

**OKLAHOMA COUNTY RETIREMENT
APPLICATION & SUMMARY
FOR SURVIVING SPOUSE**

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

Application to receive surviving spouse 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.

Application Number: <u>SS 25-15</u>	Date of Application: <u>6-1-25</u>
Benefit Reduction Effective Date: <u>5-1-25</u>	Board Meeting Date: <u>6-30-25</u>

RETIREE INFORMATION:

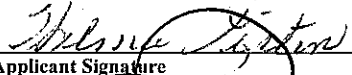
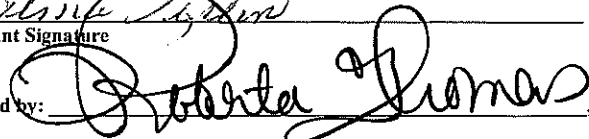
Name: <u>Herbert Listen</u>	Social Security No.: _____
Retired: <u>2-28-1983</u>	Date Deceased: <u>4-24-25</u>

SPOUSE INFORMATION:

Name: <u>Wilma Listen</u>	Social Security No.: _____
Address: _____	
Phone: <u>6</u> _____	Date of Birth: _____ M/F: <u>F</u>
Documentation Provided: _____ Marriage License Other: _____	
Eligible to Continue Health Coverage: <input checked="" type="checkbox"/> Yes (Currently Covered) <input type="checkbox"/> No (Not Currently Covered)	

Benefits Continue for Surviving Spouse Only
Life Insurance Coverage is not available to Surviving Spouse

DEFINED BENEFIT SURVIVING SPOUSE SUMMARY OF BENEFITS	
RETIREE'S MONTHLY BENEFIT	\$ <u>1,463.93</u>
SURVIVING SPOUSE MONTHLY BENEFIT (66-2/3%)	\$ <u>975.96</u>
LESS HEALTH COVERAGE PREMIUM RATE	\$ <u>62.00</u>
MONTHLY PAYMENT PRIOR TO TAX DEDUCTIONS	\$ <u>913.96</u>

Applicant Signature: <u></u>	Date: <u>6-1-2025</u>
Received by: <u></u>	Benefits & Retire on: <u>6-1-25</u>

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