



**3B. ELECTION OR WAIVER OF CONTINUED HEALTH/ DENTAL COVERAGE**

HCE 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)

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**

\_\_\_\_\_ I elect to continue life coverage. \_\_\_\_\_ I understand I am NOT eligible for life insurance due to non-continuous coverage.  
\_\_\_\_\_ I do NOT elect to continue life coverage. HCE I understand I am NOT eligible to continue life coverage due to my hire date being after February 1, 1987.

**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 [Signature]  
Received by: [Signature] Benefits and Retirement, on 2-10-26  
Date 2-13-26

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

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

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

**OKLAHOMA COUNTY RETIREMENT APPLICATION SUMMARY**

DEFINED CONTRIBUTION APPLICATION NO. 26-6

DATE OF APPLICATION 2-10-26

DEFINED BENEFIT APPLICATION NO.

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>Harry Falter</u>				
DATE OF HIRE: <u>9-29-1997</u> <i>(rounding permitted only if fully vested)</i>	DATE OF TERMINATION: <u>2-20-26</u>	<u>28</u>	<u>4</u>	<u>22</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>28</u>	<u>4</u>	<u>22</u>	<u>28</u>

DATE OF BIRTH:	AGE: <u>73</u> <i>(At Retirement Effective Date)</i>	<u>73</u>	<u>11</u>	<u>74</u>
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<u>RETIREMENT BENEFITS</u>	DEFINED BENEFIT	DEFINED CONTRIBUTION
Retirement Effective Date:		<u>2-21-26</u>
Benefit/Vested Percentage:	%   %	<u>100 %</u>
Monthly Pension to Begin:		N/A
Monthly Pension Amount:	\$	N/A

APPLICANT SIGNATURE: [Signature]

DATE: 2-10-26

ATTEST: OKLAHOMA COUNTY BENEFITS AND RETIREMENT

BY BENEFITS & RETIRMENT: [Signature]

DATE: 2-13-26