Pre-Retirement Seminar

Presented by the
Oklahoma Public Employees Retirement System

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Your Materials

Pre-Retirement Seminar Workbook
***Essential*OPERS**
Copy of the slideshow
Insurance information

www.opers.ok.gov/seminar-materials

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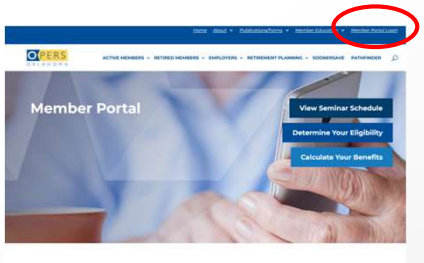
OPERS Member Portal

The Member Portal allows you access important documents like active member statements, benefit notices, and 1099-Rs.

opers.ok.gov



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About OPERS

Defined Benefit Plan

- You and your employer pay contributions.
- You must work until meeting eligibility requirements.
- Benefits are based on a formula. Lifetime benefit.

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How Do I Calculate My Benefit?

	Final Average Salary	$30,000
	Service Credit	25
X	**Computation Factor (2%)**	.02
	Lifetime Annual Benefit	$15,000

The benefit formula is different for members first entering OPERS on or after November 1, 2012.

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Unused Sick Leave

Hours of Unused Sick Leave	Months of OPERS Service Credit
0 – 159	0
160 – 319	1
320 – 479	2
480 – 639	3
640 – 799	4
800 – 959	5
960 (maximum)	6

May be added to service credit

- If addition causes total credited service to equal or exceed 6 months, service is rounded up to the next year.
- Rounding eliminated for members who begin on or after November 1, 2012. These members will be credited with full years and months of participation.

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Unused Sick Leave Examples

When it adds a year:

	21 years 0 months	Service Credit
+	6 months	Unused Sick Leave
	21 years 6 months	Total Service
	22 years	Total Service Credit

When it does NOT add a year:

	21 years 9 months	Service Credit
+	6 months	Unused Sick Leave
	22 years 3 months	Total Service
	22 years	Total Service Credit

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When Can I Retire?

Normal (Full) Retirement

Age 62 with **6 years** of full-time equivalent employment

---------- OR ----------

80 points (age + service credit) if you became a member before July 1, 1992

90 points (age + service credit) if you became a member on or after July 1, 1992

Workbook p. 6

**For members who began participation in OPERS before November 1, 2011.*

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Early Retirement

Ages 55 to 62
10 years of participating service
Permanently reduced

Early Retirement Reduction Factors	
Age	Percentage
62	100.00
61	93.33
60	86.67
59	80.00
58	73.33
57	66.67
56	63.33
55	60.00

*For members who began participation in OPERS before November 1, 2011.

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Retirement Timeline

At least 2 years before	• Request a benefit calculation
3 to 6 months before	• Contact retirement coordinator
60 days before	• *Retirement Application* deadline
45 day before	• Acknowledgement
15 days before	• Preliminary statement
Retirement Day	
55 days after	• Final benefit statement
60 days after	• First two deposits

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Benefit Calculation

Within two years of retirement eligibility
OPERS will calculate
- Final Average Salary
- Service Credit
- Retirement Eligibility

Benefit and Service Calculations form
- www.opers.ok.gov/forms

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Deadlines

Contact your Retirement Coordinator
3 to 6 months before
opers.ok.gov/coordinator-listing

Retirement Application deadline
At least 60 days before
opers.ok.gov/dates-and-deadlines

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Gathering Information

Information to Have Available

- Your retirement date
- Your retirement option
- Spouse information, if applicable,
  - Name, date of birth, social security number and address)
- Beneficiary information for retirement benefits

Documents to Upload (PDFs or Images)

- A voided check or letter from your financial institution (direct deposit)
- Proof of date of birth (you and joint annuitant, if applicable)
- Documentation of current marital status.

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Applying for Retirement

Retirement application process is now digital!

Retirement Application page

- How to videos
- Instructions
- List of documents to gather

opers.ok.gov/retire

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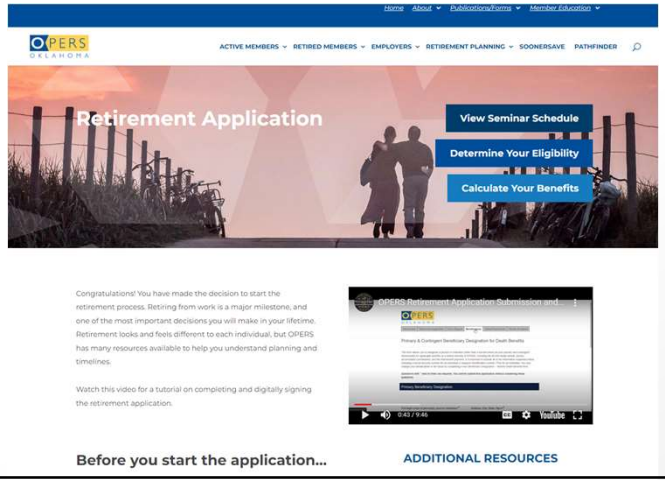

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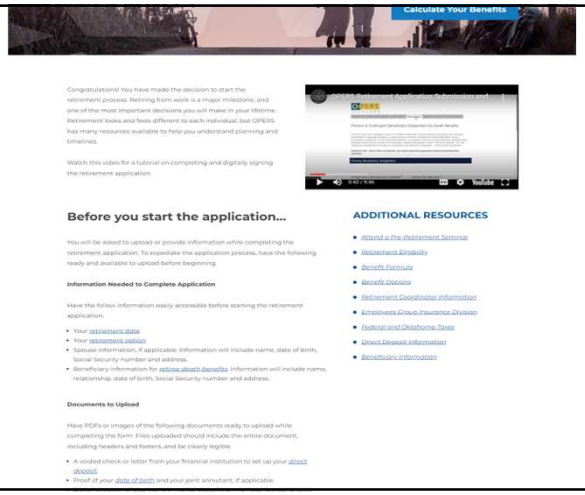

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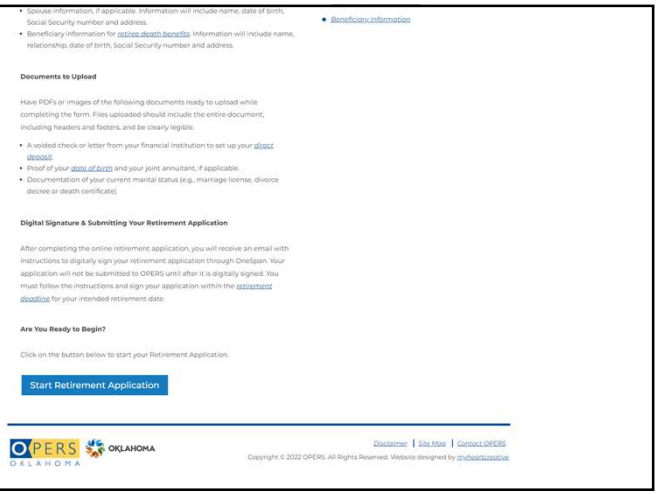

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Retirement Application Introduction

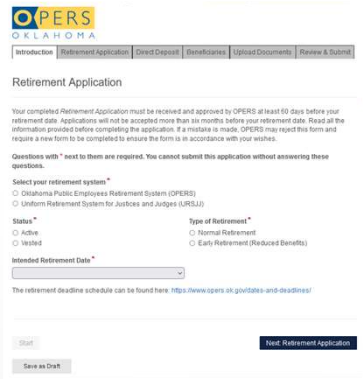
Navigation:

- Six tabs at the top; or
- Next button at the bottom

Save as Draft to complete later

Status

- Active - actively employed
- Vested - no longer employed, but have previously vested



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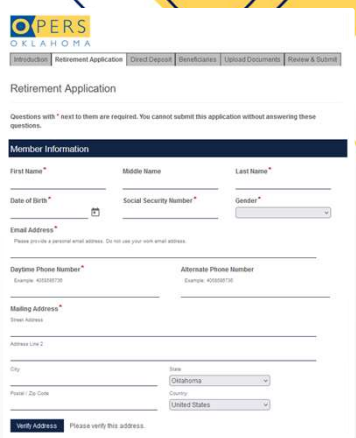
Retirement Application

Enter your personal information

The address must be verified to continue.

Information entered here will determine questions and options available later one.



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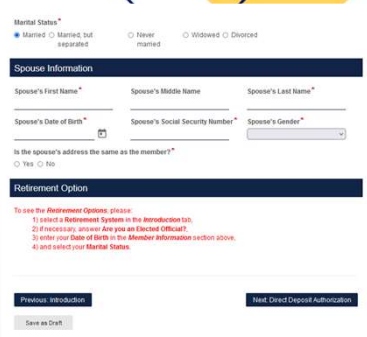
Retirement Application

Some parts, like Retirement Option, will only show options based on how previous questions were answered.



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Retirement Options

Maximum → No Survivor Benefits

Option A → Reduced Benefit + ½ Survivor Annuity

Option B → Reduced Benefit + 100% Survivor Annuity

Option C → Reduced Benefit with 10-year term certain

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Maximum Option

Single Life Annuity

- Benefits for one person for life
- No reduction in benefits

- Ex: Suzie retires with this option and receives her maximum benefit, $1,000 per month.

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Option A

½ Joint and Survivor Annuity

- Payment for two lives
- Reduced lifetime benefit for you
- ½ survivor benefit for life

- Ex: Suzie is 62, and her spouse is two years younger (60). What will her $1,000 monthly benefit look like with this option?

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Option A Reduction Factors

- Based on the age of retiree and joint annuitant

- Expressed as a percentage of the maximum benefit

Younger ← Age Difference between Member and Joint Annuitant → Older

Age of Member at Retirement	5 yrs	4 yrs	3 yrs	2 yrs	1 yr	0	1 yr	2 yrs	3 yrs	4 yrs	5 yrs
50	94.29%	94.43%	94.57%	94.84%	95.90%	94.98%	95.12%	96.26%	95.40%	95.53%	95.67%
55	93.27%	93.46%	93.64%	93.83%	94.01%	94.20%	94.39%	94.57%	94.76%	94.94%	95.12%
60	91.95%	92.20%	92.71%	92.45%	92.96%	93.22%	93.47%	93.72%	93.97%	94.22%	94.46%
61	91.64%	91.90%	92.17%	92.44%	92.71%	92.98%	93.25%	93.52%	93.79%	94.05%	94.31%
62	91.30%	91.58%	91.87%	92.16%	92.45%	92.73%	93.02%	93.31%	93.59%	93.87%	94.14%
63	90.94%	91.24%	91.54%	91.85%	92.16%	92.46%	92.77%	93.07%	93.37%	93.66%	93.95%
64	90.54%	90.86%	91.19%	91.51%	91.84%	92.16%	92.49%	92.81%	93.13%	93.44%	93.74%
65	90.11%	90.45%	90.80%	91.15%	91.49%	91.84%	92.18%	92.52%	92.86%	93.19%	93.52%
70	87.54%	88.01%	88.48%	88.95%	89.42%	89.88%	90.34%	90.80%	91.25%	91.68%	92.11%

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Younger ← Age Difference between Member and Joint Annuitant → Older

Age of Member at Retirement

	5 yrs	4 yrs	3 yrs	2 yrs	1 yr	0	1 yr	2 yrs	3 yrs	4 yrs	5 yrs
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Younger ← Age Difference between Member and Joint Annuitant → Older

Age of Member at Retirement

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30

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Option B

100% Joint and Survivor Annuity

- Payment for two lives
- Reduced lifetime benefit for you
- 100% survivor benefit for life

Ex: Suzie is 62, and her spouse is two years younger (60). What will her $1000 monthly benefit look like with this option?

Workbook p. 13

Option B Reduction Factors

Based on the age of retiree and joint annuitant

Expressed as a percentage of the Maximum benefit

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Younger ← Age Difference between Member and Joint Annuitant → Older

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63	83.38%	83.89%	84.40%	84.93%	85.45%	85.98%	86.51%	87.04%	87.56%	88.08%	88.60%
64	82.71%	83.25%	83.80%	84.35%	84.91%	85.47%	86.02%	86.58%	87.14%	87.68%	88.23%
65	82.00%	82.57%	83.15%	83.73%	84.32%	84.91%	85.50%	86.09%	86.67%	87.25%	87.82%
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64	82.71%	83.25%	83.80%	84.35%	84.91%	85.47%	86.02%	86.58%	87.14%	87.68%	88.23%
65	82.00%	82.57%	83.15%	83.73%	84.32%	84.91%	85.50%	86.09%	86.67%	87.25%	87.82%
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64	82.71%	83.25%	83.80%	84.35%	84.91%	85.47%	86.02%	86.58%	87.14%	87.68%	88.23%
65	82.00%	82.57%	83.15%	83.73%	84.32%	84.91%	85.50%	86.09%	86.67%	87.25%	87.82%
70	77.85%	78.59%	79.34%	80.09%	80.86%	81.62%	82.38%	83.15%	83.90%	84.65%	85.38%

Option B Limits

Option B joint annuitant selection is limited to either

- member's spouse or,
- a non-spouse who is no more than 10 years younger than the member.

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Joint and Survivor Annuitant (Option A or B)

Must be a specific person (not a trust, charity, pet, etc.)

Cannot be changed after retirement

If your joint annuitant dies before you, you can change to Maximum benefit (unreduced) from that point on.

Consult with OPERS before selecting a joint annuitant 10+ years younger.

Spouse Consent

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Option C

Single life annuity/10-year term certain

- Reduced lifetime benefit
- If you die within the first 10 years of benefit payments, your beneficiary will receive payments for balance of the 10-year period

Option C Beneficiary

- Can be person, charity, trust, etc.
- May be changed at any time

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Option C Reduction Factors

Based on the age of retiree and joint annuitant

Expressed as a percentage of the Maximum benefit

Age	Factor
55	98.14%
56	98.05%
57	97.94%
58	97.82%
59	97.69%
60	97.55%
61	97.38%
62	97.19%

Age	Factor
63	96.95%
64	96.67%
65	96.33%
66	95.93%
67	95.47%
68	94.94%
69	94.34%
70	93.65%

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Retirement Options Examples

	Suzie receives:	Upon Suzie's passing, survivor receives:
Maximum No Survivor Benefit	$1,000 monthly	No survivor benefit
Option A Reduced Benefit + ½ Survivor Annuity	$922 monthly	$486 monthly
Option B Reduced Benefit + 100% Survivor Annuity	$855 monthly	$855 monthly
Option C Reduced Benefit with 10-year term	$972 monthly	$972 monthly (until ten years have passed since retirement)

Workbook p. 13

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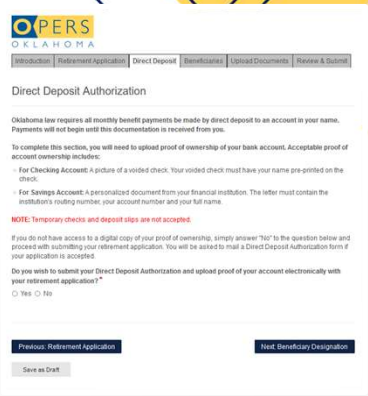
BREAK

41

Retirement Application Direct Deposit

You can upload your Direct Deposit information now or mail it in later.

Take a picture with your phone and upload.



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Direct Deposit

Benefits are paid via direct deposit

LAST working day of the month

Update anytime

- Contact OPERS to request a Direct Deposit Authorization form

43

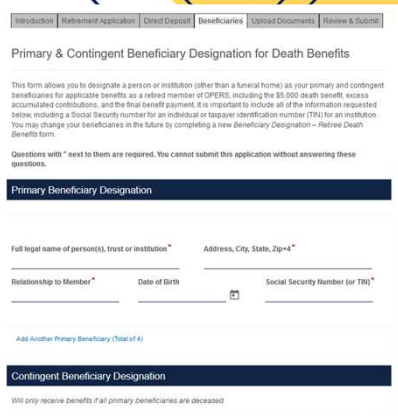
Retirement Application Beneficiary

You must name at least one primary and one contingent beneficiary.

You must provide the following designee information:

- Full legal name
- Date of birth
- Social Security number
- Address
- Relationship

www.opers.ok.gov/beneficiary-forms



44

Beneficiary Designation

Retiree Death Benefit(s)

- $5,000 Death Benefit*
- If applicable:
- Excess Accumulated Employee Contributions
- Final Monthly Benefit Payment

Taxed as ordinary income

- Can be rolled over to defer taxes if 1) spouse is beneficiary, or
- A non-spouse beneficiary rolls it over to an Inherited IRA.

* This is separate from any life insurance you may have and is provided for by OPERS.

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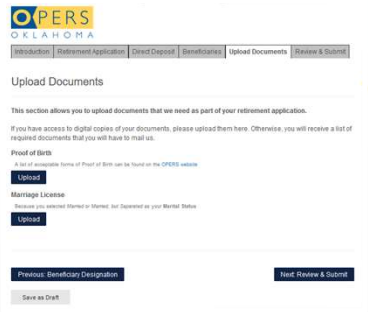
Retirement Application Upload Documents

Upload copies of your vital documents

- Proof of birth for member
- Proof of birth for joint annuitant
- Marriage License
- Divorce Decree
- Death Certificate

Legible copies are accepted. Original documents will not be returned.

Be proactive and send to OPERS today!

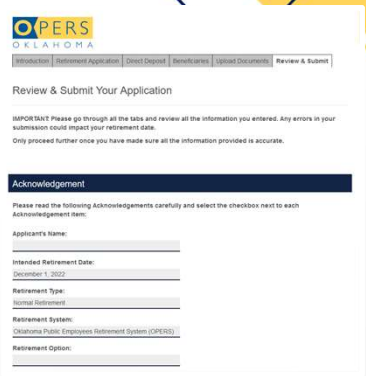


46

Retirement Application Review & Submit

You must review and acknowledge:

- Retirement Date
- Retirement Type
- Retirement Options



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Retirement Application Review & Submit

You must certify and agree to:

- Accuracy of information
- Retirement type and benefit option cannot be changed after the retirement date
- Beneficiary designation
- Electronic signature process

Accuracy of Information, Selection of Retirement Type, and Selection of Retirement Option:*

☐ I certify all information provided on this application is true and correct to the best of my knowledge. I understand the type of retirement, the type of retirement benefit, and the named joint annuitant, if applicable, cannot be changed on or after my effective retirement date (except upon notice of the death of the joint annuitant under Option A or Option B, in which case the benefit will change to the Maximum Benefit amount).

Death Benefits Beneficiary Designation*

☐ On this form, I have made my beneficiary designations for retired member death benefits from the Oklahoma Public Employees Retirement System. I have read the instructions and understand that this form supersedes and revokes all prior designations and will become effective only when it is received by the Oklahoma Public Employees Retirement System.

Electronic Signature*

☐ Please note that an e-signature is the electronic equivalent of an ink signature. Please complete all areas of the application. Your application is not complete without your e-signature. Your application must be signed before the deadline for your intended retirement date. By submitting this form, you are (a) agreeing to all of the statements in the Acknowledgement, above, and (b) agreeing to use an electronic signature to demonstrate your acceptance of the Acknowledgement. Your electronic signature is as legally binding as a handwritten signature.

Once you have made sure all the information is correct, please press the **Submit** button below to start the signing process.

After submitting this form, you will receive an email with instructions to digitally sign your retirement application. **You must follow the instructions and sign your application within the retirement deadline for your intended retirement date.**

Submit

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Electronic Signature

Your Application will not be submitted to OPERS until you verify your signature

- Check your email
- Click the "Go to Documents" link to verify.

Please review and complete the Retirement Application form by clicking on the link below and verifying your signature.

GO TO DOCUMENTS

Please contact OPERS if you did not initiate this change.

Sincerely,
Your Friends at OPERS

You will receive an email confirmation after verifying your signature

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Retirement Application Deadline

At least 60 days before retirement date

- Retirement Application must be complete and submitted to OPERS by the deadline.
- The Retirement Application is the only document that must be submitted by the deadline.
- opers.ok.gov/dates-and-deadlines

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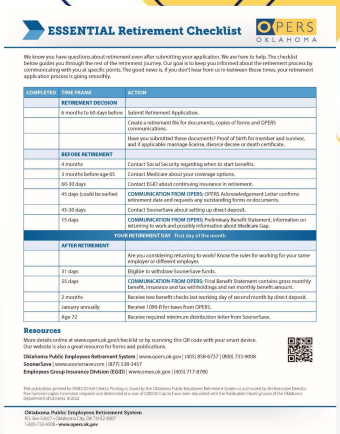
Retirement Checklist

Attached to the confirmation email

Checklist of the remaining steps for the OPERS retirement process

Includes relevant tips like contacting Social Security.



ESSENTIAL Retirement Checklist OPERS OKLAHOMA

We know you have questions about retirement even after submitting your application. We are here to help. The checklist below guides you through the rest of the retirement journey. Our goal is to keep you informed about the retirement process by communicating with you at specific points. The good news is, if you don't hear from us in-between those times, your retirement application process is going smoothly.

COMPLETED	TIME FRAME	ACTION
	RETIREMENT DECISION	
	6 months to 60 days before	Submit Retirement Application.
		Create a retirement file for documents, copies of forms and OPERS communications.
		Have you submitted these documents? Proof of birth for member and survivor, and if applicable: marriage license, divorce decree or death certificate.
	BEFORE RETIREMENT	
	4 months	Contact Social Security regarding when to start benefits.
	3 months before age 65	Contact Medicare about your coverage options.
	60-30 days	Contact EGID about continuing insurance in retirement.
	45 days (could be earlier)	**COMMUNICATION FROM OPERS:** OPERS Acknowledgement Letter confirms retirement date and requests any outstanding forms or documents.
	45-30 days	Contact SoonerSave about setting up direct deposit.
	15 days	**COMMUNICATION FROM OPERS:** Preliminary Benefit Statement. Information on returning to work and possibly information about Medicare Gap.
	YOUR RETIREMENT DAY First day of the month	
	AFTER RETIREMENT	
		Are you considering returning to work? Know the rules for working for your same employer or different employer.
	31 days	Eligible to withdraw SoonerSave funds.
	55 days	**COMMUNICATION FROM OPERS:** Final Benefit Statement contains gross monthly benefit, insurance and tax withhold dogs and net monthly benefit amount.
	2 months	Receive two benefit checks last working day of second month by direct deposit.
	January annually	Receive 1099-R for taxes from OPERS.
	Age 72	Receive required minimum distribution letter from SoonerSave.

Resources

More details online at www.opers.ok.gov/checklist or by scanning this QR code with your smart device. Our website is also a great resource for forms and publications.

Oklahoma Public Employees Retirement System | www.opers.ok.gov | (405) 858-6737 | (800) 733-9008
SoonerSave | www.soonersave.com | (877) 538-3457
Employees Group Insurance Division (EGID) | www.omes.ok.gov | (405) 717-8780

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Oklahoma Public Employees Retirement System
P.O. Box 53007 • Oklahoma City, OK 73152-3007
1-800-733-9008 • **www.opers.ok.gov**

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Application Approval

Acknowledgement Letter

- Confirms your retirement date
- Ask for missing documents

Spouse consent

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Spouse Consent

If you are married at retirement

- You may name your spouse as the joint annuitant under Option A or B.

Your spouse must consent to:

- choosing another retirement options; or
- choosing an alternate joint annuitant.

Workbook p. 13

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Preliminary Benefit Statement

15 days before retirement date

Estimated gross benefit amount

Link to tax withholding forms

Medicare Gap eligibility

Information on Returning to Work

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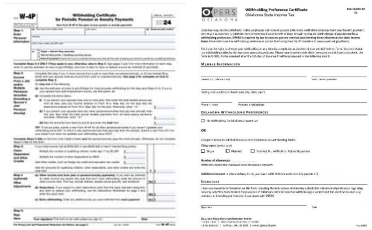
Tax Withholding



Federal tax

- OPERS uses the IRS Form W-4P
- Default is single with zero adjustments
- Digital form is much easier to fill out. Less opportunities for mistakes

State tax

- OPERS form
- Default is married with three allowances

After tax contributions reduce your tax liability.

Update your forms anytime

Workbook p. 26

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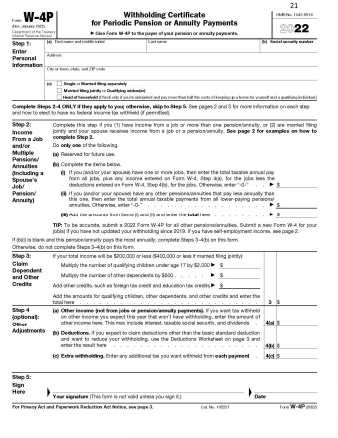

Form **W-4P**
Withholding Certificate for Periodic Pension or Annuity Payments
▶ Give Form W-4P to the payer of your pension or annuity payments.
21
OMB No. 1545-0074
2022

Step 1: Enter Personal Information
(a) First name and middle initial | Last name | (b) Social security number
Address
City or town, state, and ZIP code
(c) ☐ Single or Married filing separately
☐ Married filing jointly or Qualifying widow(er)
☐ Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See pages 2 and 3 for more information on each step and how to elect to have no federal income tax withheld (if permitted).

Step 2: Income From a Job and/or Multiple Pensions/ Annuities (including a Spouse's Job/ Pension/ Annuity)
Complete this step if you (1) have income from a job or more than one pension/annuity, or (2) are married filing jointly and your spouse receives income from a job or a pension/annuity. **See page 2 for examples on how to complete Step 2.**
Do **only one** of the following.
(a) Reserved for future use.
(b) Complete the items below.
(i) If you (and/or your spouse) have one or more jobs, then enter the total taxable annual pay from all jobs, plus any income entered on Form W-4, Step 4(a), for the jobs less the deductions entered on Form W-4, Step 4(b), for the jobs. Otherwise, enter "-0-" ▶ $
(ii) If you (and/or your spouse) have any other pensions/annuities that pay less annually than this one, then enter the total annual taxable payments from all lower-paying pensions/annuities. Otherwise, enter "-0-" ▶ $
(iii) Add the amounts from lines (i) and (ii) and enter the **total** here ▶ $
TIP: To be accurate, submit a 2022 Form W-4P for all other pensions/annuities. Submit a new Form W-4 for your jobs if you have not updated your withholding since 2019. If you have self-employment income, see page 2.
If (b)(i) is blank and this pension/annuity pays the most annually, complete Steps 3–4(b) on this form.
Otherwise, do not complete Steps 3–4(b) on this form.

Step 3: Claim Dependent and Other Credits
If your total income will be $200,000 or less ($400,000 or less if married filing jointly):
Multiply the number of qualifying children under age 17 by $2,000 ▶ $
Multiply the number of other dependents by $500 . . . ▶ $
Add other credits, such as foreign tax credit and education tax credits ▶ $
Add the amounts for qualifying children, other dependents, and other credits and enter the total here . . . . . 3 $

Step 4 (optional): Other Adjustments
(a) Other income (not from jobs or pension/annuity payments). If you want tax withheld on other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, taxable social security, and dividends . . . 4(a) $
(b) Deductions. If you expect to claim deductions other than the basic standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . . 4(b) $
(c) Extra withholding. Enter any additional tax you want withheld from **each payment** . . . 4(c) $

Step 5: Sign Here
▶ **Your signature** (This form is not valid unless you sign it.) ▶ **Date**

For Privacy Act and Paperwork Reduction Act Notice, see page 3. Cat. No. 11820T Form **W-4P** (2022)

Federal tax withholding considers your total income

May enter job, other pension or other income

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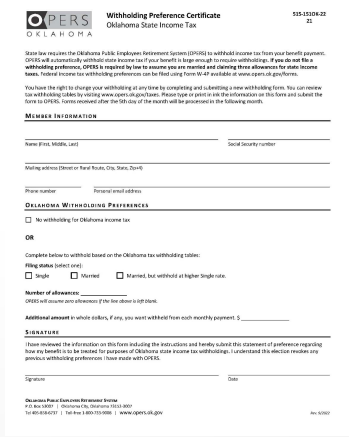

OPERS OKLAHOMA
Withholding Preference Certificate
Oklahoma State Income Tax
515-15104-22
21

State law requires the Oklahoma Public Employees Retirement System (OPERS) to withhold income tax from your benefit payment. OPERS will automatically withhold state income tax if your benefit is large enough to require withholdings. **If you do not file a withholding preference, OPERS is required by law to assume you are married and claiming three allowances for state income taxes.** Federal income tax withholding preferences can be filed using Form W-4P available at www.opers.ok.gov/forms.

You have the right to change your withholding at any time by completing and submitting a new withholding form. You can review tax withholding tables by visiting www.opers.ok.gov/taxes. Please type or print in ink the information on this form and submit the form to OPERS. Forms received after the 5th day of the month will be processed in the following month.

Member Information
Name (First, Middle, Last) | Social Security number
Mailing address (Street or Rural Route, City, State, Zip+4)
Phone number | Personal email address

Oklahoma Withholding Preferences
☐ No withholding for Oklahoma income tax

OR

Complete below to withhold based on the Oklahoma tax withholding tables:
Filing status (select one):
☐ Single ☐ Married ☐ Married, but withhold at higher Single rate.
Number of allowances: _____
OPERS will assume zero allowances if the line above is left blank.
Additional amount in whole dollars, if any, you want withheld from each monthly payment. $_____

Signature
I have reviewed the information on this form including the instructions and hereby submit this statement of preference regarding how my benefit is to be treated for purposes of Oklahoma state income tax withholdings. I understand this election revokes any previous withholding preferences I have made with OPERS.
Signature | Date

Oklahoma Public Employees Retirement System
P.O. Box 53007 | Oklahoma City, Oklahoma 73152-3007
Tel 405-858-5251 | Toll-free 1-800-733-9008 | www.opers.ok.gov
Rev. 5/2022

$10,000 of your benefit is excluded from Oklahoma income taxation

State tax withholding considers only your OPERS benefit

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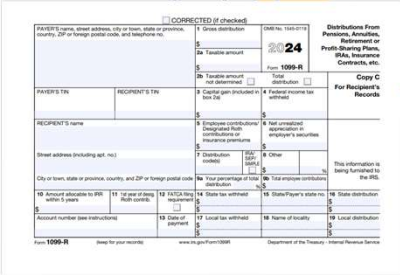
Taxes

Benefits are considered income for tax purposes.

You can have state and federal taxes withheld from your retirement benefits.

OPERS will send you a 1099-R at the end of January each year.



☐ CORRECTED (if checked)
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.
1 Gross distribution $
2a Taxable amount $
2b Taxable amount not determined ☐ Total distribution ☐
3 Capital gain (included in box 2a) $
4 Federal income tax withheld $
5 Employee contributions/ Designated Roth contributions or insurance premiums $
6 Net unrealized appreciation in employer's securities $
7 Distribution code(s) IRA/ SEP/ SIMPLE ☐
8 Other $ %
9a Your percentage of total distribution %
9b Total employee contributions $
10 Amount allocable to IRR within 5 years $
11 1st year of desig. Roth contrib.
12 FATCA filing requirement ☐
13 Date of payment
14 State tax withheld $
15 State/Payer's state no.
16 State distribution $
17 Local tax withheld $
18 Name of locality
19 Local distribution $
Account number (see instructions)
PAYER'S TIN | RECIPIENT'S TIN | RECIPIENT'S name | Street address (including apt. no.) | City or town, state or province, country, and ZIP or foreign postal code
OMB No. 1545-0119
2024
Form 1099-R
Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
Copy C For Recipient's Records
This information is being furnished to the IRS.
Form 1099-R (keep for your records) www.irs.gov/Form1099R Department of the Treasury - Internal Revenue Service

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Medicare Gap Benefit Option

Members under age 65

Temporary increase to monthly benefit amount ($268.96 for 2025)

After age 65, permanent decrease to monthly benefit amount

Decrease will sometimes be MORE than the increase amount

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Medicare Gap Benefit Option

Example: Normal benefit $1000 per month.

Benefit with Medicare Gap Benefit Option:

Retirement Age	<65	65+
62	$1,269	$911
55	$1,269	$606

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Retirement First Benefits

Retirement Date
- First of the month

55 days after retirement date
- Final benefit statement

60 days after retirement date
- Your first two benefits are deposited

61

Retirement Timeline

At least 2 years before	• Request a benefit calculation
3 to 6 months before	• Contact retirement coordinator
60 days before	• *Retirement Application* deadline
45 day before	• Acknowledgement
15 days before	• Preliminary statement
Retirement Day	
55 days after	• Final benefit statement
60 days after	• First two deposits

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Retired Returning to Work

Non-OPERS employer

No effect on your OPERS benefit

OPERS-participating employers

No pre-arranged employment agreements per State law and IRS Code

Same employer from which you retired

One-year "cooling-off" period, or must waive benefits

Different OPERS employer

One month waiting period, or your benefit will be canceled

Workbook p. 28

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Returning to Work with OPERS

Decide to continue or waive benefits

- Post-Retirement Employment Election form
- Benefits will be subject to earnings limits
- Waiving benefits and working for three full years allows you to retire a second time

Pay contributions

Earn service credit

- Benefit increases every one year of full-time work.

Workbook p. 29

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Earning Limitations

Benefit subject to Social Security earnings limitation

When you approach earnings limit:

- Status of Post-Retirement Employment form
- Choose to continue or terminate employment

Social Security Administration (SSA) Earnings Limits		
Will not reach SSA Full Retirement Age in 2025	Up to the point you reach SSA Full Retirement Age in 2025	Once you reach the SSA Full Retirement Age
$23,400	**$62,160**	**No Limit**

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SoonerSave

Defined Contribution Plan

- Voluntary
- No specific benefit promised
- Participant is primarily responsible for making contributions and managing those assets
- Supplements retirement income from Defined Benefit Plan

Workbook p. 40

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SoonerSave Plans

The SoonerSave program is comprised of two separate plans:

- 457 Plan – Your deferrals and investment income
  - Traditional (Pre-tax plan)
  - Roth (Post-tax plan)
- 401(a) Plan – $25 monthly contribution by the State and investment income.

Workbook p. 40

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SoonerSave Contribution Limits 2025

IRS sets limits annually

Age 50+ Catch-up is automatic

457 Plan Catch-up

- Last three years before retirement
- Must have previously under contributed
- Must be approved to participate

Regular	$23,500
Age 50+ Catch-up	$31,000
Age 60 to 63 Catch-up	$34,750
457 Standard Catch-up	$47,000

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SoonerSave Annual Leave Contribution

Accumulated annual leave payout may be contributed into SoonerSave

Contact your agency coordinator

Forms due the month before annual leave will be paid out (approximately 30-45 days before last day on payroll)

You must not exceed the IRS contribution limit for the year.

69

SoonerSave In Retirement

No additional deferrals to either plan

Roll-in still accepted

Funds may be left in the plan at retirement and withdrawn later

31 days waiting period after retirement

Set up banking information online now for faster withdrawals later

Update your SoonerSave beneficiaries online

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SoonerSave Distributions

You have several withdrawal options

- Whole or partial lump sum
- Periodic payments

Call Empower to begin a distribution: 877-538-3457

Paid by direct deposit or check

- Set up banking information online now for faster withdrawals later

Taxed as regular income

- NOTE: 401(a) - penalty may apply to withdrawals prior to age 59½, unless rollover to IRA or qualified plan

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SoonerSave Required Minimum Distribution (both plans)

You can delay distribution until the latter of:

- The year you turn age 73
- The year you retire from a SoonerSave participating employer

Failure to receive required minimum distribution could lead to a tax penalty.

As of 2024, RMD applies to 401(a) and Pre-tax 457(b) plans. Roth 457 is not included.

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The following insurance information is provided by the Employees Group Insurance Division (EGID) as a courtesy.

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Agenda

Today we are going to review:

- Materials, years of service and how to retain your insurance benefits.
- Covering dependents after retirement.
- Things to know before you retire.
- Plan Benefits that are available.
- Forms.
- Premiums and Life Insurance.

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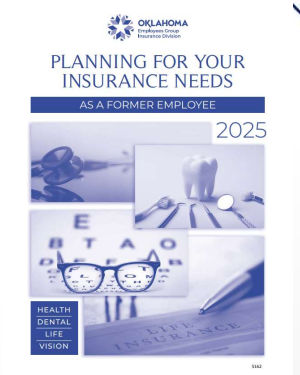
Insurance Booklet



opers.ok.gov/pre-retirement-webinar-material

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Years of services

Reminder:

When leaving active employment, a cobra packet will be sent.

You can disregard if you complete the insurance retirement application.

Vest No OPERS contribution toward health Plan	Worked long enough to retain benefits, but not ready to receive a retirement check
Retire OPERS contribution of $105 toward health Plan	Worked long enough to retire and receive a retirement check
Oklahoma Pathfinders No OPERS contribution toward health plan	Worked five years minimum of creditable service.

Page 2

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Insurance Benefits

You may *continue or begin* most benefits your employer offers with EGID.

Life coverage *must be* in effect at least 30 days prior to your retirement.

Retain all coverage you think you will need.

After retirement has started, you can reduce benefits, but you cannot add benefits (except for vision coverage).

Page 3

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Insurance Benefits, Continued

At retirement you can make plan changes when:

- You or your covered dependents are Medicare eligible.
- If you move outside your plan's service area.

- Remember:
- Dependent coverage must be with the same carrier as the member.

Page 3

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Coverage for your dependents

You may elect to continue or begin coverage for dependents at retirement.

Dependents cannot be added after retirement except:

- Loss of other group insurance.
- Adoption or legal guardianship (up to age 26).
- Marriage (Spouse must be added within 30 days).

You must notify EGID in writing within 30 days.

Page 3 & 4

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Things to know before you retire

86

Page 4

Did you know:

If you have a spouse that is activity working with an EGID participating employer group, you can DEFER health, dental, and vision to your spouse's coverage until they leave active employment.

If you worked past age 65:

1) Contact Social Security

It is the member's responsibility to enroll in Medicare Part A and Part B.

Activate your Part B Medicare coverage.

2) Have your employer complete the CMS 564 form.

The form is available by calling Medicare or visiting the Medicare website.

As long as you provide proof of credible coverage, you will not incur a late enrollment penalty.

3) Review the Insurance Booklet and select the retirement benefits that are right for you.

Remember:

If you remain working past 65, you may contact Social Security to delay your enrollment in Medicare Part B. Your employer insurance will be primary payer while working.

https://www.ssa.gov

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Plan Options Available

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Page 4

Did you know:

Pre-Medicare plans are the same plan options as active plans.

Pre-Medicare Plans

- BlueLincs
- CommunityCare HMO
- GlobalHealth HMO
- HealthChoice High
- HealthChoice Basic
- HealthChoice High Deductible Health Plan

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Medicare Advantage Prescription Drug Plans

MAPD HMO

- CommunityCare Senior Health Plan.
- Generations by GlobalHealth.

MAPD PPO

- BCBSOK – MAPD.
- Humana National MAPD.

Medicare Part A & B is required

Medicare Supplement Prescription Drug Plans

Medicare supplement

- BCBSOK – BlueSecure℠.
- HealthChoice SilverScript High Option.
- HealthChoice SilverScript Low Option.

Medicare Part A & B is required for BlueSecure.
Medicare Part A & B is recommended for HealthChoice SilverScript options.

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Parts of Medicare

Part A (no monthly fee)

- Hospital insurance including: Hospital inpatient care, skilled nursing facilities, hospice care

Part B (monthly fee)

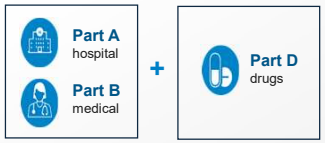
- Medical insurance including: Doctor visits, preventive services, outpatient services, radiology, lab services

Part C (replaces original Medicare)

- Medicare Advantage plans

Part D

- Prescription drug coverage governed by Medicare, but offered through insurance companies or their affiliates.



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Medicare supplement

- BCBSOK – BlueSecure℠.
- HealthChoice SilverScript High Option.
- HealthChoice SilverScript Low Option.

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- **Can see any doctor who participates with Medicare anywhere in the United States.**
- **Designated PCP is not required.**
- **Supplements your Part A and Part B benefits.**
- **Part D or creditable prescription drug coverage is included.**

Must complete and submit to EGID:
Application for Medicare Supplement With Prescription Drug Plan.

A new ID card will be issued.

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Medicare Advantage
MAPD HMO Plans

- Must be enrolled in Medicare Part A and Part B.
- Replaces Medicare and administers health benefits.
- Must live in MAPD plan's ZIP code service area.
- Designated PCP must coordinate all your medical services.
- Part D or creditable prescription drug coverage included.
- Cannot change plans if PCP leaves your network.
- Must complete and submit to EGID:
  - Application for Medicare Advantage Prescription Drug (MAPD) Plan.

MAPD HMO

- Community Care Senior Health Plan.
- Generations by GlobalHealth.

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Medicare Advantage MAPD PPO Plans

- Obtain routine and other scheduled services anywhere in the U.S. as long as the provider participates in Medicare and agrees to accept the MAPD plan.
- Designated PCP not required.
- No referrals required.
- Medical precertification may be required.
- Provide Part D or creditable prescription drug coverage.

MAPD PPO

- BCBSOK – MAPD.
- Humana National MAPD.

- Must complete and submit to EGID:
  - Application for Medicare Advantage Prescription Drug (MAPD) Plan.

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Insurance Forms Required

Remember:

Any break in coverage will cancel your insurance and future eligibility.

To continue your insurance benefits:

- Complete the application for Retiree/Vest/Non-Vested/Defer Insurance (A1-A3).

If you are *Medicare eligible* you will also need the:

- Medicare Supplement Plan Application (B1-B4); or the
- Medicare Advantage Prescription Drug (MAPD) Application (C1-C4).

It is critical that your application is received the month before you terminate current employment.

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Insurance Retirement Form

KEEPING a Medicare Plan

Medicare Supplement Plan Application (B1-B4)

MAPD Application Application (C1-C4)

OKLAHOMA Office of Management & Enterprise Services

Employees Group Insurance Division
APPLICATION FOR RETIREE/VESTED
NON-VESTED/DEFER INSURANCE COVERAGE

RETIREMENT SYSTEM ☐ OPERS ☐ TRS ☐ OLERS ☐ PATHFINDER ☐ OTHER

My member status will be ☐ Retiree ☐ Vested ☐ Non-vested ☐ Defer (See instructions on page 3.)

For defer only: Spouse's Social Security number or member ID number _____

☐ Cancel my deferment and reassume any retiree/vested/non-vested insurance coverage.

MEMBER INFORMATION

SSN or member ID _____ Member's birth date _____ Gender ☐ Male ☐ Female

Member's name _____ Employer _____
Fast M.I. Last

Mailing address _____
Street City State ZIP code

Phone _____ Alt. phone _____ Email _____

Last date of employee insurance coverage	Mo	Day	Yr	Vested/ non-vested insurance effective date	Mo	Day	Yr	Retirement Insurance effective date	Mo	Day	Yr
						0	1			0	1

MEMBER HEALTH PLAN ☐ Add/keep ☐ Drop ☐ Defer

Health plan name _____ ☐ Check if Medicare-eligible*

Primary physician (HMO only)_____ ☐ Current patient ☐ New patient

* If you and/or your dependents are eligible for Medicare, an additional application must be completed. Please contact EGID Member Services to request an application.

MEMBER DENTAL PLAN ☐ Add/keep ☐ Drop ☐ Defer

Dental plan name _____

Primary dentist (Prepaid only)_____ ☐ Current patient ☐ New patient

MEMBER VISION PLAN ☐ Add/keep ☐ Drop ☐ Defer

Vision plan name _____

For EGID Use Only

MEMBER LIFE INSURANCE

You can keep a minimum of $5,000 up to the total amount of your current life insurance. You cannot enroll in more life insurance than you currently have. You must keep life insurance on yourself to be able to keep life insurance on your dependents. You cannot increase life insurance after this election. Life insurance cannot be deferred and must be carried in a primary retiree/vested member.

☐ I elect to keep $ _____ ($5,000 to $40,000 in $5,000 units) of member life insurance at a flat rate per $1,000 of coverage.

☐ I elect to keep $ _____ (amount above $40,000 in $5,000 units) of additional life insurance.

A1

Revised 12/29/2021

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Insurance Forms Chart

Back of Insurance Booklet

Forms you must complete to continue insurance when you leave active employment

Insurance forms	If you are a pre-Medicare member	If you are a member enrolling in a Medicare supplement plan	If you are a member enrolling in a Medicare Advantage Prescription Drug (MAPD) Plan
Application for Retiree/Vested/ Non-Vested/Defer Insurance Coverage (Page A1)	Yes	Yes	Yes
Application for Medicare Supplement With Prescription Drug Plan (Page B1)	No	Yes Each enrollee must complete an application	No
Application for Medicare Advantage Prescription Drug (MAPD) Plan (Page C1)	No	No	Yes Each enrollee must complete an application
Beneficiary Designation Form (If continuing life insurance coverage) (Page D1)	Yes	Yes	Yes

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Premiums

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All Premiums

Mail payments:

EGID
P.O. Box 269022
OKC, OK 73126

Premium payment options.

Payments are due the 20th of each month.

Monthly Electronic Transfers for premium payment require another form.

OPERS contribution only for health plan enrollments.

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Insurance Pre-Medicare Premiums

Monthly Premiums for Former Employees and Surviving Dependents
Plan Year Jan. 1-Dec. 31, 2024

OKLAHOMA Office of Management & Enterprise Services

HEALTH PLANS	MEMBER	SPOUSE	CHILD	CHILDREN
Blue Cross Blue Shield of Oklahoma – BlueLinks HMO	$ 600.78	$ 825.98	$ 556.90	$ 1299.08
CommunityCare HMO	$ 650.06	$ 762.16	$ 326.98	$ 554.88
GlobalHealth HMO	$ 979.42	$ 1445.72	$ 559.30	$ 913.38
HealthChoice High and High Alternative	$ 679.62	$ 796.80	$ 341.86	$ 580.10
HealthChoice Basic and Basic Alternative	$ 543.08	$ 637.32	$ 280.06	$ 473.72
HealthChoice High Deductible Health Plan (HDHP)	$ 473.68	$ 556.24	$ 244.66	$ 413.06

DENTAL PLANS	MEMBER	SPOUSE	CHILD	CHILDREN
BCBSOK – BlueCare Dental High Plan	$ 35.08	$ 35.08	$ 28.44	$ 72.52
BCBSOK – BlueCare Dental Low Plan	$ 23.84	$ 23.84	$ 20.60	$ 50.40
Cigna Prepaid High (K109)	$ 13.56	$ 10.98	$ 8.40	$ 14.44
Cigna Prepaid Low (OKIV9)	$ 10.48	$ 6.80	$ 4.62	$ 10.42
Delta Dental PPO	$ 39.70	$ 39.70	$ 34.54	$ 87.30
Delta Dental PPO – Choice	$ 17.88	$ 40.50	$ 40.80	$ 99.02
HealthChoice Dental	$ 48.58	$ 48.58	$ 39.28	$ 100.74
MetLife High Classic MAC	$ 50.90	$ 50.90	$ 43.62	$ 107.98
MetLife Low Classic MAC	$ 28.90	$ 28.90	$ 24.78	$ 60.94
Sun Life Preferred Active PPO	$ 34.98	$ 34.80	$ 26.12	$ 70.14

VISION PLANS	MEMBER	SPOUSE	CHILD	CHILDREN
Primary Vision Care Services (PVCS)	$ 10.40	$ 9.28	$ 9.20	$ 11.50
Superior Vision	$ 7.40	$ 7.34	$ 6.96	$ 14.30
Vision Care Direct	$ 15.48	$ 10.96	$ 10.96	$ 24.48
VSP (Vision Service Plan)	$ 8.62	$ 5.66	$ 5.58	$ 12.22

LIFE PLAN FOR PRE-MEDICARE RETIREES/VESTED MEMBERS			
From $5,000 to $40,000	$3.12 Per $1,000 unit		
AGE-RATED SUPPLEMENTAL LIFE – Cost per $1,000 unit for $41,000 and up			
<30 – $ 0.06	30-34 – $ 0.06	35-39 – $ 0.06	40-44 – $ 0.08
45-49 – $ 0.14	50-54 – $ 0.26	55-59 – $ 0.40	60-64 – $ 0.46
65-69 – $ 0.74	70-74 – $ 1.28	75+ – $ 1.96	

DEPENDENT LIFE	$1.56 per $500 unit, per dependent

MONTHLY LIFE INSURANCE PREMIUMS FOR SURVIVING DEPENDENTS			
Surviving Dependents of Current Employees	Low Option $2.60	Standard Option $4.32	Premier Option $11.26
Spouse	$ 6,000 of coverage	$ 10,000 of coverage	$ 20,000 of coverage
Child (live birth to age 26)	$ 3,000 of coverage	$ 5,000 of coverage	$ 10,000 of coverage
Surviving Dependents of Former Employees	$1.56 per $500 unit, per dependent		

These rates do not reflect any retirement system contribution.

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Insurance Medicare Premiums

Monthly Premiums for Medicare Eligible Members
Plan Year Jan. 1-Dec. 31, 2024

OKLAHOMA Office of Management & Enterprise Services

MEDICARE SUPPLEMENT PLANS	
BCBSOK – BlueSecure™	$ 466.02 per covered person
HealthChoice SilverScript High Option Medicare Supplement	$ 437.00 per covered person
HealthChoice SilverScript Low Option Medicare Supplement	$ 356.06 per covered person

MEDICARE ADVANTAGE PRESCRIPTION DRUG (MAPD) PLANS	
BCBSOK – MAPD	$ 238.40 per covered person
CommunityCare Senior Health Plan	$ 215.64 per covered person
Generations by GlobalHealth	$ 199.00 per covered person
Humana MAPD PPO	$ 182.92 per covered person

DENTAL PLANS	MEMBER	SPOUSE	CHILD	CHILDREN
BCBSOK – BlueCare Dental High Plan	$ 35.08	$ 35.08	$ 28.44	$ 72.52
BCBSOK – BlueCare Dental Low Plan	$ 23.84	$ 23.84	$ 20.60	$ 50.40
Cigna Prepaid High (K109)	$ 13.56	$ 10.98	$ 8.40	$ 14.44
Cigna Prepaid Low (OKIV9)	$ 10.48	$ 6.80	$ 4.62	$ 10.42
Delta Dental PPO	$ 39.70	$ 39.70	$ 34.54	$ 87.30
Delta Dental PPO – Choice	$ 17.88	$ 40.50	$ 40.80	$ 99.02
HealthChoice Dental	$ 48.58	$ 48.58	$ 39.28	$ 100.74
MetLife High Classic MAC	$ 50.90	$ 50.90	$ 43.62	$ 107.98
MetLife Low Classic MAC	$ 28.90	$ 28.90	$ 24.78	$ 60.94
Sun Life Preferred Active PPO	$ 34.98	$ 34.80	$ 26.12	$ 70.14

VISION PLANS	MEMBER	SPOUSE	CHILD	CHILDREN
Primary Vision Care Services (PVCS)	$ 10.40	$ 9.28	$ 9.20	$ 11.50
Superior Vision	$ 7.40	$ 7.34	$ 6.96	$ 14.30
Vision Care Direct	$ 15.48	$ 10.96	$ 10.96	$ 24.48
VSP (Vision Service Plan)	$ 8.62	$ 5.66	$ 5.58	$ 12.22

LIFE PLAN			
From $5,000 to $40,000	$3.12 Per $1,000 unit		
AGE-RATED SUPPLEMENTAL LIFE – Cost per $1,000 unit for $41,000 and up			
<30 – $ 0.06	30-34 – $ 0.06	35-39 – $ 0.06	40-44 – $ 0.08
45-49 – $ 0.14	50-54 – $ 0.26	55-59 – $ 0.40	60-64 – $ 0.46
65-69 – $ 0.74	70-74 – $ 1.28	75+ – $ 1.96	

DEPENDENT LIFE	$1.56 per $500 unit, per dependent

These rates do not reflect any contribution from your retirement system.

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LIFE Insurance

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Insurance Life Insurance

Life Insurance

- Retain all life insurance in effect while you were an active employee.
- Life insurance must be kept in $5,000 increments.
- $3.12 per $1,000 up to $40,000; $41,000 and greater are age-rated.
- Complete a beneficiary form if you are retaining life insurance – please keep this information current.

Dependent Life Coverage

- You may retain all of the amount carried on your dependents while you were an active employee.
- $1.56 per $500.
- Amounts can be different for spouse and children.

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Insurance Life Premiums

Life Chart – on website

EGID Life Premium Chart for Former Employees

Jan. 1 through Dec. 31, 2024

Life insurance must be kept in $5,000 increments. Premium cost is $3.12 per $1,000 up to $40,000.

Amount/Age*	< 30	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70 - 74	75 +
Age-rated cost per $1,000 for coverage amounts over $40,000	$0.06	$0.06	$0.06	$0.08	$0.14	$0.26	$0.40	$0.46	$0.74	$1.28	$1.96
$ 5,000	15.60	15.60	15.60	15.60	15.60	15.60	15.60	15.60	15.60	15.60	15.60
$ 10,000	31.20	31.20	31.20	31.20	31.20	31.20	31.20	31.20	31.20	31.20	31.20
$ 15,000	46.80	46.80	46.80	46.80	46.80	46.80	46.80	46.80	46.80	46.80	46.80
$ 20,000	62.40	62.40	62.40	62.40	62.40	62.40	62.40	62.40	62.40	62.40	62.40
$ 40,000	124.80	124.80	124.80	124.80	124.80	124.80	124.80	124.80	124.80	124.80	124.80
$ 60,000	126.00	126.00	126.00	126.40	127.60	130.00	132.80	134.00	139.60	150.40	164.00
$ 80,000	127.20	127.20	127.20	128.00	130.40	135.20	140.80	143.20	154.40	176.00	203.20
$ 100,000	128.40	128.40	128.40	129.60	133.20	140.40	148.80	152.40	169.20	201.60	242.40
$ 120,000	129.60	129.60	129.60	131.20	136.00	145.60	156.80	161.60	184.00	227.20	281.60
$ 140,000	130.80	130.80	130.80	132.80	138.80	150.80	164.80	170.80	198.80	252.80	320.80
$ 160,000	132.00	132.00	132.00	134.40	141.60	156.00	172.80	180.00	213.60	278.40	360.00
$ 180,000	133.20	133.20	133.20	136.00	144.40	161.20	180.80	189.20	228.40	304.00	399.20
$ 200,000	134.40	134.40	134.40	137.60	147.20	166.40	188.80	198.40	243.20	329.60	438.40
$ 220,000	135.60	135.60	135.60	139.20	150.00	171.60	196.80	207.60	258.00	355.20	477.60
$ 240,000	136.80	136.80	136.80	140.80	152.80	176.80	204.80	216.80	272.80	380.80	516.80
$ 260,000	138.00	138.00	138.00	142.40	155.60	182.00	212.80	226.00	287.60	406.40	556.00
$ 280,000	139.20	139.20	139.20	144.00	158.40	187.20	220.80	235.20	302.40	432.00	595.20
$ 300,000	140.40	140.40	140.40	145.60	161.20	192.40	228.80	244.40	317.20	457.60	634.40
$ 320,000	141.60	141.60	141.60	147.20	164.00	197.60	236.80	253.60	332.00	483.20	673.60
$ 340,000	142.80	142.80	142.80	148.80	166.80	202.80	244.80	262.80	346.80	508.80	712.80
$ 360,000	144.00	144.00	144.00	150.40	169.60	208.00	252.80	272.00	361.60	534.40	752.00
$ 380,000	145.20	145.20	145.20	152.00	172.40	213.20	260.80	281.20	376.40	560.00	791.20
$ 400,000	146.40	146.40	146.40	153.60	175.20	218.40	268.80	290.40	391.20	585.60	830.40
$ 420,000	147.60	147.60	147.60	155.20	178.00	223.60	276.80	299.60	406.00	611.20	869.60
$ 440,000	148.80	148.80	148.80	156.80	180.80	228.80	284.80	308.80	420.80	636.80	908.80
$ 460,000	150.00	150.00	150.00	158.40	183.60	234.00	292.80	318.00	435.60	662.40	948.00
$ 480,000	151.20	151.20	151.20	160.00	186.40	239.20	300.80	327.20	450.40	688.00	987.20
$ 500,000	152.40	152.40	152.40	161.60	189.20	244.40	308.80	336.40	465.20	713.60	1,026.40
$ 520,000	153.60	153.60	153.60	163.20	192.00	249.60	316.80	345.60	480.00	739.20	1,065.60

*Chart based on member's age as of Jan. 1, 2024.

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EGID Life Premium Chart for Former Employees

Jan. 1 through Dec. 31, 2024

Life insurance must be kept in $5,000 increments. Premium cost is $3.12 per $1,000 up to $40,000.

Amount/Age*	< 30	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70 - 74	75 +
Age-rated cost per $1,000 for coverage amounts over $40,000	$0.06	$0.06	$0.06	$0.08	$0.14	$0.26	$0.40	$0.46	$0.74	$1.28	$1.96
$ 5,000	15.60	15.60	15.60	15.60	15.60	15.60	15.60	15.60	15.60	15.60	15.60
$ 10,000	31.20	31.20	31.20	31.20	31.20	31.20	31.20	31.20	31.20	31.20	31.20
$ 15,000	46.80	46.80	46.80	46.80	46.80	46.80	46.80	46.80	46.80	46.80	46.80
$ 20,000	62.40	62.40	62.40	62.40	62.40	62.40	62.40	62.40	62.40	62.40	62.40
$ 40,000	124.80	124.80	124.80	124.80	124.80	124.80	124.80	124.80	124.80	124.80	124.80
$ 60,000	126.00	126.00	126.00	126.40	127.60	130.00	132.80	134.00	139.60	150.40	164.00
$ 80,000	127.20	127.20	127.20	128.00	130.40	135.20	140.80	143.20	154.40	176.00	203.20
$ 100,000	128.40	128.40	128.40	129.60	133.20	140.40	148.80	152.40	169.20	201.60	242.40
$ 120,000	129.60	129.60	129.60	131.20	136.00	145.60	156.80	161.60	184.00	227.20	281.60
$ 140,000	130.80	130.80	130.80	132.80	138.80	150.80	164.80	170.80	198.80	252.80	320.80
$ 160,000	132.00	132.00	132.00	134.40	141.60	156.00	172.80	180.00	213.60	278.40	360.00
$ 180,000	133.20	133.20	133.20	136.00	144.40	161.20	180.80	189.20	228.40	304.00	399.20
$ 200,000	134.40	134.40	134.40	137.60	147.20	166.40	188.80	198.40	243.20	329.60	438.40
$ 220,000	135.60	135.60	135.60	139.20	150.00	171.60	196.80	207.60	258.00	355.20	477.60
$ 240,000	136.80	136.80	136.80	140.80	152.80	176.80	204.80	216.80	272.80	380.80	516.80
$ 260,000	138.00	138.00	138.00	142.40	155.60	182.00	212.80	226.00	287.60	406.40	556.00
$ 280,000	139.20	139.20	139.20	144.00	158.40	187.20	220.80	235.20	302.40	432.00	595.20
$ 300,000	140.40	140.40	140.40	145.60	161.20	192.40	228.80	244.40	317.20	457.60	634.40
$ 320,000	141.60	141.60	141.60	147.20	164.00	197.60	236.80	253.60	332.00	483.20	673.60
$ 340,000	142.80	142.80	142.80	148.80	166.80	202.80	244.80	262.80	346.80	508.80	712.80
$ 360,000	144.00	144.00	144.00	150.40	169.60	208.00	252.80	272.00	361.60	534.40	752.00
$ 380,000	145.20	145.20	145.20	152.00	172.40	213.20	260.80	281.20	376.40	560.00	791.20
$ 400,000	146.40	146.40	146.40	153.60	175.20	218.40	268.80	290.40	391.20	585.60	830.40
$ 420,000	147.60	147.60	147.60	155.20	178.00	223.60	276.80	299.60	406.00	611.20	869.60
$ 440,000	148.80	148.80	148.80	156.80	180.80	228.80	284.80	308.80	420.80	636.80	908.80
$ 460,000	150.00	150.00	150.00	158.40	183.60	234.00	292.80	318.00	435.60	662.40	948.00
$ 480,000	151.20	151.20	151.20	160.00	186.40	239.20	300.80	327.20	450.40	688.00	987.20
$ 500,000	152.40	152.40	152.40	161.60	189.20	244.40	308.80	336.40	465.20	713.60	1,026.40
$ 520,000	153.60	153.60	153.60	163.20	192.00	249.60	316.80	345.60	480.00	739.20	1,065.60

*Chart based on member's age as of Jan. 1, 2024.

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Insurance Surviving Dependents

Surviving dependents have 60 days to notify EGID that they wish to continue insurance coverage.

Surviving dependent children may continue coverage, including Dependent Life, until age 26.

A surviving spouse may continue coverage, including Dependent Life, as long as the premiums are paid. The spouse will pay the primary member rate.

(Retirement system contributions will not apply)

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Reminders

Moving

- Contact EGID to update your address.
- If you are pre-Medicare and, on an HMO, you may need to enroll in a new plan.
- Medicare members can live anywhere in the USA and use any providers contracted with Medicare with certain plans.

Option Period

- You will continue to have an annual Option Period.

Contribution

- $105 from OPERS toward medical premiums
- (rate sheet does not include the $105 contribution)

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Thank You!

OPERS/SoonerSave

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

(405) 858-6737
(800) 733-9008

www.opers.ok.gov
www.soonersave.com

How Did We Do?

opers.ok.gov/prs-eval

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(800) 752-9475

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www.healthchoiceok.com

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