



Employer Certification Death of an Active Member

515-123E-12
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This form is to be completed by the employer in the event of the death of an active member. This certification must be submitted to the Oklahoma Public Employees Retirement System (OPERS) before any benefits or payments are made to the beneficiaries or survivors.

PART 1: MEMBER INFORMATION

Name (First, Middle, Last)

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Social Security number

PART 2: EMPLOYER CERTIFICATION

I hereby certify that the deceased member above was last employed by _____,
Deceased member's employer

_____ on _____, and that the member's retirement contribution for the last pay period
Agency number Last date on payroll

was \$ _____. A partial longevity in the amount of \$ _____ was issued _____. The
MM/DD/YYYY

member's retirement contribution on the partial longevity was \$ _____. The amount of unused sick leave the

member had accrued equals _____ hours. Our records indicate the deceased member was:

- Single
- Married
- Divorced
- Widowed

Retirement Coordinator's signature

Date

Phone number

Agency name

Agency number

SPOUSE/BENEFICIARY CONTACT INFORMATION (IF AVAILABLE):

Name

Phone number

Mailing address (Street or P.O. Box, City, State, ZIP + 4)