



OKLAHOMA LAW ENFORCEMENT  
— RETIREMENT SYSTEM —

# Application for Vested Benefit

I, \_\_\_\_\_, have completed ten (10) years or more of credited service in the Oklahoma Law Enforcement Retirement System and I wish to elect a Vested Benefit per Oklahoma Statute Title 47, Section 2-308 in lieu of receiving my accumulated contributions. I understand that my monthly benefit will not commence until I would have attained my Normal Retirement Date (twenty (20) years of credited service).

### Applicant Information

SSN \_\_\_\_\_ Birth Date \_\_\_\_\_

Agency Employed with \_\_\_\_\_ Service End Date \_\_\_\_\_

Hours of Sick Leave to be Used for Retirement (max 1,920) \_\_\_\_\_

(Sick Leave will be confirmed/paid by your agency before being credited. 240 days equal 1,920 hours.)

Address \_\_\_\_\_

City Home \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

### Dependent Information

Spouse Name \_\_\_\_\_ Marriage Date \_\_\_\_\_

Spouse SSN \_\_\_\_\_ Spouse Birth Date \_\_\_\_\_

Minor Child Name \_\_\_\_\_ SSN \_\_\_\_\_ Birth Date \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### OLERS USE ONLY

Admin \_\_\_\_\_ Sent to \_\_\_\_\_ Data \_\_\_\_\_ Reviewed \_\_\_\_\_ Approved \_\_\_\_\_  
Actions \_\_\_\_\_ EGID \_\_\_\_\_ Entry \_\_\_\_\_

**Applicant Name** \_\_\_\_\_

### Citizenship Information

All Natural persons fourteen (14) years of age or older and present in the United States, applying for retirement benefits from the Oklahoma Law Enforcement Retirement System are required, by the Oklahoma Indigent Health Care Act (56 O.S. Supp. 2007 § 71), to provide verification of lawful presence in the United States by executing an Affidavit below before a notary public or other officer authorized to notarize affidavits under State law. Please check one of the applicable boxes below.

The applicant is of lawful age, being first duly sworn upon oath states under penalty of perjury, as follows:  
(Check one)

- I am a United States citizen.
- I am a qualified alien under the Federal Immigration and Nationality Act and I am lawfully present in the United States.

### Other Information (Please Initial Each Statement)

\_\_\_\_\_ I understand if I am reemployed by a state agency in a position which is covered by OLERS my Vested  
(Initial) Benefit application will be voided and I will start accruing credited service which will change my Normal Retirement Date.

\_\_\_\_\_ I understand it is my responsibility to inform OLERS in writing of any changes in my address, beneficiaries,  
(Initial) insurance, direct deposit or tax elections. I also understand that those documents must be received by OLERS by the 15<sup>th</sup> of a month to ensure that can be processed for that month.

\_\_\_\_\_ I understand that I am not eligible for the \$5,000.00 Death Benefit until I reach my Normal Retirement  
(Initial) Date and start drawing my monthly benefit.

### Signature and Notary

Wherefore, applicant requests that he/she be granted a monthly pension in accordance with Oklahoma Statute Title 47, Sections 2-300 through 2-315 to be paid from the Oklahoma Law Enforcement Retirement System in accordance with the laws of the State of Oklahoma.

Date \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

The Applicant stated above has attested that he/she has read this application, knows the contents thereof, and that the statements contained therein are true and correct.

Subscribed and sworn before me on \_\_\_\_\_.

State of \_\_\_\_\_

Notary Signature \_\_\_\_\_

County of \_\_\_\_\_

Notary Title (and Rank) \_\_\_\_\_

My Commission Expires on \_\_\_\_\_

Commission # \_\_\_\_\_

(seal)

### Submission Information

Completed form can be sent to OLERS via:  
Mail: 421 N.W. 13th, Suite 100, Oklahoma City, OK 73103  
Fax: (405) 522-5004  
Email: [forms@olers.ok.gov](mailto:forms@olers.ok.gov)