthly Pension Amount:	\$		N/A		
APPLICANT SIGNATURE: 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ike		DATE:	5-7-	25
ATTEST: OKLAHOMA COUNTY BENEFITS AND RETIR	REMEN'	r			
BY BENEFITS & RETIRMENT: Thulelhere	*****		DATE:	-7-25	
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