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MUNICIPAL APPLICATION FOR DISABILITY BENEFIT

PLEASE INDICATE DISABILITY TYPE:

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

I, _____, an official authorized to file this application, do hereby make application to the Oklahoma Police Pension and Retirement Board for a disability benefit under 11 O.S. § 50-101 et seq. for Officer _____ (“the officer”), a member of the Police Department of the City of _____, and respectfully submit the following:

1. To the best of my knowledge, the officer has completed _____ year(s) of credited service with the Oklahoma Police Pension and Retirement System.

Such service began on _____, and ended on _____.

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

3. Has workers compensation claim been filed? YES NO

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

5. Officer _____ has been temporarily disabled for a period of _____ month(s) in accordance with 11 O.S. § 50-116.1.

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

7. 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 the officer can fill.

8. I have attached documentation in support of this application for disability benefit.

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

AUTHORIZED CITY 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. Fitness for Duty Physical
- 3. Any Miscellaneous Documentation in Support of Application
- 4. No Position – Letter from the Municipality