

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

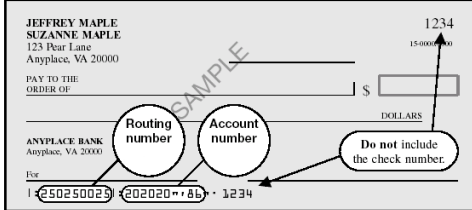
City \_\_\_\_\_

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**

