



Retirement Notice & Application
State & Local Government Employees

OPERS Number 515-117-10

Instructions Included

Congratulations on your decision to retire!
Thank you for your years of dedicated public service to the people of Oklahoma.

Please detach these instructions before submitting the form.

To apply for retirement, you and your Retirement Coordinator must complete this form and submit it to the Oklahoma Public Employees Retirement System at least 60 calendar days before your effective retirement date.

Note: If you have previously vested your retirement benefits, the 60-day notice does not apply to you. Previously Vested members need only submit this form prior to their chosen retirement date and may skip Part 8 of this form.

Form Instructions

Please complete this form in ink. Corrections or alterations, including mark-throughs and use of white-out, are not permitted. If a mistake is made, OPERS may require a new form to be completed to ensure the form is in accordance with your wishes.

Part 1 – Retirement Date

Please print the month and the year you wish to retire. All retirement dates are the first day of any given month.

Part 2 – Member Information

Please print all information requested.

Part 3 – Type of Retirement

Please mark the box to indicate your selection of normal or early retirement. If you were hired after 1982, you must have at least six years of full time equivalent (FTE) service to qualify for any type of retirement. You are eligible for normal retirement after reaching age 62 or when your age and years of service total 80 or 90, depending on when you initially became an OPERS member. You are eligible for early retirement, with a reduced benefit amount, after reaching age 55 with at least 9 years and 6 months of service. Early (reduced) retirement only applies if you are not eligible for normal (full) retirement. Under certain conditions, you may change from early to disability retirement after your retirement date. There is a separate form for disability retirement. See the member handbook, the OPERS website or your Retirement Coordinator for all retirement eligibility requirements.

Part 4 – Type of Benefit

Retirement benefits can be paid in one of four different arrangements: Maximum, Option A, Option B, or Option C. Please select the type of benefit by marking the appropriate box. A description of each benefit type is provided in the member handbook. If you choose the Maximum type of benefit you do not designate a joint annuitant or beneficiary. However, if you choose Option A or B you must designate a joint annuitant in the space provided. If you choose Option C you must designate a beneficiary in the space provided. If you wish to designate more than one Option C beneficiary, contact OPERS. If you wish to designate a trust, organization or business as your Option C beneficiary, provide the name, address and other identifying information.

Part 5 - Spouse Consent

Please mark the box showing the type of benefit selected in Part 4. If you are married and select any type of benefit other than Option A, your spouse must complete, sign, and date Part 5. Your spouse must also complete Part 5 if you designate someone other than your spouse as joint annuitant for Option A.

Part 6 - Insurance Authorization

Sign and date Part 6 if you want OPERS to deduct the premium for insurance coverage you have retained with the Oklahoma State & Education Employees Group Insurance Board from your monthly benefit. This deduction is not mandatory. It is simply provided as a convenience for you, and does not enroll you in post-retirement insurance.

Part 7 – Signatures

You must sign and date indicating that the abovementioned sections have been completed in accordance with your wishes.

Part 8 - Retirement Coordinator Verification

Your Retirement Coordinator must complete this part of the form before it is submitted to OPERS. Do not send the form to OPERS without this verification*. Although your Retirement Coordinator may send the form to OPERS, it is your responsibility to ensure that it reaches us at least 60 days before your retirement date.

*Once again, if you previously completed and submitted an *Application for Vested Benefits* with OPERS, you will not need to have this section completed.

Use the version of this form that is appropriate for you:

- 515-117:** State & Local Government Employees
- 515-117HD:** Hazardous Duty Employees
- 515-117E:** Elected Officials
- 515-127:** Disability Retirement

Reproductions of this form will not be accepted. You should make a copy of this document for your records once it is completed.

To retain OSEEGIB insurance coverage, you must contact the Oklahoma State & Education Employees Group Insurance Board at 1-800-543-6044 and complete their required form(s).

Submitting your Retirement Notice & Application form may not constitute a resignation. To resign in good standing, contact your organization. You must terminate your employment to retire.

Detach and mail the original form to OPERS at the following address after it has been signed by you and your Retirement Coordinator:

OPERS
P.O. Box 53007
Oklahoma City, OK 73152-3007

We look forward to serving you as a retired member of OPERS.



Retirement Notice & Application for State & Local Government Employees

Part 1 – Retirement Date

I want my retirement to start: →

First day of:	
	<div style="display: flex; justify-content: space-between;"> Month Year </div>

Part 2 – Member Information

Mr. Ms.		<table border="1" style="border-collapse: collapse; width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>										
	Name (First) (Middle) (Last)	Social Security number										
Mailing address (Street or P.O. Box, City, State, Zip+4)		<input type="checkbox"/> Married, but separated <input type="checkbox"/> Married <input type="checkbox"/> Never married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed										
Home telephone number	Daytime telephone number	Date of birth										

Part 3 – Type of Retirement (Select only one.)

<input type="checkbox"/> Normal Retirement	<input type="checkbox"/> Early Retirement (Reduced Benefits)
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Part 4 – Type of Benefit (Select only one. Mark the same selection in Part 5.)

Maximum Benefit (No Survivor Benefit) (If you select the Maximum benefit you can go directly to Part 5.)
I select the Maximum type of benefit. I understand that I will receive full monthly lifetime benefits and at my death no other monthly benefits will be paid to anyone else. I understand that I cannot change this selection on or after my retirement date.

Option A (Reduced Benefit + ½ Survivor Annuity)
I select the Option A type of benefit. I understand that I will receive reduced monthly lifetime benefits and at my death one-half of the amount I was receiving will be paid to my joint annuitant for the remainder of his or her lifetime. I understand that I cannot change this selection on or after my retirement date.

Option B (Reduced benefit + 100% Survivor Annuity)
I select the Option B type of benefit. I understand that I will receive reduced monthly lifetime benefits and at my death the same amount I was receiving will be paid to my joint annuitant for the remainder of his or her lifetime. I understand that I cannot change this selection on or after my retirement date.

I hereby designate the following person as my joint annuitant for the option selected above. I understand that this designation cannot be changed on or after my retirement date. I understand that my reduced benefit amount will increase to the maximum benefit amount if my joint annuitant dies before I do and I give OPERS written notice within six months of the date of death. I understand that in the absence of such notice OPERS is not required to pay more than six months of the benefits increase retroactively.

Joint annuitant's name (First, Middle, Last) Mr. Ms.	Date of birth	Social Security number
Mailing address	City	State
	Zip code	Relationship to member

Option C (Reduced Benefit with a 10-year Term Certain)
I select the Option C type of benefit. I understand that I will receive reduced monthly lifetime benefits. I understand that if I die within 10 years after my retirement date, my beneficiary (named below) is entitled to be paid the same benefit amount I was receiving until 10 years after my retirement date. I understand that if I live longer than 10 years after my retirement date, my beneficiary is not entitled to monthly benefits. I understand that I cannot change this selection on or after my retirement date.

I hereby designate the following beneficiary for Option C. I understand that I can change my beneficiary at any time by submitting a change form.

Beneficiary's name	Date of birth	Social Security number
Mailing address	City	State
	Zip code	

Please provide member's name and Social Security number below.

Member name (First, Middle, Last)	Social Security number
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Part 5 – Spouse Consent (Select only one. Mark the same selection in Part 4.)

I am the spouse of the member identified in Part 2 of this form. I understand that I have the statutory right to survivor's benefits in the form of Option A. I consent to the selection of the type of benefit checked in the box at the right. I understand that this type of benefit cannot be changed on or after the member's effective retirement date. I understand that a person named as joint annuitant or beneficiary in Part 4 will be eligible to receive a monthly benefit in the event of my spouse's death. I further understand that if I am not named as joint annuitant or beneficiary in Part 4, I am waiving my right to receive a monthly survivor benefit. I am signing this agreement voluntarily.

<input type="checkbox"/>	Maximum
<input type="checkbox"/>	Option A
<input type="checkbox"/>	Option B
<input type="checkbox"/>	Option C

Spouse's name (First, Middle, Last) Mr. Ms.	Daytime phone	Social Security number
Mailing address	City	State
		Zip code+4
Signature of member's spouse	Date	

Part 6 – Insurance Authorization

I authorize the Oklahoma Public Employees Retirement System to deduct from my retirement benefits the premium for the insurance I have retained with the Oklahoma State & Education Employees Group Insurance Board. (Signing does NOT enroll you – contact OSEEGIB to enroll.)

Member's signature	Date
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Part 7 – Signatures

I certify that all information provided on this application is true and correct to the best of my knowledge. I understand that the type of retirement I selected in Part 3 and the type of benefit I selected in Part 4 cannot be changed on or after my effective retirement date.

Member's signature	Date
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Part 8 – Retirement Coordinator Verification

If you previously completed and submitted an *Application for Vested Benefits* with OPERS, this section will not need to be completed.

I certify that the above member is an employee of a participating OPERS employer. I also certify that the information at right is true and correct to the best of my knowledge.	Member's last date physically on the job
	Member's last date on payroll
Retirement Coordinator	Date
Agency	Agency #
	Estimated sick leave hours as of the last day on payroll
	Retirement Coordinator telephone number

OPERS use only:
