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 INFORMATION (Picase I	rint)								
Leurs Cott	w Ann								
Last Name First	Middle	Social Security Number							
· · · · · · · · · · · · · · · · · · ·	<u> </u>) E							
Address	ity State Zip	Date of Birth M/F							
Mar Mar	CODAC	10-02-17 10-03-22							
Home Phone Department	OLST Work Phone	Hire Date Termination Date							
Spouse Name	Date of Birth M/F	Carle Carle							
C C C C C C C C C C C C C C C C C C C	Date of Bilds 1977	Social Security Number							
2. DEFINED CONTRIBUTION	DEFINED BENEFFT 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.								
	after May 9, 1988. Must have	ly to employees retiring or vesting on or 8 years of service. Must have 8 years of							
(A) RULE OF 60	service for disability benefits. (A) AGE 62, ADHERING TO PROVIS TERMINATION, LAST 2 YRS CO	SIONS OF RESOLUTION AT TIME OF							
(age plus years of service equal sixty)		TIREMENT. (No tonger employed by County)							
(B) DISABILITY	(B) NOT AGE 62, ADHERING TO PROVISIONS OF RESOLUTION AT TIME OF TERMINATION, LAST 2 YRS. CONSECUTIVE. (1 st Pension Payment to begin when County employee reaches age 62)								
(C) OTHER	(C) AGE 55, ADHERING TO PROVISIONS OF RESOLUTION AT TIME OF TERMINATION, LAST 2 YRS CONSECUTIVE.								
	(D) RULE OF 80 (age plus years of serv	vice equal eighty)							
- NAMES OF SPRINGERS AND ADDRESS AND ADDRESS OF SPRINGERS AND ADDRESS AND ADDR	(E) CURRENTLY EMPLOYED AND RESOLUTION, TOTALLY & PER								
3A. HEALTH/DENTAL/VISION COVERAGE C	ONTINUATION - (Only PPO coverage may	•							
Continuation only available if covered at time of retir	ement application and 100% vested)	For Office Use Only (Rates are subject to change)							
Family Status Medicarc/Medicald		Monthly Premium							
SingleApplicantSpouse		<u>s</u>							
Other Dependent									
3B. ELECTION OR WAIVER OF CONTINUED									
1 elect to continue health and dental coverage.		gible for continued health or dental coverage: not currently covered.							
I do NOT elect to continue health, dental, and v		not eligible under the RULE OF 75							
4A. LIFE INSURANCE (Only available if hired price	neto Feb 1 1087\	D AR- 11 A 1							
•	•	For Office Use Only Monthly Premium							
Frozen Life Volume (as of 2-1-87) divided by 2 = \$_X \$1.50 per (housand = \$	MANAGE	(Rates are subject to change) \$							
(D. E. CONTON OD INTERNATION OF CONTRACTOR	LIFE COURT (OR	IT WOM I AL A WAS							
4B. ELECTION OR WAIVER OF CONTINUED		d I am NOT eligible for life insurance continuous coverage.							
I elect to continue life coverage.	<u> U</u> runderstan	d I am NOT eligible to continue life coverage							
I do NOT elect to continue life coverage.	due to my h	ire date being after February 1, 1987.							
5. PREMIUM DEDUCTION AUTHORIZATION	the deflected from the position section?	oth .							
I elect to have the premiums charged by the Cou									
of the month of courses and may be considered if naverse is not received by the last day of the month of courses.									

and si	GNATURE PAGE
Applicant Signature With a Control of the Control o	Home Benefits and Retirement, on Dat 9 [15 [22]
APPROVED THIS DATE:	BY THE OKLAHOMA COUNTY RETIREMENT BOARD.
CHAIRMAN	TREASURER
ATTEST: COUNTY CLERK	

OKLAHOMA COUNTY RETIREMENT APPLICATION SUMMARY

Name of the state							
DEFINED CONTRIBUTION	APPLICATION NO.	22-37	DATE O	F APPLIC	ATION	Q.	15-22
DEFINED BENEFIT APPLIC	CATION NO.		BOARD MEETING DATE			E 926.72	
Application to rece Oklahoma County as	ive retirement benefits is sub s provided by Title 19 and an	mitted to the Board o y subsequent resolut	f Trustees of the E ions or regulations	Imployees Ret to of the Oklah	irement Sys. oma State S	tem of tatutes.	
APPLICANT: Lewi		400	YEARS	MONT		DAYS	ROUNDEI
10-02-17 (rounding permitted only if fully vested)	TE OF TERMINATION -03-22	DN:	5	0		***	
PREVIOUS OK COUNTY EMP	LOYMENT SERVIC	CE CREDIT:				***	<u> </u>
MILITARY SERVICE CREDIT (Maximum of 5 years)	`:	· · · · · · · · · · · · · · · · · · ·					-
OTHER SERVICE CREDIT: (7yr max for employee service; 4 yr. max. fo credit only for elected officials)	or elected official service) (D	B Plan allows				**** ·	
ACCRUED UNUSED ANNUAL (DC Plan Not To Exceed 30 or 45 days)	LEAVE:	100				N	!
	****				<u></u>		
TOTAL SER	VICE CRED	OIT	5	Ø			5.
DATE OF BIRTH:	ACE: (a C			·			
DIVID OF BIXTII.	AGE: (At Retirement E	Effective Date)	62	1			43
RETIREMENT BENEFITS		DEFINED		DEFINED CONTRIBUTION			
Retirement Effective Date:			BENEFIT		1 C		2022
Benefit/Vested Percentage:	7.374		%	%	\ t	\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}\)\(\frac{1}{2}\)\(\frac{1}\)\(\frac{1}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\	
Monthly Pension to Begin:						N/A	
Monthly Pension Amount:			\$		N/A		
APPLICANT SIGNATURE:	Apple	m Sei	<u>. </u>	DATE: _	9-1	5-2	2
ATTEST: OKLAHOMA COUR	NTY BENEFITS ANI	RETIREMEN	т				
BY BENEFITS & RETIRMENT	tech C.	Hur	<u>v9/)</u>	DATE: _	9-1	15-7	12