

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 (Please Print)					
Last Name <u>Black</u>		First <u>Mary</u>		Middle <u>Ann</u>	
Address _____		City _____		State _____ Zip _____	
Home Phone _____		Department <u>Tail Tress</u>		Work Phone <u>405-713-1930</u>	
Date of Birth _____		M/F <u>F</u>		Social Security Number _____	
Hire Date <u>8-23-2017</u>		Termination Date <u>01-30-23</u>			
Spouse Name _____		Date of Birth _____		M/F _____ Social Security Number _____	

2. DEFINED CONTRIBUTION		DEFINED BENEFIT	
		<input type="checkbox"/> 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. <input type="checkbox"/> 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. <input type="checkbox"/> 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. <input type="checkbox"/> 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.	
<input checked="" type="checkbox"/> (A) RULE OF 60 (age plus years of service equal sixty)		<input type="checkbox"/> (A) AGE 62, ADHERING TO PROVISIONS OF RESOLUTION AT TIME OF TERMINATION, LAST 2 YRS CONSECUTIVE. IMMEDIATELY PRECEDING RETIREMENT. (No longer employed by County)	
<input type="checkbox"/> (B) DISABILITY		<input type="checkbox"/> (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)	
<input type="checkbox"/> (C) OTHER		<input type="checkbox"/> (C) AGE 55, ADHERING TO PROVISIONS OF RESOLUTION AT TIME OF TERMINATION, LAST 2 YRS CONSECUTIVE.	
		<input type="checkbox"/> (D) RULE OF 80 (age plus years of service equal eighty)	
		<input type="checkbox"/> (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)	
Family Status <input checked="" type="checkbox"/> Single <input type="checkbox"/> Family <input type="checkbox"/> Other		Medicare/Medicaid <input checked="" type="checkbox"/> Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent		Monthly Premium \$ <u>78.00</u>

3B. ELECTION OR WAIVER OF CONTINUED HEALTH/ DENTAL COVERAGE	
<input checked="" type="checkbox"/> I elect to continue health and dental coverage.	<input type="checkbox"/> I understand I am NOT eligible for continued health or dental coverage: <input type="checkbox"/> (a) I am not currently covered. <input type="checkbox"/> (b) I am not eligible under the RULE OF 75
<input type="checkbox"/> I do NOT elect to continue health, dental, and vision coverage.	

4A. LIFE INSURANCE (Only available if hired prior to Feb 1, 1987)		For Office Use Only Monthly Premium (Rates are subject to change)	
Frozen Life Volume (as of 2-1-87) divided by 2 = \$ _____ X \$1.50 per thousand = \$ _____		\$ _____	

4B. ELECTION OR WAIVER OF CONTINUED LIFE COVERAGE		<input type="checkbox"/> I understand I am NOT eligible for life insurance due to non-continuous coverage.	
<input type="checkbox"/> I elect to continue life coverage.		<input checked="" type="checkbox"/> I understand I am NOT eligible to continue life coverage due to my hire date being after February 1, 1987.	
<input type="checkbox"/> I do NOT elect to continue life coverage.			

5. PREMIUM DEDUCTION AUTHORIZATION	
<input type="checkbox"/> I elect to have the premiums charged by the County deducted from my pension account each month.	
<input checked="" type="checkbox"/> 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

Mary K. Black
Applicant Signature
Received by: Shirley Thomas, Benefits and Retirement, on 1-13-23
Date 1-13-23

APPROVED THIS DATE: _____ BY THE OKLAHOMA COUNTY RETIREMENT BOARD.

CHAIRMAN

TREASURER

ATTEST:

COUNTY CLERK

OKLAHOMA COUNTY RETIREMENT APPLICATION SUMMARY

DEFINED CONTRIBUTION APPLICATION NO.

23-04

DATE OF APPLICATION

1-13-23

DEFINED BENEFIT APPLICATION NO.

BOARD MEETING DATE

1-30-23

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
Mary Black				
DATE OF HIRE: 8-23-2017 to 1-30-2023 (rounding permitted only if fully vested)	5	5		
DATE OF TERMINATION:				
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 <u>only</u> for elected officials)				
ACCRUED UNUSED ANNUAL LEAVE: (DC Plan Not To Exceed 30 or 45 days)				
TOTAL SERVICE CREDIT	5	5		5

DATE OF BIRTH:	AGE: 77 (At Retirement Effective Date)	77	6	78
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RETIREMENT BENEFITS	DEFINED BENEFIT	DEFINED CONTRIBUTION
Retirement Effective Date:		2-1-23
Benefit/Vested Percentage:	%	100 %
Monthly Pension to Begin:		N/A
Monthly Pension Amount:	\$	N/A

APPLICANT SIGNATURE:

Mary A. Black

DATE:

1-13-23

ATTEST: OKLAHOMA COUNTY BENEFITS AND RETIREMENT

BY BENEFITS & RETIRMENT:

Robert James

DATE:

1-13-23