Application No. 24-14

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)

Matthews	Beverly	Ann	
Last Name	First	Middle	Social Security Number

Address	City	State	Zip	Date of Birth	M/F
Home Phone	Court Services Department	Work Phone		9.14.17 Hire Date	4.12.24 Termination Date

Spouse Name	Date of Birth	M/F	Social Security Number

2. DEFINED CONTRIBUTION

- ✓ (A) RULE OF 60 (age plus years of service equal sixty)
- ____ (B) DISABILITY
- ____ (C) OTHER

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) 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)

Family Status
- ✓ Single
- ____ Family
- ____ Other

Medicare/Medicaid
- ✓ Applicant
- ____ Spouse
- ____ Dependent

For Office Use Only
(Rates are subject to change)
Monthly Premium
$ 60.00

3B. ELECTION OR WAIVER OF CONTINUED HEALTH/ DENTAL COVERAGE

✓ I elect to continue health and dental coverage.

_____ I do **NOT** elect to continue health, dental, and vision coverage.

_____ I understand I am **NOT** eligible for continued health or dental coverage:
_____ **(a)** I am not currently covered.
_____ **(b)** I am not eligible under the RULE OF 75

4A. LIFE INSURANCE (Only available if hired prior to Feb 1, 1987)

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)

$_____

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 non-continuous coverage.

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

5. PREMIUM DEDUCTION AUTHORIZATION

_____ 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: _____ Date 3/14/2024

Received by: _____, Benefits and Retirement, on 3/14/24.

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

_____ _____

CHAIRMAN TREASURER

ATTEST: _____

AGENDA ITEM NO.

OKLAHOMA COUNTY RETIREMENT APPLICATION SUMMARY

DEFINED CONTRIBUTION APPLICATION NO. 24-14 DATE OF APPLICATION 3-14-24

DEFINED BENEFIT APPLICATION NO. BOARD MEETING DATE 3-25-24

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: Beverly Matthews	YEARS	MONTHS	DAYS	ROUNDED
DATE OF HIRE: 9-14-2017 DATE OF TERMINATION: 4-12-24	6	6		
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)*				
TOTAL SERVICE CREDIT	6	6		7

DATE OF BIRTH: AGE: 68 *(At Retirement Effective Date)*	68	1		68

RETIREMENT BENEFITS	DEFINED BENEFIT	DEFINED CONTRIBUTION
Retirement Effective Date:		4-13-24
Benefit/Vested Percentage:	% %	100 %
Monthly Pension to Begin:		N/A
Monthly Pension Amount:	$	N/A

APPLICANT SIGNATURE: Beverly Matthews DATE: 3/14/2024

ATTEST: OKLAHOMA COUNTY BENEFITS AND RETIREMENT

BY BENEFITS & RETIRMENT: Rebecca Thomas DATE: 3/14/24