

Pre-Retirement Seminar

Presented by the
Oklahoma Public Employees Retirement System



Your Materials

**Pre-Retirement
Seminar Workbook**
EssentialOPERS
Insurance information

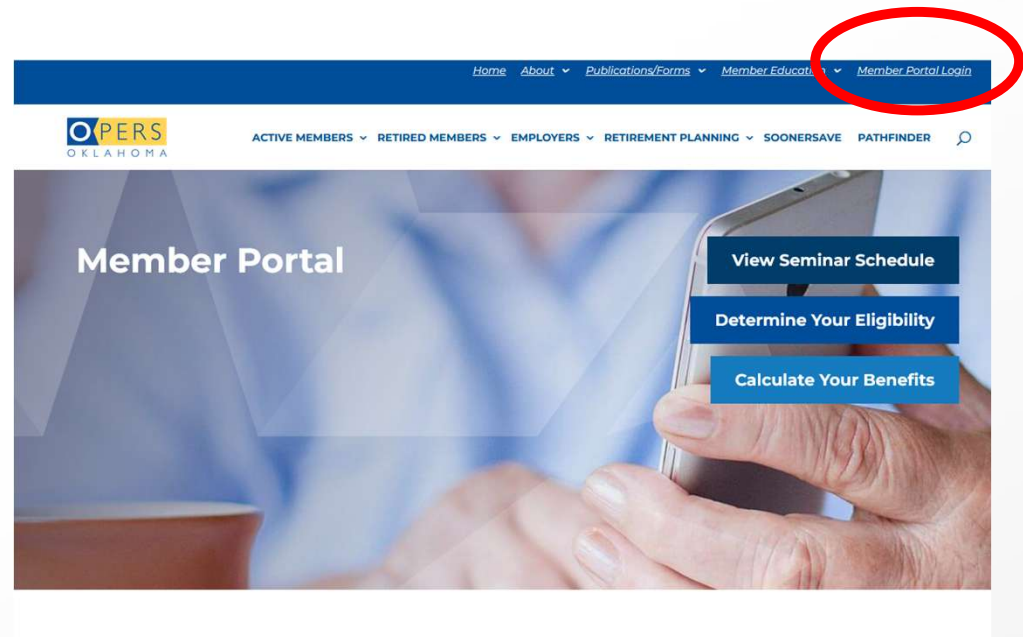


www.opers.ok.gov/seminar-materials

OPERS Member Portal

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

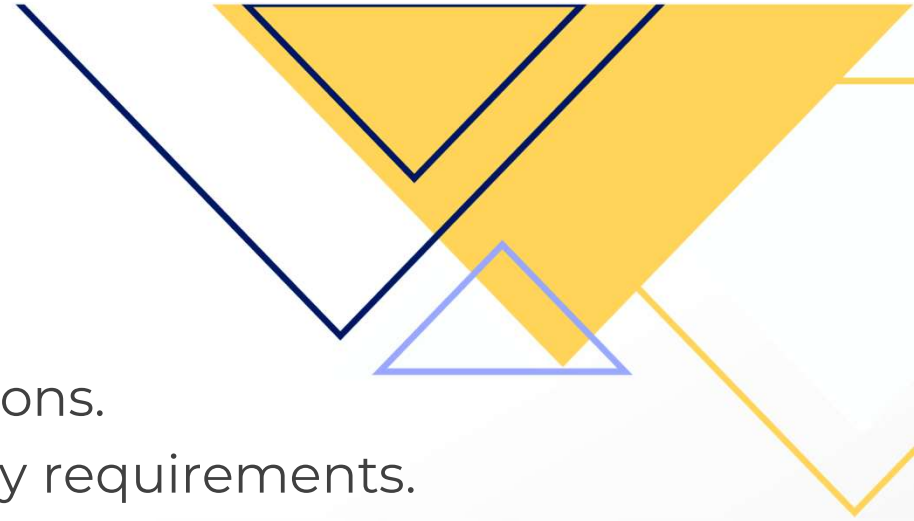
opers.ok.gov



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.



How Do I Calculate My Benefit?



	Final Average Salary	\$50,000
	Service Credit	25
x	Computation Factor (2%)	.02
	Lifetime Annual Benefit	\$25,000

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.

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

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



Early Retirement

Ages 55 to 62

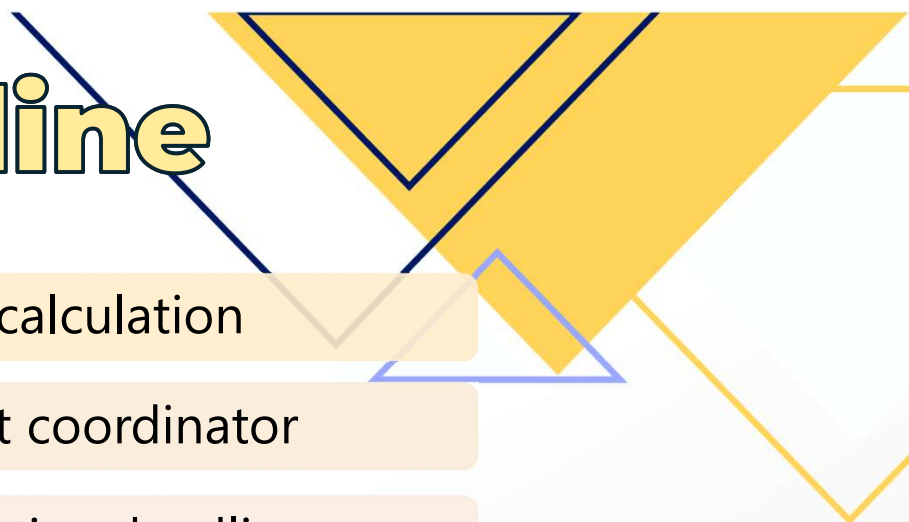
10 years of participating service

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

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

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

Workbook p. 13



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



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.



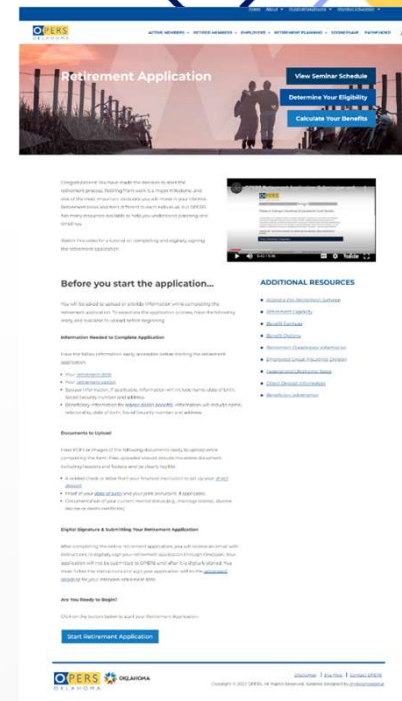
Applying for Retirement

Retirement application process is now digital!

Retirement Application page

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

opers.ok.gov/retire





Retirement Application

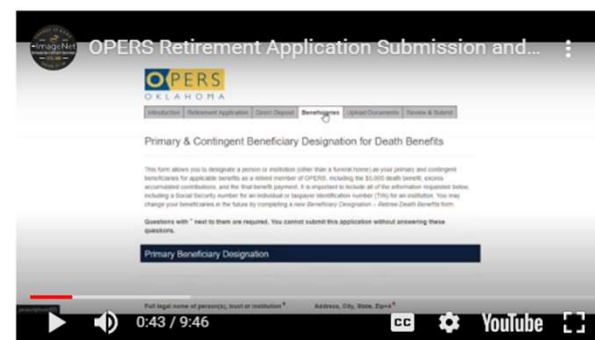
[View Seminar Schedule](#)

[Determine Your Eligibility](#)

[Calculate Your Benefits](#)

Congratulations! You have made the decision to start the retirement process. Retiring from work is a major milestone, and one of the most important decisions you will make in your lifetime. Retirement looks and feels different to each individual, but OPERS has many resources available to help you understand planning and timelines.

Watch this video for a tutorial on completing and digitally signing the retirement application.





Congratulations! You have made the decision to start the retirement process. Retiring from work is a major milestone, and one of the most important decisions you will make in your lifetime. Retirement looks and feels different to each individual, but OPERS has many resources available to help you understand planning and timelines.

Watch this video for a tutorial on completing and digitally signing the retirement application.



Before you start the application...

You will be asked to upload or provide information while completing the retirement application. To expediate the application process, have the following ready and available to upload before beginning.

Information Needed to Complete Application

Have the follow information easily accessible before starting the retirement application.

- Your [retirement date](#).
- Your [retirement option](#).
- Spouse information, if applicable. Information will include name, date of birth, Social Security number and address.
- Beneficiary information for [retiree death benefits](#). Information will include name, relationship, date of birth, Social Security number and address.

Documents to Upload

Have PDFs or images of the following documents ready to upload while completing the form. Files uploaded should include the entire document, including headers and footers, and be clearly legible.

- A voided check or letter from your financial institution to set up your [direct deposit](#).
- Proof of your [date of birth](#) and your joint annuitant, if applicable.
- Documentation of your current marital status (e.g., marriage license, divorce

ADDITIONAL RESOURCES

- [Attend a Pre-Retirement Seminar](#)
- [Retirement Eligibility](#)
- [Benefit Formula](#)
- [Benefit Options](#)
- [Retirement Coordinator Information](#)
- [Employees Group Insurance Division](#)
- [Federal and Oklahoma Taxes](#)
- [Direct Deposit Information](#)
- [Beneficiary Information](#)

- Spouse information, if applicable. Information will include name, date of birth, Social Security number and address.
- Beneficiary information for [retiree death benefits](#). Information will include name, relationship, date of birth, Social Security number and address.

- [Beneficiary Information](#)

Documents to Upload

Have PDFs or images of the following documents ready to upload while completing the form. Files uploaded should include the entire document, including headers and footers, and be clearly legible.

- A voided check or letter from your financial institution to set up your [direct deposit](#).
- Proof of your [date of birth](#) and your joint annuitant, if applicable.
- Documentation of your current marital status (e.g., marriage license, divorce decree or death certificate)

Digital Signature & Submitting Your Retirement Application

After completing the online retirement application, you will receive an email with instructions to digitally sign your retirement application through OneSpan. Your application will not be submitted to OPERS until after it is digitally signed. You must follow the instructions and sign your application within the [retirement deadline](#) for your intended retirement date.

Are You Ready to Begin?

Click on the button below to start your Retirement Application.

[Start Retirement Application](#)

Retirement Application Introduction

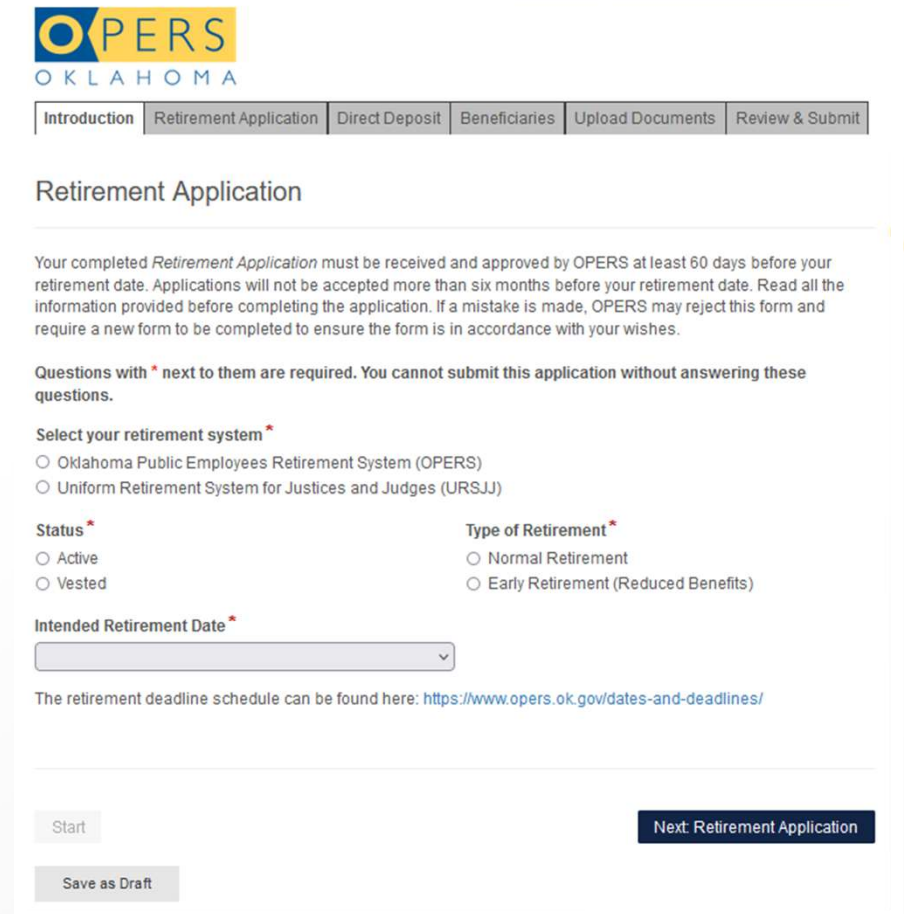
Navigation:

- 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



The screenshot shows the OPERS (Oklahoma Public Employees Retirement System) Retirement Application Introduction page. The page features a navigation bar with six tabs: Introduction, Retirement Application, Direct Deposit, Beneficiaries, Upload Documents, and Review & Submit. The 'Retirement Application' tab is currently selected. Below the navigation bar, the page title 'Retirement Application' is displayed. A paragraph explains that the completed application must be received and approved by OPERS at least 60 days before the retirement date. A note states that questions with an asterisk (*) are required. The form includes two sections: 'Select your retirement system' with radio buttons for 'Oklahoma Public Employees Retirement System (OPERS)' and 'Uniform Retirement System for Justices and Judges (URSJJ)'; and 'Status' with radio buttons for 'Active' and 'Vested'. There is also a 'Type of Retirement' section with radio buttons for 'Normal Retirement' and 'Early Retirement (Reduced Benefits)'. Below these sections is a dropdown menu for 'Intended Retirement Date'. A link to the retirement deadline schedule is provided: <https://www.opers.ok.gov/dates-and-deadlines/>. At the bottom of the form, there are three buttons: 'Start', 'Save as Draft', and 'Next: Retirement Application'.

OPERS
OKLAHOMA

Introduction Retirement Application Direct Deposit Beneficiaries Upload Documents Review & Submit

Retirement Application

Your completed *Retirement Application* must be received and approved by OPERS at least 60 days before your retirement date. Applications will not be accepted more than six months before your retirement date. Read all the information provided before completing the application. If a mistake is made, OPERS may reject this form and require a new form to be completed to ensure the form is in accordance with your wishes.

Questions with * next to them are required. You cannot submit this application without answering these questions.

Select your retirement system *

☐ Oklahoma Public Employees Retirement System (OPERS)

☐ Uniform Retirement System for Justices and Judges (URSJJ)

Status *

☐ Active

☐ Vested

Type of Retirement *

☐ Normal Retirement

☐ Early Retirement (Reduced Benefits)

Intended Retirement Date *

The retirement deadline schedule can be found here: <https://www.opers.ok.gov/dates-and-deadlines/>

Start

Save as Draft

Next: Retirement Application

Retirement Application

Enter your personal information
The address must be verified to continue.

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



Introduction Retirement Application Direct Deposit Beneficiaries Upload Documents Review & Submit

Retirement Application

Questions with * next to them are required. You cannot submit this application without answering these questions.

Member Information

First Name *

Middle Name

Last Name *

Date of Birth *

Social Security Number *

Gender *

Email Address *

Please provide a personal email address. Do not use your work email address.

Daytime Phone Number *

Example: 4058588738

Alternate Phone Number

Example: 4058588738

Mailing Address *

Street Address

Address Line 2

City

State

Oklahoma

Postal / Zip Code

Country

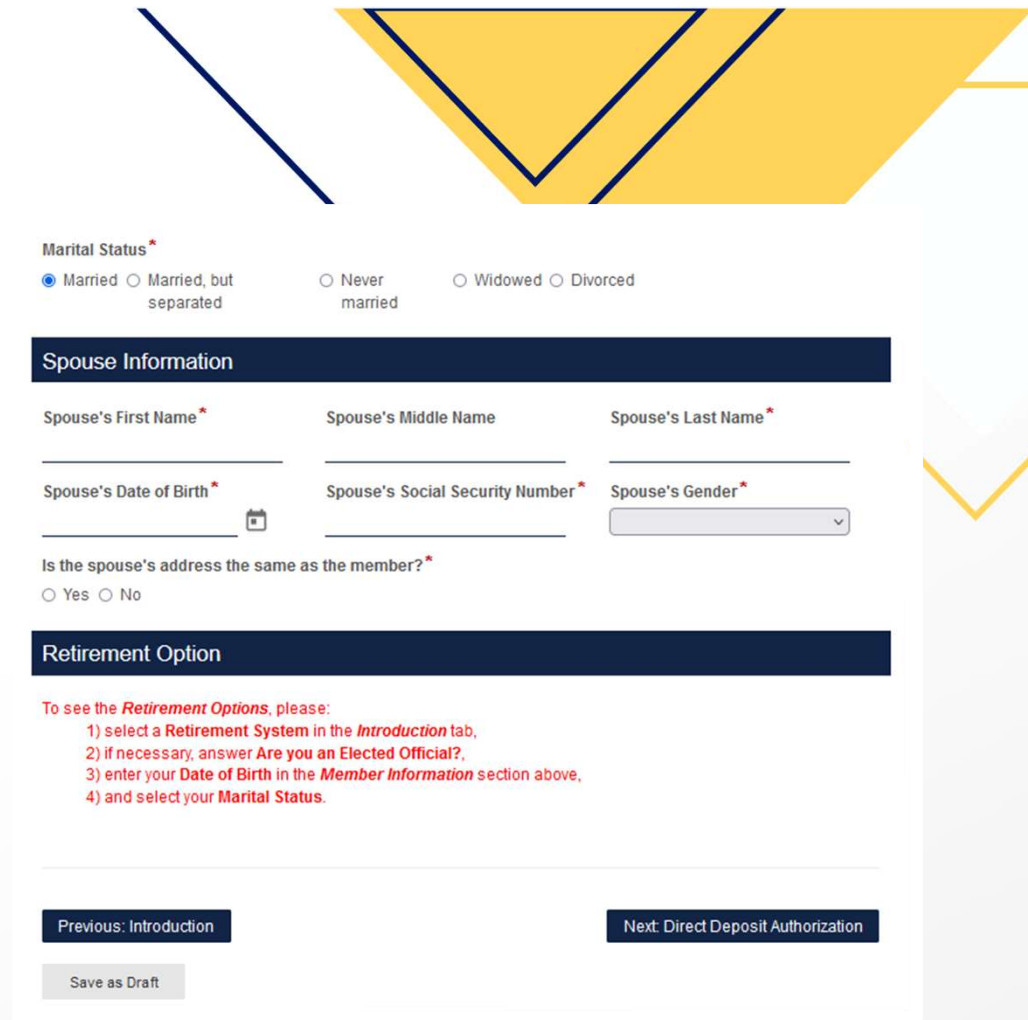
United States

Verify Address

Please verify this address.

Retirement Application

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



The form is titled "Retirement Application" and is divided into several sections. At the top, there is a "Marital Status" section with five radio button options: "Married" (selected), "Married, but separated", "Never married", "Widowed", and "Divorced". Below this is a "Spouse Information" section with fields for "Spouse's First Name", "Spouse's Middle Name", "Spouse's Last Name", "Spouse's Date of Birth" (with a calendar icon), "Spouse's Social Security Number", and "Spouse's Gender" (a dropdown menu). There is also a question "Is the spouse's address the same as the member?" with "Yes" and "No" radio buttons. The "Retirement Option" section contains a red instruction: "To see the Retirement Options, please: 1) select a Retirement System in the Introduction tab, 2) if necessary, answer Are you an Elected Official?, 3) enter your Date of Birth in the Member Information section above, 4) and select your Marital Status." At the bottom, there are three buttons: "Previous: Introduction", "Next: Direct Deposit Authorization", and "Save as Draft".

Marital Status*

☒ Married ☐ Married, but separated ☐ Never married ☐ Widowed ☐ Divorced

Spouse Information

Spouse's First Name* Spouse's Middle Name Spouse's Last Name*

Spouse's Date of Birth* Spouse's Social Security Number* Spouse's Gender*

Is the spouse's address the same as the member?*

☐ Yes ☐ No

Retirement Option

To see the **Retirement Options**, please:

- 1) select a **Retirement System** in the **Introduction** tab,
- 2) if necessary, answer **Are you an Elected Official?**,
- 3) enter your **Date of Birth** in the **Member Information** section above,
- 4) and select your **Marital Status**.

Previous: Introduction Next: Direct Deposit Authorization

Save as Draft

Retirement Options



- Maximum → No Survivor Benefits
- Option A → Reduced Benefit + $\frac{1}{2}$ Survivor Annuity
- Option B → Reduced Benefit + 100% Survivor Annuity
- Option C → Reduced Benefit with 10-year term certain

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.



Option A

$\frac{1}{2}$ Joint and Survivor Annuity

- Payment for two lives
 - Reduced lifetime benefit for you
 - $\frac{1}{2}$ 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?



Option A Reduction Factors

- Based on the age of retiree and joint annuitant
- Expressed as a percentage of the maximum benefit

		Age Difference between Member and Joint Annuitant										
		Younger					Older					
		5 yrs	4 yrs	3 yrs	2 yrs	1 yr	0	1 yr	2 yrs	3 yrs	4 yrs	5 yrs
Age of Member at Retirement	50	95.15%	95.29%	95.43%	95.57%	95.71%	95.84%	95.98%	96.12%	96.25%	96.39%	96.52%
	55	94.10%	94.29%	94.48%	94.67%	94.86%	95.04%	95.23%	95.41%	95.60%	95.78%	95.95%
	60	92.66%	92.92%	93.17%	93.43%	93.69%	93.95%	94.20%	94.45%	94.70%	94.95%	95.18%
	61	92.32%	92.59%	92.87%	93.14%	93.42%	93.69%	93.96%	94.23%	94.49%	94.75%	95.00%
	62	91.95%	92.25%	92.54%	92.83%	93.12%	93.41%	93.70%	93.99%	94.27%	94.54%	94.81%
	63	91.57%	91.88%	92.19%	92.50%	92.81%	93.12%	93.43%	93.73%	94.03%	94.32%	94.61%
	64	91.16%	91.49%	91.82%	92.15%	92.48%	92.81%	93.14%	93.46%	93.78%	94.09%	94.39%
	65	90.72%	91.07%	91.42%	91.78%	92.13%	92.48%	92.83%	93.17%	93.51%	93.84%	94.16%
	70	88.11%	88.59%	89.08%	89.56%	90.04%	90.52%	90.99%	91.45%	91.90%	92.35%	92.78%

Age Difference between Member and Joint Annuitant

Younger

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	95.15%	95.29%	95.43%	95.57%	95.71%	95.84%	95.98%	96.12%	96.25%	96.39%	96.52%
55	94.10%	94.29%	94.48%	94.67%	94.86%	95.04%	95.23%	95.41%	95.60%	95.78%	95.95%
60	92.66%	92.92%	93.17%	93.43%	93.69%	93.95%	94.20%	94.45%	94.70%	94.95%	95.18%
61	92.32%	92.59%	92.87%	93.14%	93.42%	93.69%	93.96%	94.23%	94.49%	94.75%	95.00%
62	91.95%	92.25%	92.54%	92.83%	93.12%	93.41%	93.70%	93.99%	94.27%	94.54%	94.81%
63	91.57%	91.88%	92.19%	92.50%	92.81%	93.12%	93.43%	93.73%	94.03%	94.32%	94.61%
64	91.16%	91.49%	91.82%	92.15%	92.48%	92.81%	93.14%	93.46%	93.78%	94.09%	94.39%
65	90.72%	91.07%	91.42%	91.78%	92.13%	92.48%	92.83%	93.17%	93.51%	93.84%	94.16%
70	88.11%	88.59%	89.08%	89.56%	90.04%	90.52%	90.99%	91.45%	91.90%	92.35%	92.78%

Age Difference between Member and Joint Annuitant

Younger

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	95.15%	95.29%	95.43%	95.57%	95.71%	95.84%	95.98%	96.12%	96.25%	96.39%	96.52%
55	94.10%	94.29%	94.48%	94.67%	94.86%	95.04%	95.23%	95.41%	95.60%	95.78%	95.95%
60	92.66%	92.92%	93.17%	93.43%	93.69%	93.95%	94.20%	94.45%	94.70%	94.95%	95.18%
61	92.32%	92.59%	92.87%	93.14%	93.42%	93.69%	93.96%	94.23%	94.49%	94.75%	95.00%
62	91.95%	92.25%	92.54%	92.83%	93.12%	93.41%	93.70%	93.99%	94.27%	94.54%	94.81%
63	91.57%	91.88%	92.19%	92.50%	92.81%	93.12%	93.43%	93.73%	94.03%	94.32%	94.61%
64	91.16%	91.49%	91.82%	92.15%	92.48%	92.81%	93.14%	93.46%	93.78%	94.09%	94.39%
65	90.72%	91.07%	91.42%	91.78%	92.13%	92.48%	92.83%	93.17%	93.51%	93.84%	94.16%
70	88.11%	88.59%	89.08%	89.56%	90.04%	90.52%	90.99%	91.45%	91.90%	92.35%	92.78%

Age Difference between Member and Joint Annuitant

Younger

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	95.15%	95.29%	95.43%	95.57%	95.71%	95.84%	95.98%	96.12%	96.25%	96.39%	96.52%
55	94.10%	94.29%	94.48%	94.67%	94.86%	95.04%	95.23%	95.41%	95.60%	95.78%	95.95%
60	92.66%	92.92%	93.17%	93.43%	93.69%	93.95%	94.20%	94.45%	94.70%	94.95%	95.18%
61	92.32%	92.59%	92.87%	93.14%	93.42%	93.69%	93.96%	94.23%	94.49%	94.75%	95.00%
62	91.95%	92.25%	92.54%	92.83%	93.12%	93.41%	93.70%	93.99%	94.27%	94.54%	94.81%
63	91.57%	91.88%	92.19%	92.50%	92.81%	93.12%	93.43%	93.73%	94.03%	94.32%	94.61%
64	91.16%	91.49%	91.82%	92.15%	92.48%	92.81%	93.14%	93.46%	93.78%	94.09%	94.39%
65	90.72%	91.07%	91.42%	91.78%	92.13%	92.48%	92.83%	93.17%	93.51%	93.84%	94.16%
70	88.11%	88.59%	89.08%	89.56%	90.04%	90.52%	90.99%	91.45%	91.90%	92.35%	92.78%

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?



Option B Reduction Factors

Based on the age of retiree and joint annuitant

Expressed as a percentage of the Maximum benefit



		Age Difference between Member and Joint Annuitant										
		Younger					Older					
		5 yrs	4 yrs	3 yrs	2 yrs	1 yr	0	1 yr	2 yrs	3 yrs	4 yrs	5 yrs
Age of Member at Retirement	50	90.75%	91.00%	91.26%	91.51%	91.77%	92.02%	92.27%	92.53%	92.78%	93.02%	93.27%
	55	88.86%	89.20%	89.53%	89.87%	90.21%	90.55%	90.89%	91.23%	91.57%	91.90%	92.22%
	60	86.32%	86.77%	87.22%	87.68%	88.13%	88.59%	89.04%	89.49%	89.94%	90.38%	90.81%
	61	85.73%	86.20%	86.68%	87.16%	87.64%	88.13%	88.61%	89.08%	89.56%	90.02%	90.48%
	62	85.11%	85.61%	86.11%	86.62%	87.13%	87.64%	88.15%	88.66%	89.16%	89.65%	90.13%
	63	84.45%	84.97%	85.51%	86.05%	86.59%	87.13%	87.67%	88.20%	88.73%	89.25%	89.76%
	64	83.75%	84.31%	84.87%	85.44%	86.01%	86.58%	87.15%	87.72%	88.28%	88.83%	89.37%
65	83.01%	83.60%	84.20%	84.80%	85.41%	86.01%	86.61%	87.21%	87.80%	88.39%	88.96%	
70	78.75%	79.52%	80.30%	81.09%	81.88%	82.67%	83.46%	84.25%	85.02%	85.78%	86.53%	

Age Difference between Member and Joint Annuitant

Younger

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	90.75%	91.00%	91.26%	91.51%	91.77%	92.02%	92.27%	92.53%	92.78%	93.02%	93.27%
55	88.86%	89.20%	89.53%	89.87%	90.21%	90.55%	90.89%	91.23%	91.57%	91.90%	92.22%
60	86.32%	86.77%	87.22%	87.68%	88.13%	88.59%	89.04%	89.49%	89.94%	90.38%	90.81%
61	85.73%	86.20%	86.68%	87.16%	87.64%	88.13%	88.61%	89.08%	89.56%	90.02%	90.48%
62	85.11%	85.61%	86.11%	86.62%	87.13%	87.64%	88.15%	88.66%	89.16%	89.65%	90.13%
63	84.45%	84.97%	85.51%	86.05%	86.59%	87.13%	87.67%	88.20%	88.73%	89.25%	89.76%
64	83.75%	84.31%	84.87%	85.44%	86.01%	86.58%	87.15%	87.72%	88.28%	88.83%	89.37%
65	83.01%	83.60%	84.20%	84.80%	85.41%	86.01%	86.61%	87.21%	87.80%	88.39%	88.96%
70	78.75%	79.52%	80.30%	81.09%	81.88%	82.67%	83.46%	84.25%	85.02%	85.78%	86.53%

Age Difference between Member and Joint Annuitant

Younger

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	90.75%	91.00%	91.26%	91.51%	91.77%	92.02%	92.27%	92.53%	92.78%	93.02%	93.27%
55	88.86%	89.20%	89.53%	89.87%	90.21%	90.55%	90.89%	91.23%	91.57%	91.90%	92.22%
60	86.32%	86.77%	87.22%	87.68%	88.13%	88.59%	89.04%	89.49%	89.94%	90.38%	90.81%
61	85.73%	86.20%	86.68%	87.16%	87.64%	88.13%	88.61%	89.08%	89.56%	90.02%	90.48%
62	85.11%	85.61%	86.11%	86.62%	87.13%	87.64%	88.15%	88.66%	89.16%	89.65%	90.13%
63	84.45%	84.97%	85.51%	86.05%	86.59%	87.13%	87.67%	88.20%	88.73%	89.25%	89.76%
64	83.75%	84.31%	84.87%	85.44%	86.01%	86.58%	87.15%	87.72%	88.28%	88.83%	89.37%
65	83.01%	83.60%	84.20%	84.80%	85.41%	86.01%	86.61%	87.21%	87.80%	88.39%	88.96%
70	78.75%	79.52%	80.30%	81.09%	81.88%	82.67%	83.46%	84.25%	85.02%	85.78%	86.53%

Age Difference between Member and Joint Annuitant

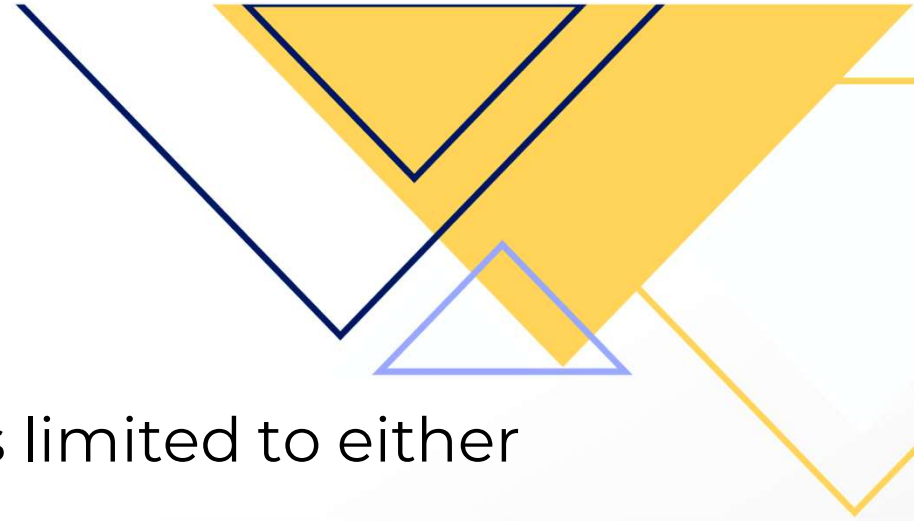
Younger

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	90.75%	91.00%	91.26%	91.51%	91.77%	92.02%	92.27%	92.53%	92.78%	93.02%	93.27%
55	88.86%	89.20%	89.53%	89.87%	90.21%	90.55%	90.89%	91.23%	91.57%	91.90%	92.22%
60	86.32%	86.77%	87.22%	87.68%	88.13%	88.59%	89.04%	89.49%	89.94%	90.38%	90.81%
61	85.73%	86.20%	86.68%	87.16%	87.64%	88.13%	88.61%	89.08%	89.56%	90.02%	90.48%
62	85.11%	85.61%	86.11%	86.62%	87.13%	87.64%	88.15%	88.66%	89.16%	89.65%	90.13%
63	84.45%	84.97%	85.51%	86.05%	86.59%	87.13%	87.67%	88.20%	88.73%	89.25%	89.76%
64	83.75%	84.31%	84.87%	85.44%	86.01%	86.58%	87.15%	87.72%	88.28%	88.83%	89.37%
65	83.01%	83.60%	84.20%	84.80%	85.41%	86.01%	86.61%	87.21%	87.80%	88.39%	88.96%
70	78.75%	79.52%	80.30%	81.09%	81.88%	82.67%	83.46%	84.25%	85.02%	85.78%	86.53%

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.

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



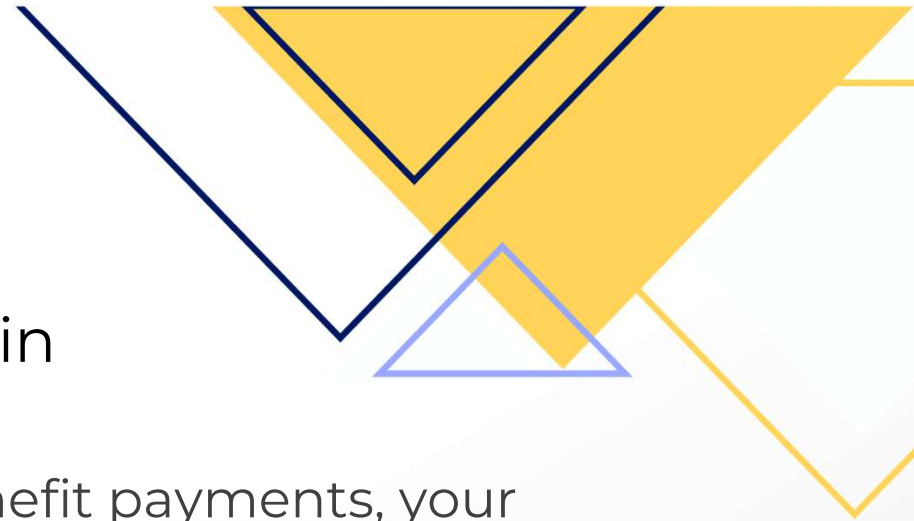
Option C

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



Option C Reduction Factors

Based on the age of retiree

Expressed as a percentage of the Maximum benefit

Age	Factor
55	98.69%
56	98.60%
57	98.49%
58	98.37%
59	98.24%
60	98.09%
61	97.91%
62	97.71%

Age	Factor
63	97.48%
64	97.21%
65	96.89%
66	96.53%
67	96.10%
68	95.61%
69	95.04%
70	94.38%

Retirement Options Examples

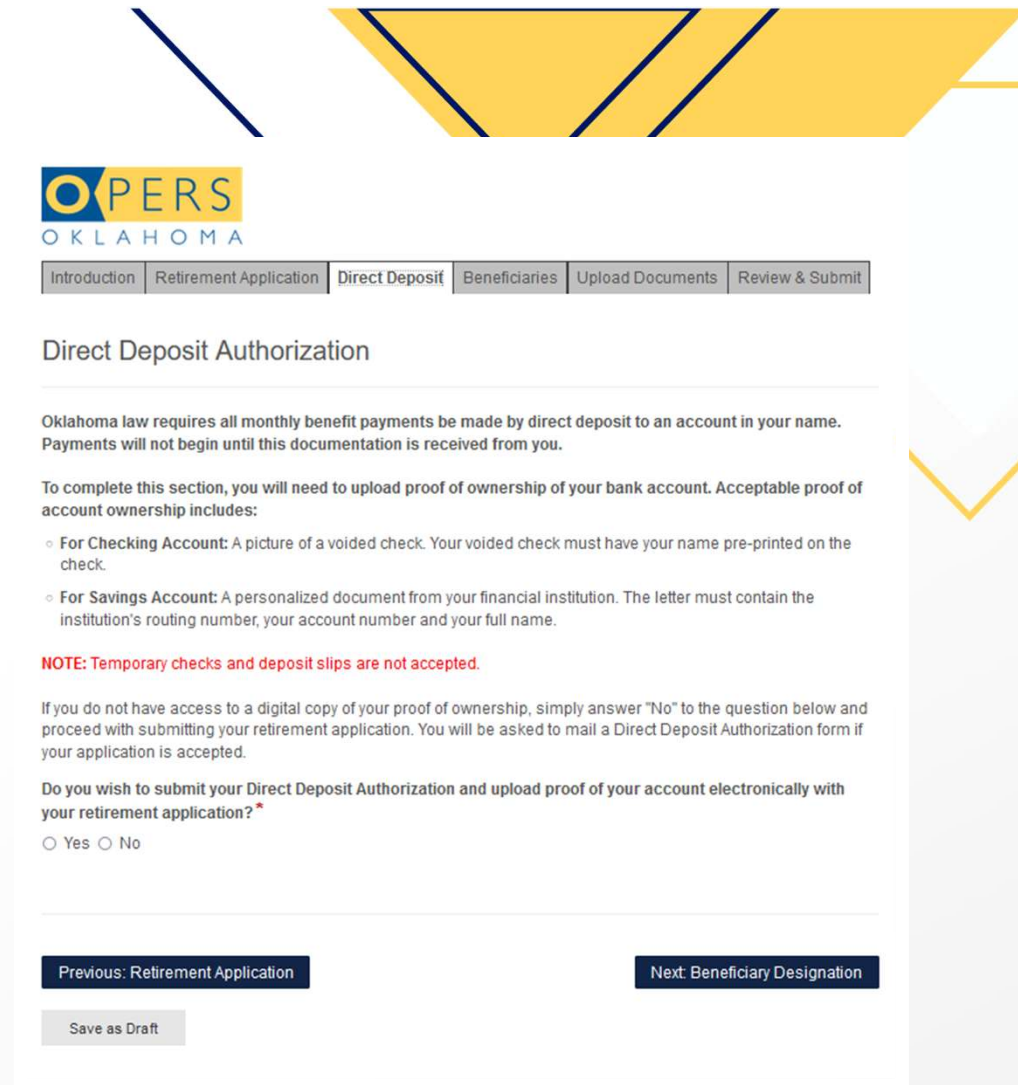
	Suzie receives:	Upon Suzie's passing, survivor receives:
Maximum No Survivor Benefit	\$1,000 monthly	No survivor benefit
Option A Reduced Benefit + ½ Survivor Annuity	\$930 monthly	\$465 monthly
Option B Reduced Benefit + 100% Survivor Annuity	\$870 monthly	\$870 monthly
Option C Reduced Benefit with 10-year term	\$977 monthly	\$977 monthly (until ten years have passed since retirement)

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.

Workbook p. 20



The screenshot shows the 'Direct Deposit Authorization' section of the OPERS Oklahoma Retirement Application. The page has a yellow and blue header with the OPERS logo. A navigation bar at the top includes links for Introduction, Retirement Application, Direct Deposit (which is highlighted), Beneficiaries, Upload Documents, and Review & Submit. The main content area is titled 'Direct Deposit Authorization' and contains the following text: 'Oklahoma law requires all monthly benefit payments be made by direct deposit to an account in your name. Payments will not begin until this documentation is received from you.' It then states, 'To complete this section, you will need to upload proof of ownership of your bank account. Acceptable proof of account ownership includes:' followed by two bullet points: 'For Checking Account: A picture of a voided check. Your voided check must have your name pre-printed on the check.' and 'For Savings Account: A personalized document from your financial institution. The letter must contain the institution's routing number, your account number and your full name.' A red note states: 'NOTE: Temporary checks and deposit slips are not accepted.' Below this, it says: 'If you do not have access to a digital copy of your proof of ownership, simply answer "No" to the question below and proceed with submitting your retirement application. You will be asked to mail a Direct Deposit Authorization form if your application is accepted.' The question is: 'Do you wish to submit your Direct Deposit Authorization and upload proof of your account electronically with your retirement application? *' with radio button options for 'Yes' and 'No'. At the bottom, there are three buttons: 'Previous: Retirement Application', 'Next: Beneficiary Designation', and 'Save as Draft'.

OPERS
OKLAHOMA

Introduction Retirement Application **Direct Deposit** Beneficiaries Upload Documents Review & Submit

Direct Deposit Authorization

Oklahoma law requires all monthly benefit payments be made by direct deposit to an account in your name. Payments will not begin until this documentation is received from you.

To complete this section, you will need to upload proof of ownership of your bank account. Acceptable proof of account ownership includes:

- For Checking Account: A picture of a voided check. Your voided check must have your name pre-printed on the check.
- For Savings Account: A personalized document from your financial institution. The letter must contain the institution's routing number, your account number and your full name.

NOTE: Temporary checks and deposit slips are not accepted.

If you do not have access to a digital copy of your proof of ownership, simply answer "No" to the question below and proceed with submitting your retirement application. You will be asked to mail a Direct Deposit Authorization form if your application is accepted.

Do you wish to submit your Direct Deposit Authorization and upload proof of your account electronically with your retirement application? *

☐ Yes ☐ No

Previous: Retirement Application Next: Beneficiary Designation

Save as Draft

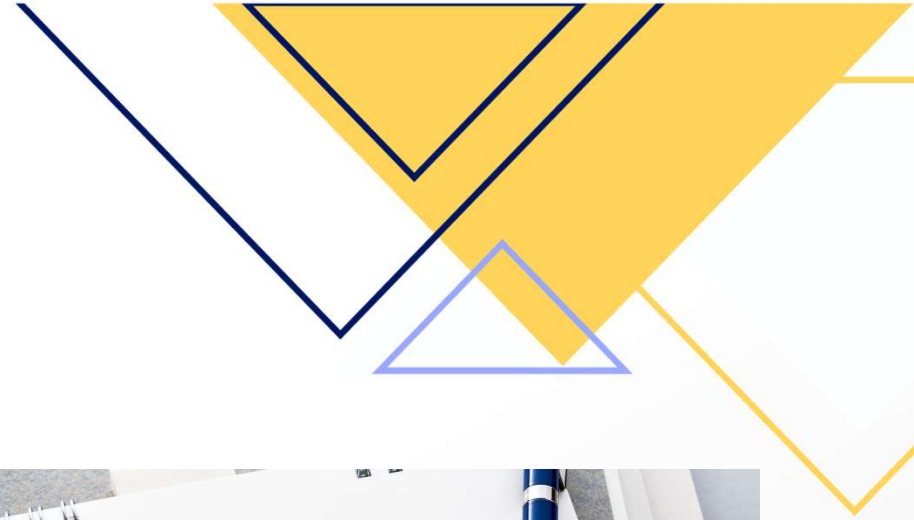
Direct Deposit

Benefits are paid via direct deposit

LAST working day of the month

Update anytime

- Contact OPERS to request a Direct Deposit Authorization form



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

Introduction Retirement Application Direct Deposit **Beneficiaries** Upload Documents Review & Submit

Primary & Contingent Beneficiary Designation for Death Benefits

This form allows you to designate a person or institution (other than a funeral home) as your primary and contingent beneficiaries for applicable benefits as a retired member of OPERS, including the \$5,000 death benefit, excess accumulated contributions, and the final benefit payment. It is important to include all of the information requested below, including a Social Security number for an individual or taxpayer identification number (TIN) for an institution. You may change your beneficiaries in the future by completing a new *Beneficiary Designation – Retiree Death Benefits* form.

Questions with * next to them are required. You cannot submit this application without answering these questions.

Primary Beneficiary Designation

Full legal name of person(s), trust or institution *		Address, City, State, Zip+4 *	
Relationship to Member *	Date of Birth	Social Security Number (or TIN) *	

[Add Another Primary Beneficiary \(Total of 4\)](#)

Contingent Beneficiary Designation

Will only receive benefits if all primary beneficiaries are deceased.

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.

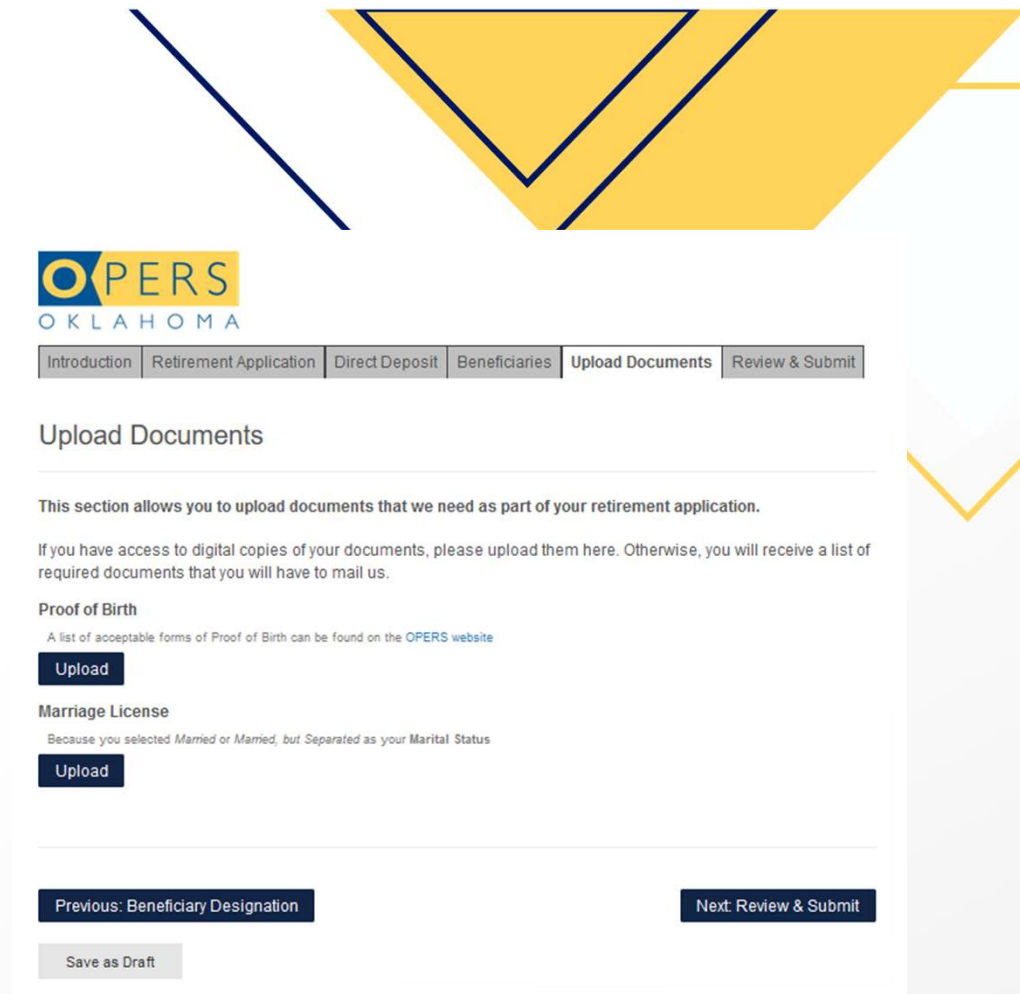
* This is separate from any life insurance you may have and is provided for by OPERS.

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.



The screenshot shows the 'Upload Documents' section of the OPERS Oklahoma retirement application. At the top, there is a navigation bar with the OPERS logo and a series of tabs: Introduction, Retirement Application, Direct Deposit, Beneficiaries, Upload Documents (which is highlighted), and Review & Submit. Below the navigation bar, the page title 'Upload Documents' is displayed. The main content area explains that this section is for uploading documents needed for the retirement application. It provides instructions for digital uploads and mentions that a list of required documents will be provided if digital copies are not available. Two specific document categories are listed: 'Proof of Birth' and 'Marriage License'. Each category has a link to a list of acceptable forms and an 'Upload' button. At the bottom of the page, there are three buttons: 'Previous: Beneficiary Designation', 'Next: Review & Submit', and 'Save as Draft'.

OPERS
OKLAHOMA

Introduction Retirement Application Direct Deposit Beneficiaries **Upload Documents** Review & Submit

Upload Documents

This section allows you to upload documents that we need as part of your retirement application.

If you have access to digital copies of your documents, please upload them here. Otherwise, you will receive a list of required documents that you will have to mail us.

Proof of Birth

A list of acceptable forms of Proof of Birth can be found on the [OPERS website](#)

Upload

Marriage License

Because you selected *Married or Married, but Separated* as your Marital Status

Upload

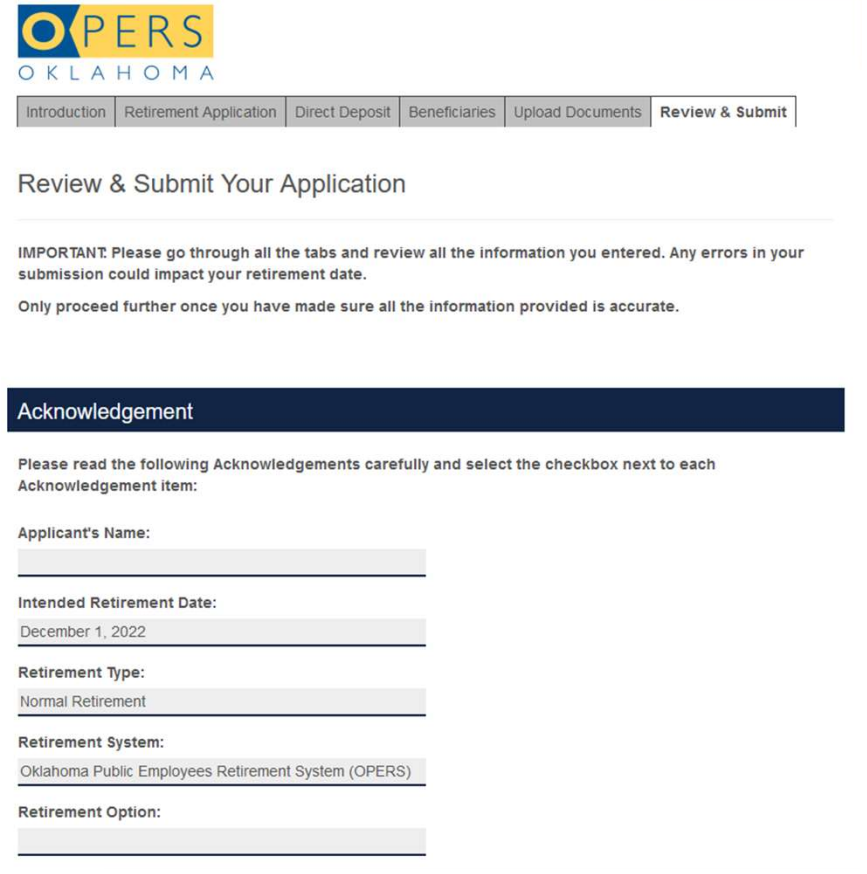
Previous: Beneficiary Designation **Next: Review & Submit**

Save as Draft

Retirement Application Review & Submit

You must review and acknowledge:

- Retirement Date
- Retirement Type
- Retirement Options



The screenshot shows the 'Review & Submit' tab of the OPERS Oklahoma Retirement Application. The page includes a navigation bar with tabs: Introduction, Retirement Application, Direct Deposit, Beneficiaries, Upload Documents, and Review & Submit. Below the navigation bar, the title 'Review & Submit Your Application' is displayed. A warning message states: 'IMPORTANT: Please go through all the tabs and review all the information you entered. Any errors in your submission could impact your retirement date. Only proceed further once you have made sure all the information provided is accurate.' The 'Acknowledgement' section is highlighted in a dark blue bar. Below this, a message reads: 'Please read the following Acknowledgements carefully and select the checkbox next to each Acknowledgement item:'. The form contains several fields with labels and input areas: 'Applicant's Name:' with a text input field; 'Intended Retirement Date:' with a date input field showing 'December 1, 2022'; 'Retirement Type:' with a dropdown menu showing 'Normal Retirement'; 'Retirement System:' with a dropdown menu showing 'Oklahoma Public Employees Retirement System (OPERS)'; and 'Retirement Option:' with a dropdown menu.

OPERS
OKLAHOMA

Introduction Retirement Application Direct Deposit Beneficiaries Upload Documents **Review & Submit**

Review & Submit Your Application

IMPORTANT: Please go through all the tabs and review all the information you entered. Any errors in your submission could impact your retirement date.
Only proceed further once you have made sure all the information provided is accurate.

Acknowledgement

Please read the following Acknowledgements carefully and select the checkbox next to each Acknowledgement item:

Applicant's Name:

Intended Retirement Date:
December 1, 2022

Retirement Type:
Normal Retirement

Retirement System:
Oklahoma Public Employees Retirement System (OPERS)

Retirement Option:

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

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

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



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



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 withholdings 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



This publication, printed by OMES DCAM-Central Printing, is issued by the Oklahoma Public Employees Retirement System as authorized by the Executive Director. Five hundred copies have been prepared and distributed at a cost of \$280.00. Copies have been deposited with the Publication Clearinghouse of the Oklahoma Department of Libraries. 8/2022

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

Application Approval

Acknowledgement Letter

- Confirms your retirement date
- Ask for missing documents

Spouse consent



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.



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



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

W-4P **Withholding Certificate for Periodic Pension or Annuity Payments** OMB No. 1545-0075
2024
 Department of the Treasury Internal Revenue Service

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

Step 2: Income From a Job and/or Multiple Personal Annuities (Including a Spouse's Job/Pension/Annuity)

(a) ☐ Single or Married filing separately
☐ Married filing jointly or Qualifying surviving spouse
☐ Head of household (Step 3 and 4 only) (enter and pay more than half the costs of keeping up a home for yourself and a qualifying individual)

Complete Steps 3-4 ONLY if they apply to you; otherwise, skip to Step 5. (See pages 2 and 3 for more information on each step, when to use the estimator at www.irs.gov/W4App, and how to elect to have no federal income tax withheld (if permitted).)

Step 3: Income From a Job and/or Multiple Personal Annuities (Including a Spouse's Job/Pension/Annuity)

(a) 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 3.**
 Do only one of the following:
 (i) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3-4). If you or your spouse have self-employment income, use the option, or
 (ii) Complete the items below.
 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 3(a), for the jobs less the deductions entered on Form W-4, Step 3(b), for the jobs. Otherwise, enter "0".
 If you (and/or your spouse) have any other pension/annuities that pay less annually than this one, then enter the total annual taxable payments from all lower-paying pension/annuities. Otherwise, enter "0".
 Add the amounts from items (i) and (ii) and enter the total here.
TIP: To be accurate, submit a new Form W-4P for all other pensions/annuities if you haven't updated your withholding since 2021 or this is a new pension/annuity that pays less than the other(s). Submit a new Form W-4P for your job(s) if you have not updated your withholding since 2019.

Complete Steps 3-4(b) on this form only if (b)(i) is blank and this pension/annuity pays the most annually. Otherwise, do not complete Steps 3-4(b) on this form.

Step 3: (b) If your total income will be \$205,000 or less (\$405,000 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 \$2,000.
 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.

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.
 (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.
 (c) **Extra withholding.** Enter any additional tax you want withheld from each payment.

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. 151037 Form W-4P (2024)

OPERS **Withholding Preference Certificate** 510-1510X-22
O C T A H O N A **Oklahoma State Income Tax** 21

Juste Tax requires the Oklahoma Public Employees Retirement System (OPERS) to withhold income tax from your benefit payments. OPERS will automatically withhold state income tax if your benefit is large enough to require withholding. 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 allowances can be filed using Form W-4P available at www.opers.org/gov/with.

You have the right to change your withholding at any time by completing and submitting a new withholding form. You can receive an additional table for filing your own calculations. Please type or print in ink in the 6" column on this form and submit the form to O-PRS. Forms received after the 15th day of the month will be processed in the following month.

MEMBER INFORMATION

Name (Mr., Ms., or Mx) Last Name (Last Name)
 Working Address (Address or Email) State, City, State, ZIP

Phone () Area Code () Number () Extension ()
 E-mail ()

OKLAHOMA WITHHOLDING PREFERENCES

☐ No withholding for Oklahoma income tax

OR

Complete below to withhold based on a federal Oklahoma tax withholding table.
 Filing status (check one)
☐ Single ☐ Married ☐ Married, but withhold as higher filer status

Number of allowances:
 OPERS will assume one allowance if you do not indicate.

Additional amount in whole dollars, if any, you want withheld from each month's payment \$

SIGNATURE

I have reviewed the information on this form, including the instructions and hereby submit this statement of preference regarding my withholding to be treated for purposes of Oklahoma state income tax withholdings. I understand this election renders my previous or including any previous filing null and void. OPERS

Signature Date

Oklahoma Public Employees Retirement System
 1100 N. Lincoln Blvd., Oklahoma City, Oklahoma 73102
 (405) 442-4122 | toll free 1-800-442-4122 | www.opers.org

Form W-4P (2024)

Workbook p. 28

Form

W-4P

Department of the Treasury

Internal Revenue Service

Withholding Certificate

for Periodic Pension or Annuity Payments

Give Form W-4P to the payer of your pension or annuity payments.

OMB No. 1545-0074

2026

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 surviving spouse
 ☐ 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.)

Caution:

To claim certain credits or deductions on your tax return, you (and/or your spouse if married filing jointly) are required to have a social security number valid for employment. See page 2 for more information.

TIP:

Consider using the estimator at www.irs.gov/W4App to determine the most accurate withholding for the rest of the year if you: are completing this form after the beginning of the year; expect to receive your payments only part of the year; or have changes during the year in your marital status, number of pensions/jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs or pension/annuity payments), deductions, or credits. Have your most recent payment statements/pay stubs from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

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, when to use the estimator at www.irs.gov/W4App, 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) Use the estimator at www.irs.gov/W4App for the most accurate withholding for this step (and Steps 3-4). If you or your spouse have self-employment income, use this option; or

(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, minus 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 pension/annuity, then enter the total annual taxable payments from all lower-paying pensions/annuities. Otherwise, enter "-0-".

(iii) Add the amounts from items (i) and (ii) and enter the total here.

TIP:

To be accurate, submit a new Form W-4P for all other pensions/annuities if you haven't updated your withholding since 2021 or this is a new pension/annuity that pays less than the other(s). Submit a new Form W-4 for your job(s) if you have not updated your withholding since 2019.

Complete Steps 3-4(b) on this form only if (b)(i) is blank and this pension/annuity pays the most annually. 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):

(a) Multiply the number of qualifying children under age 17 by \$2,000.

(b) Multiply the number of other dependents by \$500.

(c) Add other credits, such as foreign tax credit and education tax credits. Enter the total here.

Add the amounts from Steps 3(a), 3(b), and 3(c). Enter the total here.

Step 4:

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.

(b) Deductions. Use the Deductions Worksheet on page 4 to determine the amount of deductions you may claim, which will reduce your withholding. (If you skip this line, your withholding will be based on the standard deduction.) Enter the result here.

(c) Extra withholding. Enter any additional tax you want withheld from each payment.

No withholding

I request that no withholding be withheld from my payments. See Choosing not to have income tax withheld on page 2.

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. 10225T

Form W-4P (2026) Created 12/4/25

Federal tax withholding considers your total income

May enter job, other pension or other income

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

**State tax withholding considers
only your OPERS benefit**



Withholding Preference Certificate
Oklahoma State Income Tax

515-1510K-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 405-858-6737 | Toll-free 1-800-733-9008 | www.opers.ok.gov

Rev. 9/2022

Taxes

Benefits are considered income for tax purposes.

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

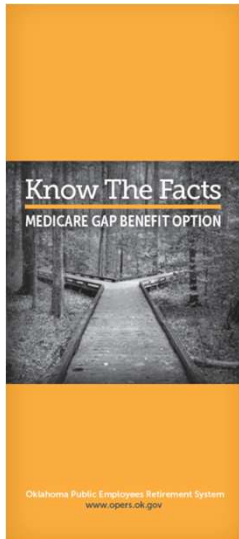
OPERS will send you a 1099-R at the end of January each year.

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.			1 Gross distribution \$		OMB No. 1545-0119 2025 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.		
			2a Taxable amount \$		Total distribution ☐		Copy 1 For State, City, or Local Tax Department		
			2b Taxable amount not determined ☐						
PAYER'S TIN		RECIPIENT'S TIN		3 Capital gain (included in box 2a) \$		4 Federal income tax withheld \$			
RECIPIENT'S name				5 Employee contributions/ Designated Roth contributions or insurance premiums \$		6 Net unrealized appreciation in employer's securities \$			
Street address (including apt. no.)				7 Distribution code(s) ☐ IRA/ SEP/ SIMPLE ☐		8 Other ☐ %			
City or town, state or province, country, and ZIP or foreign postal code				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 ☐		14 State tax withheld \$		15 State/Payer's state no.	16 State distribution \$
Account number (see instructions)				13 Date of payment		17 Local tax withheld \$		18 Name of locality	19 Local distribution \$

Form **1099-R** www.irs.gov/Form1099R Department of the Treasury - Internal Revenue Service

Medicare Gap Benefit Option



Members under age 65

Temporary increase to monthly benefit amount (\$268.71 for 2026)

After age 65, permanent decrease to monthly benefit amount

Decrease will sometimes be MORE than the increase amount

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

Retirement First Benefits

Retirement Date

- First of the month

55 days after retirement date

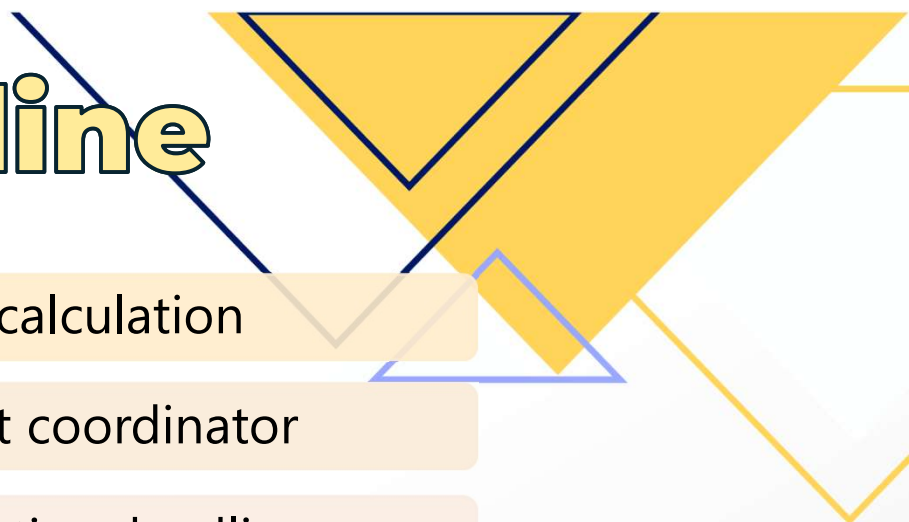
- Final benefit statement

60 days after retirement date

- Your first two benefits are deposited



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

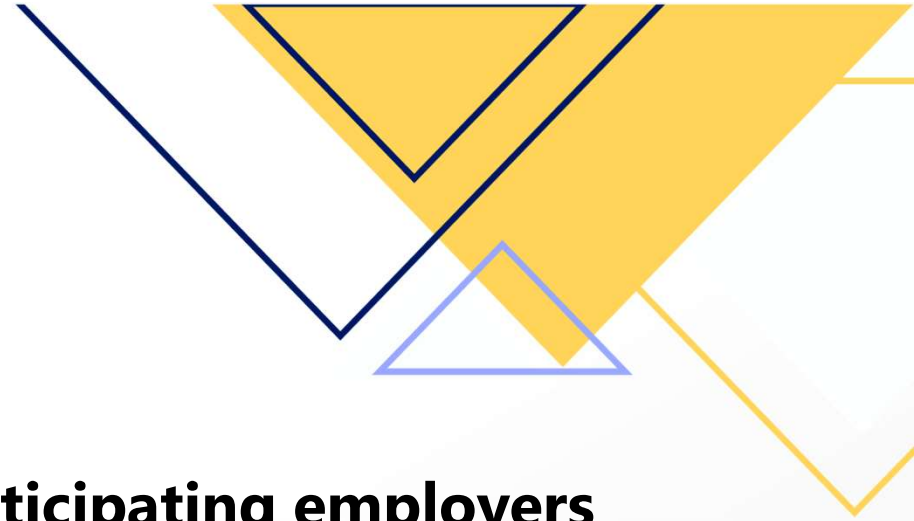
55 days after

- Final benefit statement

60 days after

- First two deposits

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 waiting period, or must waive benefits

Different OPERS employer

One month waiting period, or your retirement will be canceled

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.

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 2026	Up to the point you reach SSA Full Retirement Age in 2026	Once you reach the SSA Full Retirement Age
\$24,480	\$65,160	No Limit



Defined Contribution Plan (State Employees)

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

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.

SoonerSave Contribution Limits 2026

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	\$24,500
Age 50+ Catch-up	\$32,500
Age 60 to 63 Catch-up	\$35,750
457 Standard Catch-up	\$49,000

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.

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



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

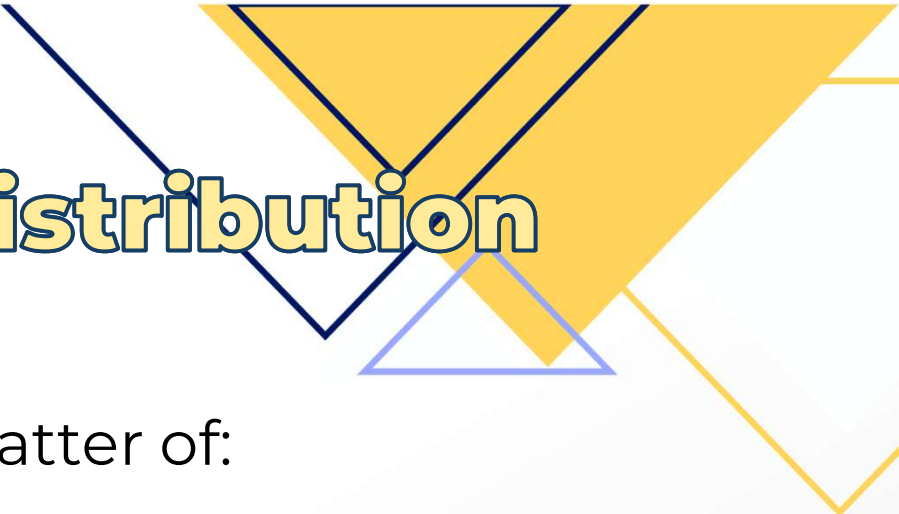
Taxed as regular income

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

Workbook p. 35



SoonerSave Required Minimum Distribution (both plans)

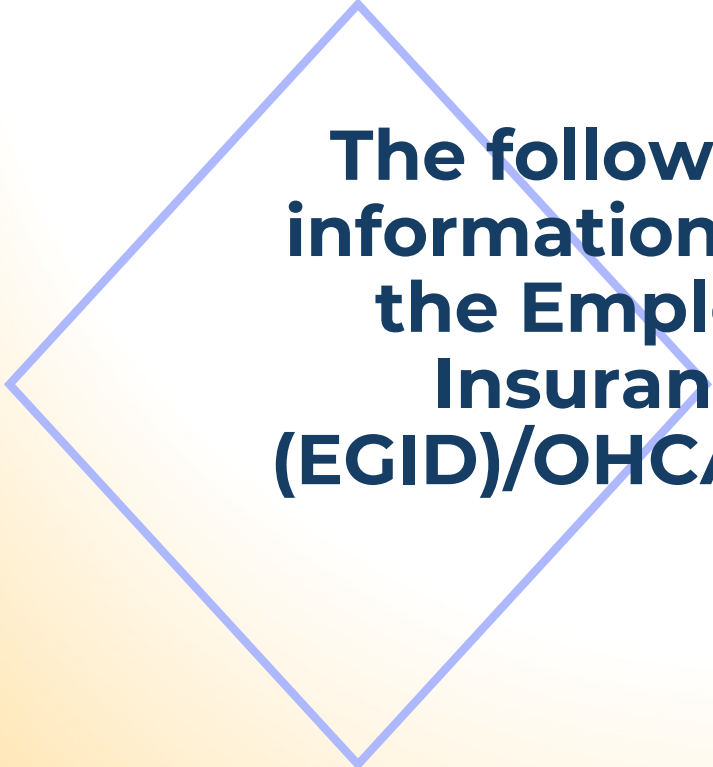


You can delay distribution until the latter of:

- 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.



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



Member Services

Lyn Scobey

Group Management Specialist

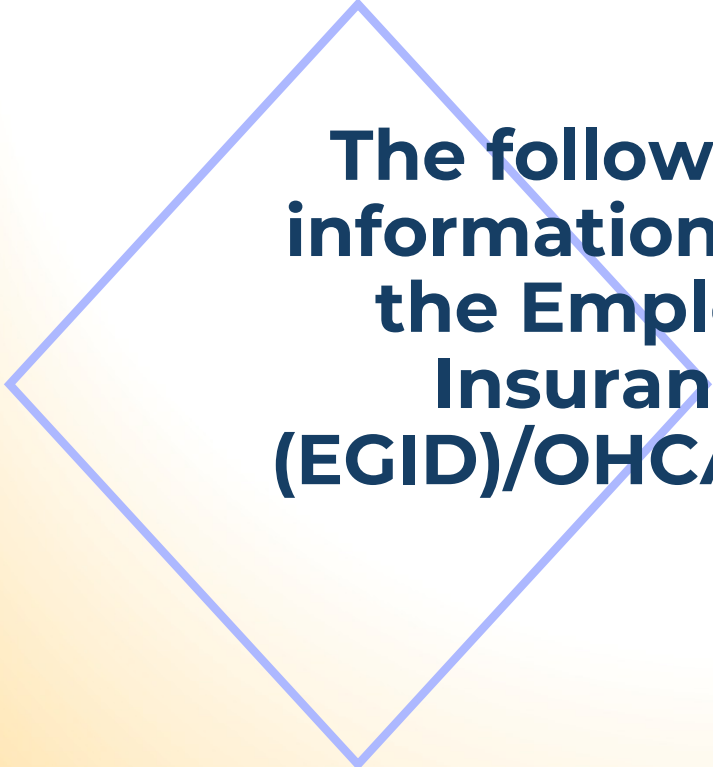
Employees Group Insurance Division
Oklahoma Health Care Authority

(405) 717-8780

Toll-free (800) 752-9475

www.ohca.ok.gov

Employees Group Insurance Division



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

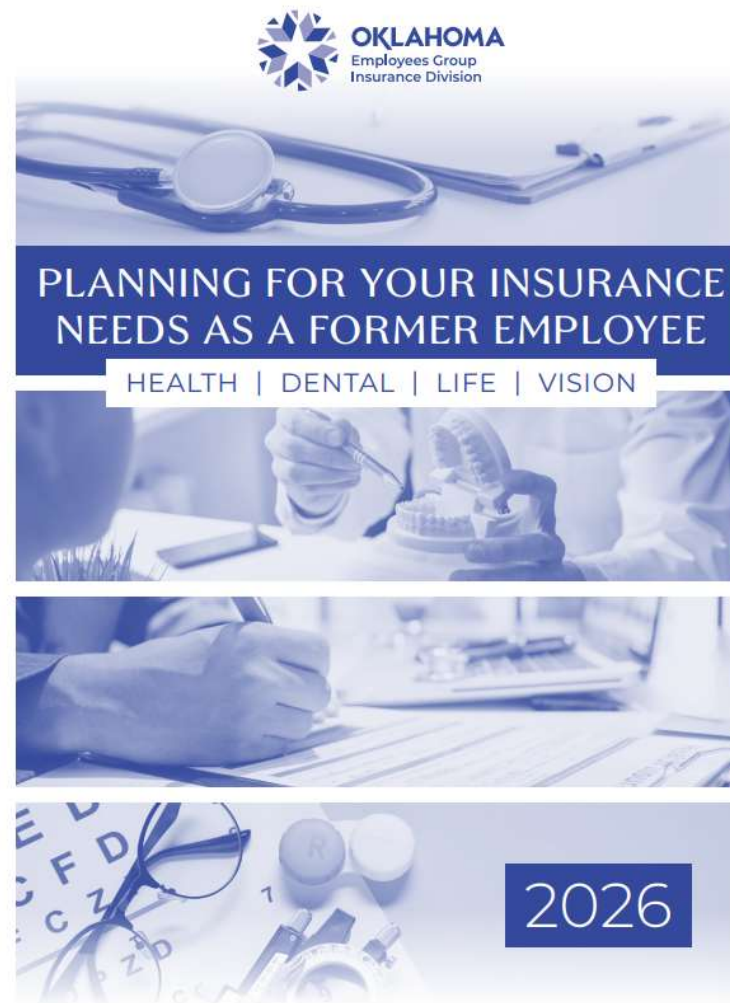
Agenda

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.



Insurance Booklet



5279

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

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
Retiree OPERS contributes \$105 toward EGID 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.

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 cancel or reduce benefits, but you cannot add benefits (except for vision coverage).



Insurance Benefits, Continued

At retirement you can make Health Plan changes when:

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

Remember:

Dependent coverage must be with the same carrier as the member.



Coverage for your dependents

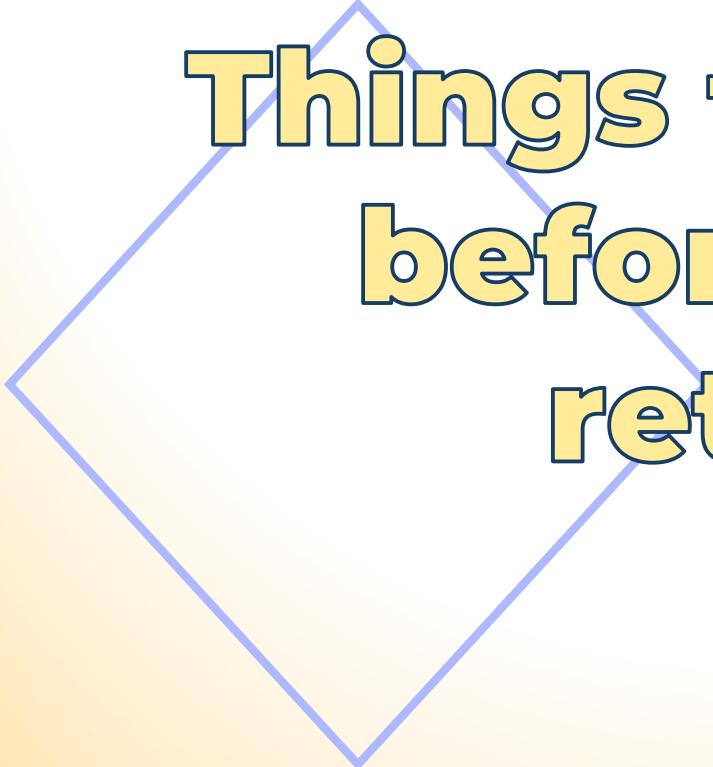
You may elect to continue or begin coverage for dependents at retirement.

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.





**Things to know
before you
retire**

Did you know:

If you have a spouse that is actively 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 L564 form.

The form is available by calling Medicare or visiting the Medicare website. ([cms.gov](https://www.cms.gov))

If you provide proof of creditable coverage, you will not incur a late enrollment penalty.

3) Review the EGID 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>

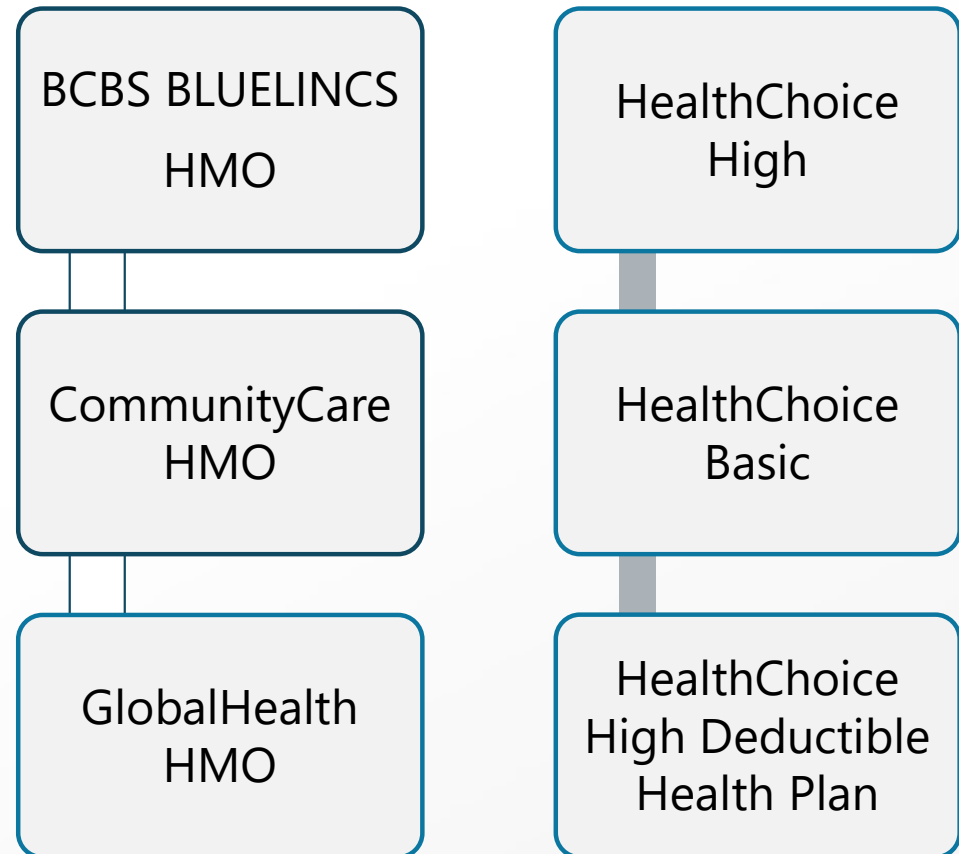


**Plan Options
Available**

Did you know:

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

Pre-Medicare Plans



Medicare Advantage Prescription Drug Plans

MAPD HMO

- CommunityCare Senior Health Plan.
- Generations by GlobalHealth.

MAPD PPO

- BCBSOK – MAPD.
- Humana National MAPD.

**Medicare Parts A & B are
required**

Medicare Supplement Prescription Drug Plans

Medicare supplement

- BCBSOK – BlueSecureSM.
- HealthChoice SilverScript High Option.
- HealthChoice SilverScript Low Option.

**Medicare Parts A & B are required for
BCBSOK BlueSecure.**

**Medicare Parts A & B are recommended for
HealthChoice SilverScript options.**

Pages 9 & 10

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 managed through insurance companies or their affiliates.



Medicare supplement

- BCBSOK – BlueSecureSM.
- HealthChoice SilverScript High Option.
- HealthChoice SilverScript Low Option.

Page 9

- **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.

HealthChoice (1) ID card & (1) RX Card - SilverScript

BlueSecure issues (1) ID card = Medical & RX

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.



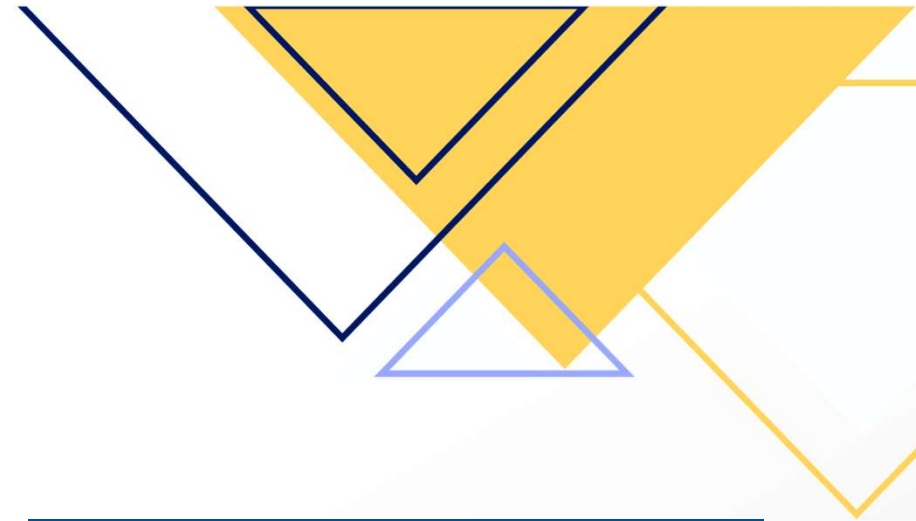
MAPD HMO

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

1 MAPD ID Card for Medical and RX

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



MAPD PPO

- BCBSOK – MAPD.
- Humana National MAPD.

1 MAPD ID Card for Medical and RX

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.

Insurance Retirement Form

KEEPING a Medicare Plan

Medicare Supplement Plan Application (B1-B4)

MAPD Application Application (C1-C4)



OKLAHOMA
Employees Group
Insurance Division



APPLICATION FOR RETIREE/VESTED/ NON-VESTED/DEFER INSURANCE COVERAGE

Retirement information

Retirement system: ☐ OPERS ☐ TRS ☐ OLERS ☐ PATHFINDER ☐ OTHER

My member status will be: ☐ Retiree ☐ Vested ☐ Non-vested ☐ Defer (see instructions on Page 3)

Defer only – Spouse's Social Security number or member ID number:

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

Member information

Member name (First MI Last) Member ID or SSN

Employer Date of birth ☐ Male ☐ Female

Mailing address (☐ New) City State ZIP code

Phone Alt phone Email

Last date of employee insurance coverage			Vested/Non-vested insurance effective date			Retirement insurance effective date		
Month	Day	Year	Month	Day	Year	Month	Day	Year
				01			01	

Health plan

☐ Add/keep ☐ Drop ☐ Defer

Health plan name:

☐ Current patient ☐ New patient

Name of member's primary physician (HMO only):

☐ Medicare eligible. (If you and/or your dependents are Medicare eligible, a Medicare Part D application is required with this form. Please contact EGID Member Services.)

Dental plan

☐ Add/keep ☐ Drop ☐ Defer

Dental plan name:

☐ Current patient ☐ New patient

Name of member's primary dentist (Prepaid only):

Vision plan

☐ Add/keep ☐ Drop ☐ Defer

Vision plan name:

Member Life plan election

☐ 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.

You can keep a minimum of \$5,000 up to the total amount of your current life insurance. You cannot add life insurance. You must keep life insurance on yourself to keep dependent life insurance. Life insurance cannot be deferred and must be carried as a primary retiree/vested member.

For EGID use only

Insurance Forms Chart

FORMS CHECKLIST

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 E1)	Yes	Yes	Yes



Premiums

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.

Insurance Pre-Medicare Premiums

Monthly Premiums for Former Employees and Surviving Dependents Plan Year Jan. 1-Dec. 31, 2026



HEALTH PLANS	MEMBER	SPOUSE	CHILD	CHILDREN
Blue Cross Blue Shield of Oklahoma – BlueLincs HMO	\$ 703.92	\$ 967.76	\$ 652.50	\$ 1,522.08
CommunityCare HMO	\$ 693.84	\$ 935.50	\$ 447.62	\$ 759.62
GlobalHealth HMO	\$ 1,086.02	\$ 1,603.04	\$ 620.18	\$ 1,012.78
HealthChoice High and High Alternative	\$ 707.00	\$ 828.88	\$ 355.62	\$ 603.46
HealthChoice Basic and Basic Alternative	\$ 564.72	\$ 662.72	\$ 291.22	\$ 492.62
HealthChoice High Deductible Health Plan (HDHP)	\$ 492.80	\$ 578.68	\$ 254.52	\$ 429.72

DENTAL PLANS	MEMBER	SPOUSE	CHILD	CHILDREN
BCBSOK – BlueCare Dental High Plan	\$ 37.40	\$ 37.40	\$ 30.30	\$ 77.30
BCBSOK – BlueCare Dental Low Plan	\$ 23.72	\$ 23.72	\$ 20.50	\$ 50.16
Cigna Prepaid High K1109	\$ 14.24	\$ 11.54	\$ 8.82	\$ 15.16
Cigna Prepaid Low OKIV9	\$ 11.00	\$ 7.14	\$ 4.86	\$ 10.94
Delta Dental PPO	\$ 39.98	\$ 39.98	\$ 34.78	\$ 87.92
Delta Dental PPO – Choice	\$ 18.60	\$ 42.12	\$ 42.44	\$ 102.98
HealthChoice Dental	\$ 48.58	\$ 48.58	\$ 39.28	\$ 100.74
MetLife High Classic MAC	\$ 54.28	\$ 54.28	\$ 46.50	\$ 115.20
MetLife Low Classic MAC	\$ 30.20	\$ 30.20	\$ 25.90	\$ 63.74
Sun Life Preferred Active PPO	\$ 39.30	\$ 39.10	\$ 29.36	\$ 78.82

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.

Insurance Medicare Premiums

Monthly Premiums for Medicare Eligible Members Plan Year Jan. 1-Dec. 31, 2026



MEDICARE SUPPLEMENT PLANS

BCBSOK – BlueSecure SM	\$ 568.78 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	\$ 268.10 per covered person
CommunityCare Senior Health Plan	\$ 217.00 per covered person
Generations by GlobalHealth	\$ 220.00 per covered person
Humana MAPD PPO	\$ 273.42 per covered person

DENTAL PLANS	MEMBER	SPOUSE	CHILD	CHILDREN
BCBSOK – BlueCare Dental High Plan	\$ 37.40	\$ 37.40	\$ 30.30	\$ 77.30
BCBSOK – BlueCare Dental Low Plan	\$ 23.72	\$ 23.72	\$ 20.50	\$ 50.16
Cigna Prepaid High K1109	\$ 14.24	\$ 11.54	\$ 8.82	\$ 15.16
Cigna Prepaid Low OKIV9	\$ 11.00	\$ 7.14	\$ 4.86	\$ 10.94
Delta Dental PPO	\$ 39.98	\$ 39.98	\$ 34.78	\$ 87.92
Delta Dental PPO – Choice	\$ 18.60	\$ 42.12	\$ 42.44	\$ 102.98
HealthChoice Dental	\$ 48.58	\$ 48.58	\$ 39.28	\$ 100.74
MotLife High Classic MAC	\$ 54.28	\$ 54.28	\$ 46.50	\$ 115.20
MotLife Low Classic MAC	\$ 30.20	\$ 30.20	\$ 25.90	\$ 63.74
Sun Life Preferred Active PPO	\$ 39.30	\$ 39.10	\$ 29.36	\$ 78.82

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

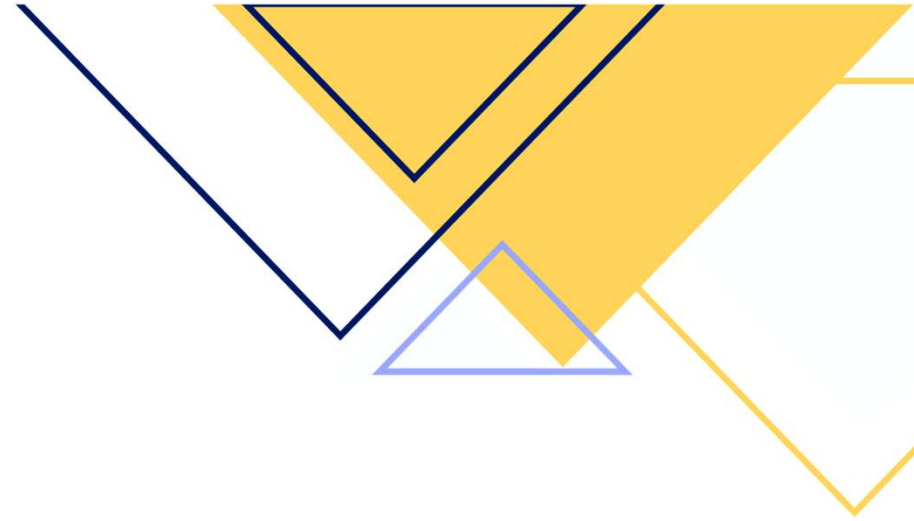
<30 – \$0.06	30-34 – \$0.06	35-39 – \$0.06	40-44 – \$0.08
45-49 – \$0.14	50-54 – \$0.26	55-59 – \$0.40	60-64 – \$0.46
65-69 – \$0.74	70-74 – \$1.28	75+ – \$1.96	

DEPENDENT LIFE

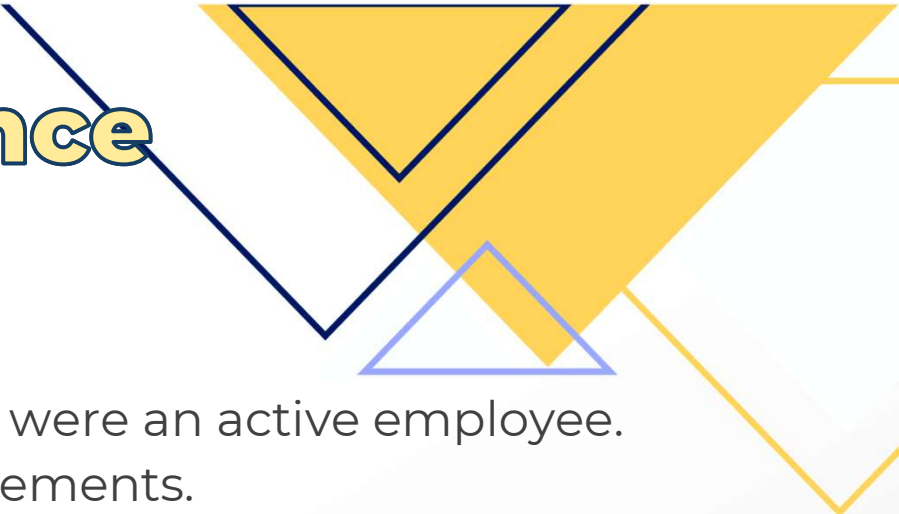
\$1.56 per \$500 unit, per dependent

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

LIFE Insurance



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.

Insurance

Pre-Medicare Premiums

Monthly Premiums for Former Employees and Surviving Dependents Plan Year Jan. 1-Dec. 31, 2026



HEALTH PLANS	MEMBER	SPOUSE	CHILD	CHILDREN
Blue Cross Blue Shield of Oklahoma – BlueLincs HMO	\$ 703.92	\$ 967.76	\$ 652.50	\$ 1,522.08
CommunityCare HMO	\$ 693.84	\$ 935.50	\$ 447.62	\$ 759.62
GlobalHealth HMO	\$ 1,086.02	\$ 1,603.04	\$ 620.18	\$ 1,012.78
HealthChoice High and High Alternative	\$ 707.00	\$ 828.88	\$ 355.62	\$ 603.46
HealthChoice Basic and Basic Alternative	\$ 564.72	\$ 662.72	\$ 291.22	\$ 492.62
HealthChoice High Deductible Health Plan (HDHP)	\$ 492.80	\$ 578.68	\$ 254.52	\$ 429.72

DENTAL PLANS	MEMBER	SPOUSE	CHILD	CHILDREN
BCBSOK – BlueCare Dental High Plan	\$ 37.40	\$ 37.40	\$ 30.30	\$ 77.30
BCBSOK – BlueCare Dental Low Plan	\$ 23.72	\$ 23.72	\$ 20.50	\$ 50.16
Cigna Prepaid High K1109	\$ 14.24	\$ 11.54	\$ 8.82	\$ 15.16
Cigna Prepaid Low OKIV9	\$ 11.00	\$ 7.14	\$ 4.86	\$ 10.94
Delta Dental PPO	\$ 39.98	\$ 39.98	\$ 34.78	\$ 87.92
Delta Dental PPO – Choice	\$ 18.60	\$ 42.12	\$ 42.44	\$ 102.98
HealthChoice Dental	\$ 48.58	\$ 48.58	\$ 39.28	\$ 100.74
MetLife High Classic MAC	\$ 54.28	\$ 54.28	\$ 46.50	\$ 115.20
MetLife Low Classic MAC	\$ 30.20	\$ 30.20	\$ 25.90	\$ 63.74
Sun Life Preferred Active PPO	\$ 39.30	\$ 39.10	\$ 29.36	\$ 78.82

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.

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)

Reminders

Moving

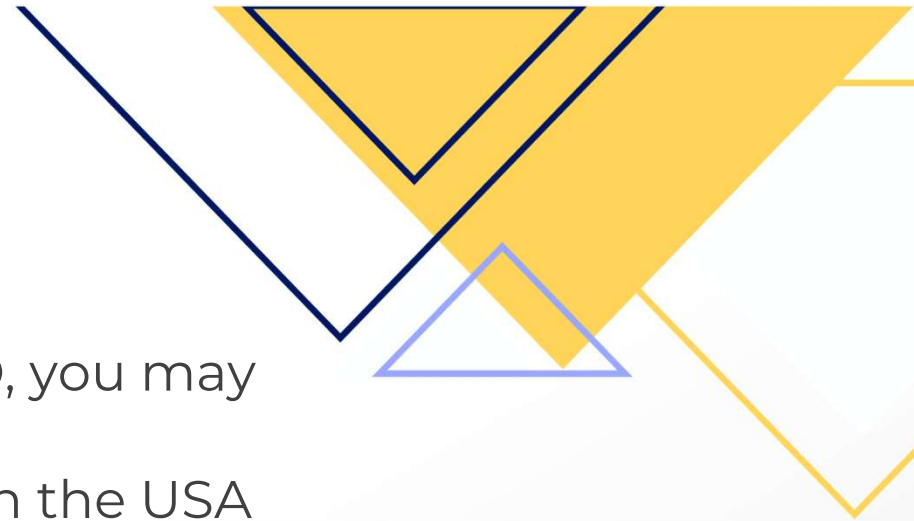
- Contact EGID to update your address.
- If you are pre-Medicare and, on an HMO, you may need to enroll in a new plan.
- Medicare members can live anywhere in the USA and use any providers contracted with Medicare with certain plans.

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)



Member Services

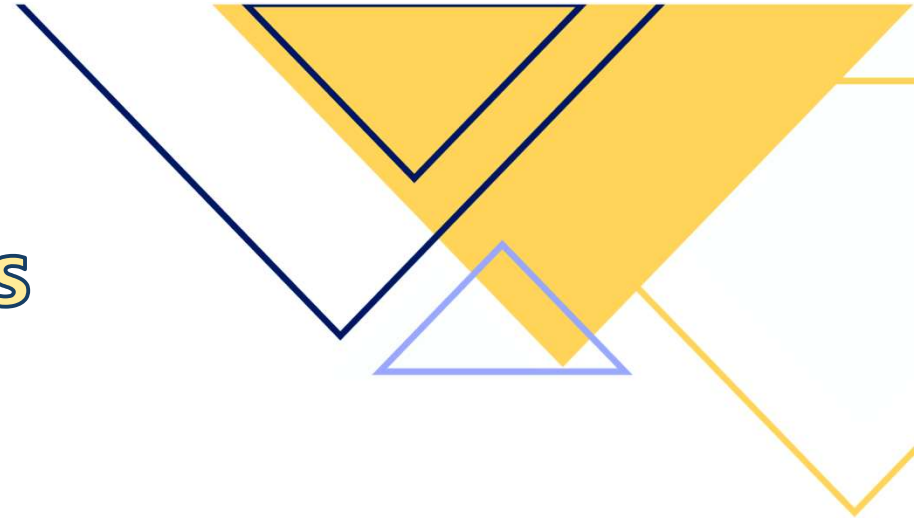
Lyn Scobey

Group Management Specialist

Employees Group Insurance Division
Oklahoma Health Care Authority

(405) 717-8780
Toll-free (800) 752-9475

www.egid.ok.gov
Employees Group Insurance Division



Thank You!



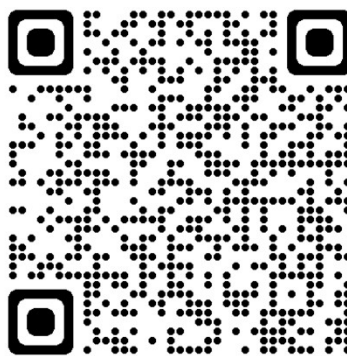
OPERS/SoonerSave

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

EGID

Oklahoma Health Care
Authority

(405) 717-8780
(800) 752-9475

www.egid.ok.gov
www.healthchoiceok.com