

OKLAHOMA POLICE PENSION AND RETIREMENT SYSTEM

1001 N. W. 63rd Street, Suite 305
Oklahoma City, Oklahoma 73116-7335
1 (405) 840-3555 / 1 (800) 347-6552
www.opprs.ok.gov

PLEASE CHECK ONE:

CITY _____

APPLICATION FOR DISABILITY BENEFIT IN LINE OF DUTY

APPLICATION FOR DISABILITY BENEFIT NOT IN LINE OF DUTY

I, _____, SSN _____, hereby make application to the Oklahoma Police Pension and Retirement Board for a disability benefit under 11 O.S. § 50-101 et seq. and respectfully submit the following:

1. To the best of my knowledge, I have _____ years, _____ months and _____ days of credited service with the Oklahoma Police Pension and Retirement System.

Such service began on _____, and ended on _____.

2. The following summarizes the nature and extent of my disability:

If disability occurred in line of duty, attach a copy of accident/incident report in support of statement.

3. Has workers compensation claim been filed? YES NO

4. Is applicant receiving compensation and/or benefits from either the Veterans Administration or the Department of Defense?
YES NO

5. I have attached certificate(s) of above stated disability from a physician licensed to practice in the state of Oklahoma.

6. I have attached a letter from the Municipality advising that there is no position as a sworn officer within the police department of that Municipality that I can fill.

7. I have attached a signed release (Form 117) and provided a list of doctors and/or hospitals with their **complete mailing addresses and telephone numbers** that I have seen for treatment or evaluation which pertains to my disability.

As above named applicant, I have read the foregoing application and its contents, and the statements made therein are true and correct.

APPLICANT SIGNATURE (Witnessed by Notary) _____

MAILING ADDRESS _____

CITY, STATE, ZIP _____

E-MAIL ADDRESS (OPTIONAL) _____

TELEPHONE NUMBER (_____) _____ DATE _____

NOTARY'S SIGNATURE:

STATE OF _____) ss.

COUNTY OF _____)

Subscribed and sworn to before me, the undersigned notary, on this _____ day of _____, 20 _____.

Notary Signature _____ My commission number _____

[SEAL] _____ My commission expires _____

A COPY OF THE FOLLOWING DOCUMENTS WILL BE NEEDED TO EXPEDITE THIS APPLICATION:

- 1. Official Injury Report Form (if applicable)
- 2. Form 117 along with list of physicians and hospitals
- 3. Any miscellaneous documentation in support of application
- 4. Physicians disability statement
- 5. No position – Letter from the Municipality