



Application for Vested Benefits

515-118VB-21
09

Complete Part I of this form if your employment will terminate and you wish to elect a vested retirement benefit with the Oklahoma Public Employees Retirement System (OPERS). Your employer will complete Part 2. To retain insurance coverage, contact the Employees Group Insurance Division at (800) 752-9475. Please type or print the information requested and return to OPERS at the address below.

PART 1 – EMPLOYEE INFORMATION

This section is to be completed by the employee.

Name (First, Middle, Last)

Social Security number

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

Date of birth

Daytime phone number

Personal email address

Check here if mailing address is new.

** If your address changes after you complete and submit this form, notify OPERS of your new address in writing. Failure to notify OPERS of your new address may result in delay or loss of a portion of your retirement benefits. You can find the Change of Address form on the OPERS website.*

I affirm I have at least eight years of creditable service with OPERS with at least six full years of full-time-equivalent employment with an OPERS participating employer(s). I understand I am eligible to preserve my rights to a future interest in a retirement benefit by electing to vest my retirement benefit and that I can exercise my right to elect a vested benefit in lieu of withdrawing my portion of accumulated contributions from OPERS.

I now hereby elect to vest my retirement benefit in lieu of withdrawing my portion of accumulated contributions. I understand any benefits which I may be entitled to will be paid only when I meet the eligibility requirements for disability, early or normal retirement as determined by law.

Member's signature

Date

PART 2 – EMPLOYER CERTIFICATION

This section is to be completed by the retirement coordinator and signed no earlier than the member's termination date. I certify the following information for the member requesting to elect vested benefits in Part 1, and that the member was an employee of an OPERS participating employer.

Last date physically on the job

Last date on regular payroll

Termination date

Hours of unused sick leave

Retirement coordinator's signature

Phone number

Date

Employer name

Employer number

Dates: These may or may not be the same date. (1) *Last date physically on the job*: last day employee did their job; (2) *Last date on regular payroll*: last day for which employee was paid, including paid leave; (3) *Termination date*: last date of payroll or the date the employee states they are not returning to work, whichever is later. Detailed information can be found on the OPERS website at: www.opers.ok.gov/glossary.