



# 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 of Child for Pension

COMES NOW \_\_\_\_\_, guardian for the child or child of \_\_\_\_\_,  
(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:

<b>CHILD'S INFORMATION</b>		
_____	_____	_____
Child's Name	Child's SSN	Child's Birth Date

<b>MEMBER INFORMATION</b>		<b>FOR OFFICE USE ONLY</b>	
_____	_____		
Firefighter's SSN	Firefighter's Death Date		
_____	_____		
Cause of Death(Heart,Lung,Accident, etc...)	Marriage Date		
_____	_____		
Applicant's SSN	Applicant's Birth Date		
_____	_____		
Applicant's Address	Home Phone Number		
_____	_____		
City	State	Zip Code	Cell Phone Number
_____		Email Address	

**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 and/or child who is 14 years of age or older 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 \_\_\_\_\_

CHILDS NAME \_\_\_\_\_ CHILDS' SSN \_\_\_\_\_

**DIRECT DEPOSIT INFORMATION \*REQUIRED\* ATTACH A VOIDED CHECK TO FORM**  Checking  Savings\*\*\*

Bank Name \_\_\_\_\_

Bank Address \_\_\_\_\_

Account Number \_\_\_\_\_

Bank Phone Number \_\_\_\_\_

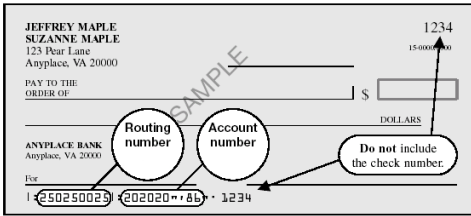
City \_\_\_\_\_

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.

<b>FEDERAL TAX</b> (check one)	<b>OKLAHOMA STATE TAX</b> (check one)
<input type="checkbox"/> I elect nothing to be withheld	<input type="checkbox"/> I elect nothing to be withheld
<input type="checkbox"/> Tax Table	<input type="checkbox"/> Tax Table
<input type="checkbox"/> Fixed Amount \$ _____ /month	<input type="checkbox"/> 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 \_\_\_\_\_

CHILDS NAME \_\_\_\_\_ CHILDS' SSN \_\_\_\_\_

1. That at the time of his/her death said deceased firefighter was the father/mother of the above named unmarried child 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 education, or the above named 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

<p><b>PLEASE ENCLOSE:</b></p> <p><b>MINUTES OF YOUR LOCAL PENSION BOARD MEETING (Minutes from town counsel cannot be accepted). (IF APPLICABLE)</b></p> <p><b>COPY OF DEATH CERTIFICATE</b></p> <p><b>COPY OF CHILD'S BIRTH CERTIFICATE</b></p> <p><b>COPY OF ADOPTION PAPERS (If Applicable)</b></p> <p><b>COPY OF COURT APPOINTMENT OF GUARDIAN (If other than natural parent)</b></p> <p><b>LETTER OF STUDENT STATUS (If child is over age 18)</b></p> <p><b>PROOF OF TOTAL DISABILITY PRIOR TO AGE 18 (If child is mentally or physically disabled)</b></p> <p><b>A VOIDED CHECK FOR DIRECT DEPOSIT</b></p> <p><b>Return to: OKLAHOMA FIREFIGHTERS PENSION AND RETIREMENT SYSTEM</b> <b>6601 Broadway Ext., Suite 100</b> <b>Oklahoma City, OK 73116-8214</b></p>
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