



1001 N.W. 63RD STREET, SUITE 305
OKLAHOMA CITY, OKLAHOMA 73116-7335

TELEPHONE (405) 840-3555 • FAX (405) 840-8465 • 1-800-347-6552

WWW.OPPRS.OK.GOV

OPPRS has prepared a checklist detailing the required documentation needed to consider your disability application. To begin the process, please complete and submit an Application for Disability Benefit (Form 103) and a Medical Information Release (Form 117). These forms are available at <https://www.opprs.ok.gov/forms/>. You may submit the required documentation after your initial application and release forms. **Please note that this determination process may take several months to complete, so please plan accordingly.** If you wish to apply for a Back Drop retirement in conjunction with a disability, please also complete and submit Form 120.

REQUIRED DOCUMENTATION FOR DISABILITY DETERMINATION:

- Form 103 – Disability Application – Signed and Notarized, complete with ONLY injuries pertaining to your disability claim and dates of each injury. Item #2, please do not write “see attached”, list every injury pertaining to your disability claim with dates. If there is not enough space provided, please feel free to submit supplemental info in Word/PDF format.
- Form 117 Medical Release – Signed and Dated
- List of all treating physicians and facilities, including address and phone number, for every injury. We will collect all your medical records. Do not bring your medical records.
- Official Injury/Incident Report (If duty related) – We need complete reports with all narratives and supplemental information attached. If you are not mentioned in the report, please supply Dispatch Report and Crime Scene Log. We do not have any access to this information, it is your responsibility to provide this complete information. **DO NOT INCLUDE ANY PHOTOS**
- No Position Letter from the municipality, if available.
- Workers’ compensation information, including date of injury and Form 3 for each injury.
- Any other documentation that is pertinent to your disability

****NOTE:*** *Members will not be eligible to receive a monthly pension benefit (or Deferred Option Plan account balance, if applicable) until the disability determination process has been completed.*



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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, including dates of each injury (please do not write "see attached"):

3. Are you or have you been under administrative or criminal investigation in the last 12 months at the time of application or separation, whichever is earliest? If the answer is yes, please explain. YES NO

4. Has a workers compensation claim been filed? YES NO

5. I have attached Official Injury/Incident Reports (if duty related) for all injuries listed in #2 above.

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, if available.

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 _____
COUNTY OF _____)

[SEAL]

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

Notary Signature _____ My commission number _____

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/Facilities
- 3. "No Position Letter" from the Municipality, if available.
- 4. Any Miscellaneous Documentation in Support of Application