

Application No. 22-37

This application is submitted in compliance with Title 19 Chapter 25 Sections 951 – 962 of the Oklahoma State statutes.

Lewis Cathy Ann
 Last Name First Middle
 Social Security Number
 Address City State Zip
 Date of Birth M/F
 Home Phone Department Work Phone
 Hire Date Termination Date
 Spouse Name Date of Birth M/F
 Social Security Number

DEFINED BENEFIT

- _____ Resolution #83-76 -- Following A, B, C, D and E. Must have 15 years of service. Must have 10 years of service for disability benefits.
 _____ Resolution #69-81-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- Froze 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.
- (A) RULE OF 60
 (age plus years of service equal sixty)
- (B) DISABILITY
- (C) OTHER
- (D) RULE OF 80 (age plus years of service equal eighty)
- (E) CURRENTLY EMPLOYED AND ADHERING TO PROVISIONS OF RESOLUTION, TOTALLY & PERMANENTLY DISABLED.

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

| | |
|----------------------|--------------------------|
| <u>Family Status</u> | <u>Medicare/Medicaid</u> |
| Single | <u> </u> Applicant |
| <u>AL</u> Family | <u> </u> Spouse |
| Other | <u> </u> Dependent |

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

0 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

Frozen Life Volume (as of 2-1-87) divided by 2 = \$ _____
X \$1.50 per thousand = \$ _____

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

_____ I elect to continue life coverage.

_____ I do NOT elect to continue life coverage.

_____ due to non-continuous coverage.

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

☒ 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: <u>Cathy DeWanda Thomas</u> | | Date: <u>9/15/22</u> |
| Received by: _____ | | Benefits and Retirement, on <u>9/15/22</u> |
| APPROVED THIS DATE: _____ | | BY THE OKLAHOMA COUNTY RETIREMENT BOARD. |
| CHAIRMAN _____ | TREASURER _____ | |
| ATTEST: _____ | COUNTY CLERK _____ | |

OKLAHOMA COUNTY RETIREMENT APPLICATION SUMMARY

DEFINED CONTRIBUTION APPLICATION NO. 22-37

DATE OF APPLICATION 9-15-22

DEFINED BENEFIT APPLICATION NO.

BOARD MEETING DATE 9-26-22

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 |
|--|-------|--------|------|---------|
| Lewis, Cathy Ann | | | | |
| DATE OF HIRE: 10-02-17 <small>(rounding permitted only if fully vested)</small> | 5 | 0 | | |
| DATE OF TERMINATION: 10-03-22 | | | | |
| PREVIOUS OK COUNTY EMPLOYMENT SERVICE CREDIT: | | | | |
| MILITARY SERVICE CREDIT: <small>(Maximum of 5 years)</small> | | | | |
| OTHER SERVICE CREDIT: <small>(7yr max for employee service; 4 yr. max. for elected official service) (DB Plan allows credit only for elected officials)</small> | | | | |
| ACCRUED UNUSED ANNUAL LEAVE: <small>(DC Plan Not To Exceed 30 or 45 days)</small> | | | | |
| TOTAL SERVICE CREDIT | 5 | 0 | | 5. |

| DATE OF BIRTH: | AGE: | | | |
|----------------|---|----|---|----|
| | 62 <small>(At Retirement Effective Date)</small> | 62 | 7 | 63 |

| RETIREMENT BENEFITS | DEFINED BENEFIT | DEFINED CONTRIBUTION |
|----------------------------|-----------------|----------------------|
| Retirement Effective Date: | | 10-4-2022 |
| Benefit/Vested Percentage: | % | 100 % |
| Monthly Pension to Begin: | | N/A |
| Monthly Pension Amount: | \$ | N/A |

APPLICANT SIGNATURE: Cathy Ann Lei

DATE: 9-15-22

ATTEST: OKLAHOMA COUNTY BENEFITS AND RETIREMENT

BY BENEFITS & RETIRMENT: 

DATE: 9-15-22