



Oklahoma Firefighters Pension and Retirement System

6601 Broadway Ext., Suite 100
Oklahoma City, Oklahoma 73116-8214
1-800-525-7461 · (405) 522-4600 · Fax (405) 522-4643
www.ok.gov/fprs



Application for Surviving Spouse

COMES NOW _____, the eligible widow of _____,
(Widows name as shown on social security card) (Deceased firefighters name)

who hereby makes application to the Board of Trustees of the Oklahoma Firefighters Pension and Retirement System, pursuant to Oklahoma Statutes, Title II, Section 49-101 and 49-106, Supp. 1981, for a pension and respectfully submits the following:

MEMBER INFORMATION		FOR OFFICE USE ONLY	
Firefighter's SSN _____		CITY CODE _____	
Firefighter's Death Date _____		RETIREMENT CODE _____	
Cause of Death(Heart,Lung,Accident, etc...) _____		PAYEE CLASS _____	
Marriage Date _____		STATUS _____	
Applicant's SSN _____		PENSION AMOUNT _____	
Applicant's Birth Date _____		PREP BY: _____	
Applicant's Address _____		REV BY: _____	
Home Phone Number _____		APV BY: _____	
City _____	State _____	Zip Code _____	
Cell Phone Number _____			
Email Address _____			

DEPENDENT INFORMATION

Name of Minor Child	Birth Date	Name of Minor Child	Birth Date
_____	_____	_____	_____
_____	_____	_____	_____

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 Firefighters' Pension and 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 named above is of lawful age, being first duly sworn, upon oath states, under penalty of perjury, as follows: (Check one)

I am a United State Citizen.

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

APPLICANTS NAME _____

FIREFIGHTER'S SSN _____

DIRECT DEPOSIT INFORMATION *REQUIRED* ATTACH A VOIDED CHECK TO FORM

Checking

Savings***

Bank Name

Bank Address

Account Number

Bank Phone Number

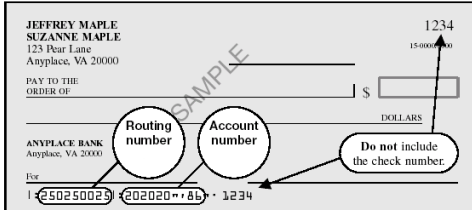
City

State

Zip Code

Routing Number

Attach voided check here:



Note. The routing and account numbers may be in different places on your check.

TAX INFORMATION

Only Oklahoma state taxes will be withheld. If the retiree or widow is domiciled or living outside of the State of Oklahoma, then they should elect "Nothing to be withheld" for Oklahoma state taxes.

NOTE: Effective July 1, 1986, the IRS General Rule, or the safe harbor method which went into effect 11/15/88, may apply. Ask the IRS for Publication 575 or visit with your tax accountant.

I understand that, if there is a tax liability and an inadequate amount is being withheld, I am subject to penalties and interest.

FEDERAL TAX (check one)

- I elect nothing to be withheld
- Tax Table
- Fixed Amount \$ _____ /month

OKLAHOMA STATE TAX (check one)

- I elect nothing to be withheld
- Tax Table
- Fixed Amount \$ _____ /month

The following two questions are if you choose to use the tax table:

Total number of allowances you are claiming (including yourself) _____

(check one) Single (or widowed) Married Married, but withheld at higher single rate

DEDUCTION INFORMATION

Deduction Description

Deduction Amount per Month

- Oklahoma State Retired Firefighters Association Dues (\$1.75/month) _____
- Local Retired Firefighters Association Dues (OKC, Tulsa, and Edmond Only) _____
- Credit Union **(check one)**
 - MECU Tulsa FFCU Weokie CU Tinker CU Comanche CO CU _____
- Health Insurance **(See Form 23 for more detailed info)**

Insurance Provider _____
- Other Allowable Deduction

Description _____

APPLICANTS NAME _____

FIREFIGHTER'S SSN _____

1. That applicant is the spouse of said deceased firefighter. was married to him/her at the time of his/her death for more than thirty (30) continuous months prior to the firefighters death. If death was in the line of duty, this does not apply.

2. That at the time of firefighters death, the firefighter was the parent of the above named unmarried children under the age of eighteen (18) years, or twenty two (22) years of age if the child is enrolled full-time and regularly attending a public or private school or any institution of higher learning, or physically or mentally disabled child.

Was firefighter's death a result of injury or sickness sustained by him/her while in or in consequence of performance of his/her duty?

Yes No

Dated this _____ day of _____ , _____

Applicant's Signature

State of Oklahoma)
) SS.
County of _____)

_____, first being duly sworn on oath deposed and says that he/she is the Applicant above named, that he/she read the within and foregoing application, knows the contents thereof, and that the statements contained therein are true and correct.

Subscribed and sworn to before me _____ day of _____ , _____ .

My commission expires _____

Notary Public

PLEASE ENCLOSE:

MINUTES OF YOUR LOCAL PENSION BOARD MEETING (Minutes from town counsel cannot be accepted). (IF APPLICABLE)

COPY OF DEATH CERTIFICATE

COPY OF MARRIAGE LICENSE

A VOIDED CHECK FOR DIRECT DEPOSIT

**Return to: OKLAHOMA FIREFIGHTERS PENSION AND RETIREMENT SYSTEM
6601 Broadway Ext., Suite 100
Oklahoma City,OK 73116-8214**