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 INFORM	(ATION (Please Print)			TTM (SEE					
Plack John			Δ						
Last Name	irst 2		Middle	Social Security N	umber				
				**	M				
Address	d City	State	Zip	_ Datol∕of Birth	M/F				
ı	Ju 100 - 11-		•	•	11-29-21				
Home Phone	Department	Work Pl	ione	Hire Date	Termination Date				
,	•				v viiiiiiiiiiiii 2 dio				
Spouse Name		Date of Birth	M/F	Social Security Nun	nber				
· · · · · · · · · · · · · · · · · · ·			VIII. 11. 11. 11. 11. 11. 11. 11. 11. 11.						
2. <u>DEFINED CONTRIBUT</u>	<u>ion</u> - - - -	service. M Resolution service. M Resolution with not les disability b Resolution after May 9	ust have 10 years of 469-81-Following Aust have 10 years of #125-82- Froze reting s than 15 years of enefits. #159-89- Shall app 9, 1988. Must have	A, B, C, D and E. Must Is service for disability a, B, C, D and E. Must Is fervice for disability rement prior to March I, service. Must have 10 by to employees retiring 8 years of service. Must have 10 by to employees retiring 8 years of service.	benefits. nave 10 years of benefits. 1983. Over age 55 years of service for g or vesting on or				
(A) RULE OF 60 (age plus years of service equal sixty	· •)	(A) AGE 62, ADHE	I, LAST 2 YRS CO	IONS OF RESOLUTIO					
(employees hired on or after January must meet to continue health)	, I, 2005, ———	TERMINATION	I, LAST 2 YRS. CO	OVISIONS OF RESOL DNSECUTIVE. County employee reaches					
(C) DISABILITY			RING TO PROVIS I, LAST 2 YRS CO	IONS OF RESOLUTIC NSECUTIVE.	N AT TIME OF				
		(D) RULE OF 80 (a	ge plus years of serv	vice equal eighty)					
(D) OTHER				ADHERING TO PROV MANENTLY DISABL					
3A. HEALTH/DENTAL/VISION COVERAGE CONTINUATION - (Only PPO coverage may be continued)									
Continuation only available if co	overed at time of retirement a <u>Applicant</u> Spouse Dependent	pplication and 100%	vested)		For Office Use Only sare subject to change) Monthly Premium				
3B. ELECTION OR WAIVER OF CONTINUED HEALTH/ DENTAL COVERAGE Lelect to continue health and dental coverage. lunderstand lam NOT eligible for continued health or dental coverage: (a) lam not currently covered. (b) lam not eligible under the RULE OF 75									
4A. <u>LIFE INSURANCE</u> (Only	available if hired prior to Fe	в 1, 1987)			or Office Use Only Monthly Premium				
Frozen Life Volume (as of 2-1-8 X \$1.50 per thousand = \$	7) divided by 2 = \$				are subject to change)				
4B. ELECTION OR WAIVER	OF CONTINUED LIFE	COVERAGE		nd I am NOT eligible	for life insurance				
I elect to continue life of	overage.		٥.	-continuous coverage.					
I do NOT elect to continue	e life coverage.			nd I am NOT eligible to hire date being after Fel					
PREMIUM DEDUCTION AUTHORIZATION Celect to have the premiums charged by the County deducted from my pension account each month. 1 elect to directly pay the County for any premiums due for continued coverage(s). 1 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.									

Applicant Signature PAGE

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Benefits and Retirement, on County Retirement BOARD.

TREASURER

ATTEST:

DAVID B. HOOTEN, COUNTY CLERK

OKLAHOMA COUNTY RETIREMENT APPLICATION SUMMARY

	*******			-	
DEFINED CONTRIBUTION APPLICATION NO. 21-3	31	DATE OF	APPLICATI	ON []-	-16-21
DEFINED BENEFIT APPLICATION NO.		BOARD M	IEETING DA	TE ([[-	79-ZI
Application to receive retirement benefits is submitted to the Oklahoma County as provided by Title 19 and any subsequent	Board of	Trustees of the En	ployees Retireme	nt System of	
APPLICANT: JOHN Black	i resolulio	YEARS	MONTHS	DAYS	ROUNDED
DATE OF HIRE: DATE OF TERMINATION: (rounding permitted only if fully vested) 11-29-21		14	q	28	
PREVIOUS OK COUNTY EMPLOYMENT SERVICE CRED	IT:				
MILITARY SERVICE CREDIT: (Maximum of 5 years)			-		
OTHER SERVICE CREDIT: (7yr max for employee service; 4 yr. max. for elected official service) (DB Plan allow credit only for elected officials)	ws			111.	-
ACCRUED UNUSED ANNUAL LEAVE: (DC Plan Not To Exceed 30 or 45 days)			Afficia		
ACCRUED UNUSED SICK LEAVE: (Maximum of 130 days)	ĺ				-
TOTAL SERVICE CREDIT		14	9	28	15
DATE OF BIRTH: AGE: (At Retirement Effective Date)	1	63	0	*,649.	03
RETIREMENT BENEFITS		DEFINED		DEFINED	
Retirement Effective Date:		BENEFIT		CONTRIB	
	<u> </u>				0-2
Benefit/Vested Percentage:		%	%	100	%
Monthly Pension to Begin:		····		N/A	
Monthly Pension Amount:		\$		N/A	
APPLICANT SIGNATURE: When Co Bla	<u>ca</u>		DATE:	16/2	02/
ATTEST: OKLAHOMA COUNTY BENERITS AND RETIR	EMEN'	T			
BY BENEFITS & RETIRMENT:	M	W	DATE:	-16-	<u>4</u> _