Retirement Notice and Application

22-24

Hooten David B

OK County Clerk 1-3-17 6-17-2022

Whitney Hooten F

2. DEFINED CONTRIBUTION

DEFINED BENEFIT

___ Resolution #85-87- Following A, B, C, D and E. **Must have 15 years of service. Must have 10 years of service for disability benefits**

___ Resolution #99-81-Following A, B, C, D and E. **Must have 10 years of service. Must have 10 years of service for disability benefits.**

___ Resolution #125-82- Prior to retirement prior to March 1, 1983. **Over age 55 with not less than 15 years of service. Must have 10 years of service for disability benefits.**

___ Resolution #159-89- **Shall apply to employees retiring or vesting on or after May 9, 1988. Must have 8 years of service. Must have 8 years of service for disability benefits.**

X (A) RULE OF 80

(age plus years of service equal eighty)

___ (B) DISABILITY

___ (C) OTHER

___ (A) AGE 62, ADHERING TO PROVISIONS OF RESOLUTION AT TIME OF TERMINATION, LAST 2 YRS CONSECUTIVE IMMEDIATELY PRECEDING RETIREMENT. (No longer employed by County)

___ (B) NOT AGE 62, ADHERING TO PROVISIONS OF RESOLUTION AT TIME OF TERMINATION, LAST 2 YRS. CONSECUTIVE. (1st Pension Payment to begin when County employee reaches age 62)

___ (C) AGE 55, ADHERING TO PROVISIONS OF RESOLUTION AT TIME OF TERMINATION, LAST 2 YRS CONSECUTIVE.

___ (D) RULE OF 80 (age plus years of service equal eighty)

___ (E) CURRENTLY EMPLOYED AND ADHERING TO PROVISIONS OF RESOLUTION. TOTALLY & PERMANENTLY DISABLED.

3A. HEALTH/DENTAL/VISION COVERAGE CONTINUATION - (Only PPO coverage may be continued)

Continuation only available if covered at time of retirement application **and** 100% vested)

For Office Use Only
(Rates are subject to change)
Monthly Premium
$ 374.00

Family Status	Medicare/Medicaid
___ Single	___ Applicant
X Family	___ Spouse
___ Other	___ Dependent

David Hooten

4B. ELECTION OR WAIVER OF CONTINUED DENTAL COVERAGE

X I elect to continue dental coverage.

I do NOT elect to continue dental coverage.

IV. LIFE INSURANCE

I understand I am NOT eligible for life insurance due to my termination date being after February 1, 1987.

4B. ELECTION OR WAIVER OF CONTINUED LIFE COVERAGE

I elect to continue life coverage.

I do NOT elect to continue life coverage.

I understand I am NOT eligible for life insurance due to my termination date.

I understand I am NOT eligible to continue life coverage due to my hire date being after February 1, 1987.

5. PREMIUM DEDUCTION AUTHORIZATION

X 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 cancelled if payments not received by the last day of the month of coverage.

SIGNATURE PAGE

Applicant Signature Received by: [signature] Benefits and Retirement, on Date 6-17-2022 6-17-22

APPROVED THIS DATE _____ BY THE OKLAHOMA COUNTY RETIREMENT BOARD.

CHAIRMAN _____ TREASURER _____

ATTEST: _____

AGENDA ITEM NO.

OKLAHOMA COUNTY RETIREMENT APPLICATION SUMMARY

DEFINED CONTRIBUTION APPLICATION NO. 6-18-22 DATE OF APPLICATION 6-17-22

DEFINED BENEFIT APPLICATION NO. BOARD MEETING DATE 6-27-22

Application to receive retirement benefits as 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
DATE OF HIRE: 1-3-17 DATE OF TERMINATION: 6-17-22	5	5		
PREVIOUS OK COUNTY EMPLOYMENT SERVICE CREDIT:				
MILITARY SERVICE CREDIT: *(Maximum of 5 years)*				
OTHER SERVICE CREDIT: *(7yr max for employee service; 4 yr. max. for elected official service) (DB Plan allows credit only for elected officials)*				
ACCRUED UNUSED ANNUAL LEAVE: *(DC Plan Not To Exceed 30 or 45 days)*				
ACCRUED UNUSED SICK LEAVE: *(Maximum of 130 days)*				
TOTAL SERVICE CREDIT	5	5		6
DATE OF BIRTH: [redacted] AGE: 59 *(At Retirement Effective Date)*	59	5		59

RETIREMENT BENEFITS	DEFINED BENEFIT	DEFINED CONTRIBUTION
Retirement Effective Date:		6-18-22
Benefit/Vested Percentage:		100 %
Monthly Pension to Begin:		N/A
Monthly Pension Amount:		N/A

APPLICANT SIGNATURE: D. S. Hart DATE: 6-17-22

ATTEST: OKLAHOMA COUNTY BENEFITS AND RETIREMENT

[redacted] DATE: 6-17-22