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APPLICATION FOR DISABILITY BENEFIT

PLEASE INDICATE DISABILITY TYPE:

Duty Related Disability **Non-Duty Related Disability**

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

1. To the best of my knowledge, I have completed _____ year(s) of credited service with the Oklahoma Police Pension and Retirement System while employed with the _____ Police Department.

Such service began on _____, and ended on _____.

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

3. Has workers compensation claim been filed? YES NO

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

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

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

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

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

APPLICANT SIGNATURE (**Witnessed by Notary**) _____ DATE _____

MAILING ADDRESS _____

CITY, STATE, ZIP CODE _____

TELEPHONE (_____) _____ EMAIL _____

NOTARY'S SIGNATURE:

STATE OF _____) ss.

COUNTY OF _____)

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

Notary Signature _____ My commission number _____

[SEAL] _____ My commission expires _____

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

- 1. Official Injury/Incident Report Form (if duty related)
- 2. Form 117 and List of Treating Physicians and Facilities
- 3. Any Miscellaneous Documentation in Support of Application
- 4. Physician Disability Statement
- 5. No Position – Letter from the Municipality