



**Place signed copy in employee's personnel file**

**Read carefully BEFORE signing below**

**Employee Personnel Policy Handbook Acknowledgement form:**

This is to acknowledge that I have received a copy of the Employee Personnel Policy Handbook adopted by Muskogee County and understand that it outlines the policies and practices that apply to me as an employee with Muskogee County.

I understand it is my responsibility to familiarize myself with ALL information in the handbook.

Since the information, policies and benefits described in this handbook are subject to change, I understand and agree that such changes can be made by Muskogee County at its sole and absolute discretion. Any changes to the policies and practices described in the Handbook must be made in writing by Muskogee County, in order to be effective. I understand this Handbook represents the sole policy of Muskogee County and replaces and supersedes any and all other oral or written personnel policies or procedures.

I understand this Handbook is NOT nor is it intended to be a contract of employment. I understand I am an employee-at-will and understand the Muskogee County elected officer retains the right to terminate his/her employees at any time for any reason not prohibited by Federal, State or Municipal Law. I also understand employees can terminate their own employment at any time.

I further understand that this signed statement will be placed in my personnel file.

**Employee's Name (Print):** \_\_\_\_\_

**Employee's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

# **Acknowledgment of receipt of Muskogee County's Drug & Alcohol Testing Policy**

**(ONLY for use with applicants and employees covered by DOT regulations.)**

This is to certify that I have received a copy of the Muskogee County Drug & Alcohol Testing Policy and understand that paragraphs 17-31 apply to me. I also certify that I have received a copy of the following:

- The Federal Motor Carrier Safety Regulations Pocketbook, which contains the complete text of 49 CFR Parts 40, 382, 383, 387, 390-397 and 399.
- A Driver Handbook entitled Drug & Alcohol Testing: Training and Awareness which contains significant information about:
  - 49 CFR Part 40
  - 49CFR Part 382
  - Material on the effects of alcohol and controlled substance use.

I understand the contents of the policy and the reasons behind the policy. I agree to adhere to the terms of the policy as a condition of my employment with Muskogee County or as a condition of my continued employment with Muskogee County.

**Witness:** \_\_\_\_\_

**Employee Signature:** \_\_\_\_\_

**Date Signed:** \_\_\_\_\_

**Acknowledgment of receipt of Muskogee County's Drug &  
Alcohol Testing Policy**

(NOT for use with applicants and employees covered by DOT  
regulations.)

This is to certify that I have received a copy of the Muskogee County Drug &  
Alcohol Testing Policy and understand that paragraphs 1-16 apply to me.

I understand the contents of the policy and the reasons behind the policy. I agree  
to adhere to the terms of the policy as a condition of my employment with  
Muskogee County or as a condition of my continued employment with Muskogee  
County.

**Witness:** \_\_\_\_\_

**Employee Signature:** \_\_\_\_\_

**Date Signed:** \_\_\_\_\_



**Employee's Withholding Certificate**

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

**2026**

<b>Step 1:</b> <b>Enter Personal Information</b>	(a) First name and middle initial	Last name	(b) Social security number
	Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> 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.)		
	<b>Caution:</b> 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](http://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 work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) 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 page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App).

<b>Step 2:</b> <b>Multiple Jobs or Spouse Works</b>	Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.		
	Do <b>only one</b> of the following.		
	(a) Use the estimator at <a href="http://www.irs.gov/W4App">www.irs.gov/W4App</a> for the most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; <b>or</b>		
	(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; <b>or</b>		
	(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than Step 2(b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, Step 2(b) is more accurate . . . . . <input type="checkbox"/>		

**Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs.** Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

<b>Step 3:</b> <b>Claim Dependent and Other Credits</b>	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 \$2,200 . . . . .	3(a) \$		
	(b) Multiply the number of other dependents by \$500 . . . . .	3(b) \$		
	Add the amounts from Steps 3(a) and 3(b), plus the amount for other credits. Enter the total here . . . . .		<b>3</b>	\$
<b>Step 4:</b> <b>Other Adjustments</b>	(a) <b>Other income (not from jobs).</b> If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . .		<b>4(a)</b>	\$
	(b) <b>Deductions.</b> 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 . . . . .		<b>4(b)</b>	\$
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .		<b>4(c)</b>	\$

Exempt from withholding	I claim exemption from withholding for 2026, and I certify that I meet <b>both</b> of the conditions for exemption for 2026. See <i>Exemption from withholding</i> on page 2. I understand I will need to submit a new Form W-4 for 2027 . . . . . <input type="checkbox"/>		
<b>Step 5:</b> <b>Sign Here</b>	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	Employee's signature (This form is not valid unless you sign it.)		Date
<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)

**OKLAHOMA TAX COMMISSION**  
**EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE**  
This certificate is for income tax withholding purposes only. Type or print.  
**NOTE: Do NOT mail to the Oklahoma Tax Commission.**

<b>Your First Name and Middle Initial</b>	<b>Last Name</b>	<b>Your Social Security Number</b>
<b>Home Address (Number and Street or Rural Route)</b>	<b>Filing Status</b> <input type="checkbox"/> <b>Single</b> <input type="checkbox"/> <b>Married</b> <input type="checkbox"/> <b>Married, but withhold at higher Single rate</b>	
<b>City or Town</b>	<b>State</b>	<b>ZIP Code</b>

1. Allowance For Yourself: Enter 1 for yourself .....	1	
2. Allowance For Your Spouse: Does your spouse work? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, enter 0. If no, enter 1 for your spouse...	2	
3. Allowance For Dependents: Enter the number of dependents you will claim on your tax return. Do not claim yourself or your spouse or dependents that your spouse has already claimed on his or her Form OK-W-4 .....	3	
4. Additional Allowances: You may claim additional allowances if you itemize your deductions or have other state tax deductions or credits that lower your tax. Enter the number of additional allowances you would like to claim .....	4	
5. Total Number of Allowances You Are Claiming: Add Lines 1 through 4 and enter total here .....	5	
6. Additional Withholding: If you expect to have a balance due (as a result of interest income, dividends, income from a part-time job, etc.) on your tax return, you may request your employer to withhold an additional amount of tax from each pay period. To calculate the amount needed, divide the amount of the expected balance due by the number of pay periods in a year. Enter the additional amount to be withheld each pay period here .....	6	\$
7. Exempt Status: If you had a right to a refund of all of your Oklahoma income tax withheld last year because you had no tax liability and this year you expect a refund of all Oklahoma income tax withheld because you expect to have no tax liability, write "Exempt" on Line 7. See information below .....	7	
8. If you meet the conditions set forth under the Servicemember Civil Relief Act, as amended by the Military Spouses Residency Relief Act and have no Oklahoma tax liability, write "Exempt" on line 8 and complete Form OW-9-MSE. See information below .....	8	
9. If income earned as a member of any active duty component of the Armed Forces of the United State is eligible for the military income deduction write "exempt" on Line 9 .....	9	

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate, or I am entitled to claim exempt status.

<b>Employee's Signature</b> (Form is not valid unless you sign it)	<b>Date</b> (MM/DD/YYYY)
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Form OK-W-4 is completed so you can have as much "take-home pay" as possible without an income tax liability due to the state of Oklahoma when you file your return. Deductions and exemptions reduce the amount of your taxable income. If your income is less than the total of your personal exemption plus your standard deduction, you should mark "Exempt" on Line 7 above. The following amounts of your annual Oklahoma adjusted gross income will not be taxed by the state of Oklahoma when you file your individual income tax return.

Single	Married Filing Joint
\$1,000 - personal exemption	\$ 2,000 - personal exemption
<del>\$6,350</del> - standard deduction	<del>\$12,700</del> - standard deduction
\$7,350 - Total	\$14,700 - Total
+\$1,000 for each dependent	+\$1,000 for each dependent

**ITEMS TO REMEMBER:**

- If your filing status is married filing joint and your spouse works, do not claim an exemption on Form OK-W-4 for your spouse.
- If you and your spouse have dependents, please be sure only one of you claim the dependents on your Form OK-W-4. If both spouses claim the dependents as an allowance on Form OK-W-4, it may cause you to owe additional Oklahoma income tax when you file your return.
- If you have more than one employer, you should claim a smaller number or no allowances on each Form OK-W-4 filed with employers other than your principal employer so the amount withheld will be closer to your amount of total tax.
- If you itemize your deductions, instead of using the standard deduction, the amount not taxed by Oklahoma may be a greater or lesser amount.
- If you are claiming an "Exempt" status due to the Military Spouses Residency Relief Act you must provide Form OW-9-MSE "Annual Withholding Tax Exemption Certification for Military Spouses".





# Employment Eligibility Verification

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9

OMB No.1615-0047

Expires 07/31/2026

**START HERE:** Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

**ANTI-DISCRIMINATION NOTICE:** All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

**Section 1. Employee Information and Attestation:** Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)		
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State	ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address			Employee's Telephone Number	
<b>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</b>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):					
		<input type="checkbox"/> 1. A citizen of the United States					
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)					
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)					
		<input type="checkbox"/> 4. A noncitizen (other than <b>Item Numbers 2. and 3.</b> above) authorized to work until (exp. date, if any)					
		If you check <b>Item Number 4.</b> , enter one of these:					
		USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance	
Signature of Employee					Today's Date (mm/dd/yyyy)		

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the [Preparer and/or Translator Certification](#) on Page 3.

**Section 2. Employer Review and Verification:** Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

List A		OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)		<b>Additional Information</b>			
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority		Check here if you used an alternative procedure authorized by DHS to examine documents.			
Document Number (if any)					
Expiration Date (if any)					
<b>Certification:</b> I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.					First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative			Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name			Employer's Business or Organization Address, City or Town, State, ZIP Code		

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.



## LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

\* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

**Examples of many of these documents appear in the Handbook for Employers (M-274).**

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ol> </li> </ol> </li> <li>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</li> </ol>		<ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>		<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security               <p style="margin-top: 10px;">For examples, see <a href="#">Section 7</a> and <a href="#">Section 13</a> of the M-274 on <a href="https://uscis.gov/i-9-central">uscis.gov/i-9-central</a>.</p> <p>The Form I-766, Employment Authorization Document, is a List A, <b>Item Number 4.</b> document, not a List C document.</p> </li> </ol>

### Acceptable Receipts

May be presented in lieu of a document listed above for a temporary period.

For receipt validity dates, see the M-274.

<ul style="list-style-type: none"> <li>• Receipt for a replacement of a lost, stolen, or damaged List A document.</li> <li>• Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.</li> <li>• Form I-94 with "RE" notation or refugee stamp issued to a refugee.</li> </ul>	OR	<p>Receipt for a replacement of a lost, stolen, or damaged List B document.</p>	<p>Receipt for a replacement of a lost, stolen, or damaged List C document.</p>
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\*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.

### Employer-offered Insurance Policy

Muskogee County provides group health, dental and vision insurance plans to all active employees who are normally scheduled to work 30 or more hours per week. Details concerning available plans, level of coverage and premium costs are in the benefit information provided during new hire orientation or available from Human Resources.

Insurance coverage begins on the **1st of the month following 60 days of fulltime employment**. All necessary enrollment forms must be completed within the first 30 days of employment. Current part-time employees who become full-time employees will be notified by Human Resources when they are eligible to enroll.

You have the option of waiving all pre-tax benefits. Should you choose to waive these benefits, you will not have another opportunity to elect them until the next Open Enrollment Period, and any after-tax coverage permitted by Muskogee County will be outside the plan. The only exception to this is in the case of a Change in Election Event for an applicable benefit. Some common Change in Election Events include changes in employment status, divorce and marriage. In these circumstances, the election change must be on account of and consistent with the Change in Election Event, as described in the Plan.

As a result of termination, a reduction in work hours or in the event that an employee goes on military leave or takes another extended leave of absence, an employee may be eligible to continue the company's group coverage by paying the monthly premium. More information will be provided when an employee becomes eligible for continuation coverage.

**Employees are urged to consult the insurance summary plan description for details of the plan benefits. The plan document controls payment of any benefits.**

Enrollment in group insurance is voluntary. There will be no increase in wages if an employee waives coverage. For inquiries, contact the Human Resources department.

**I understand I have 30 days from \_\_\_\_/\_\_\_\_/\_\_\_\_ (date of hire) to complete my employee benefits enrollment documents. Failure to complete these documents within the first 30 days of employment, will result in a waiver of all coverages. I also understand if I miss the deadline, I will not be able to enroll in the employee benefits through Muskogee County until the next benefits open-enrollment, unless if I have an eligible qualifying event.**

**Print Name:**\_\_\_\_\_

**Signature:**\_\_\_\_\_ **Date:**\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Muskogee County**

Printed 01/01/2020



## Enrollment Worksheet

This worksheet is provided to help Retirement Coordinators gather the necessary information on each employee eligible for membership in OPERS. Please do not submit this paper worksheet. The data contained on this worksheet should be submitted via the secure member enrollment site at <https://connect.opers.state.ok.us>. Effective June 30, 2009, OPERS no longer accepts enrollment forms on paper.

### MEMBER INFORMATION

<hr/>		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																
Name (First, Middle, Maiden, Last)		Member's Social Security Number																
<hr/>		<hr/>				<hr/>												
Mailing Address		Member's Date of Birth				Member's Gender												
<hr/>		<hr/>																
Marital Status (Check one)		<hr/>				Member's Telephone Number												
<input type="checkbox"/>	Married, but separated	Spouse's Full Name (First, Middle, Maiden, Last)				<hr/>												
<input type="checkbox"/>	Married	<hr/>				<hr/>												
<input type="checkbox"/>	Never married	Spouse's Date of Birth				Spouse's Social Security Number												
<input type="checkbox"/>	Divorced	<hr/>				<hr/>												
<input type="checkbox"/>	Widowed	<hr/>				<hr/>												
<hr/>																		
1. Is the employee an elected official? .....								YES	NO									
2. Has the employee previously worked for this employer or another employer participating in OPERS? .....								<input type="checkbox"/>	<input type="checkbox"/>									
If yes, did the employee elect to participate in the 2.5% Step-Up Program? .....								<input type="checkbox"/>	<input type="checkbox"/>									
3. Is the employee currently contributing to any other retirement system created under the laws of the State of Oklahoma?								<input type="checkbox"/>	<input type="checkbox"/>									
If yes, give the name of the retirement system: .....																		
(Ex: Oklahoma Firefighters Pension and Retirement System, Oklahoma Police Pension and Retirement System, Oklahoma Law Enforcement Retirement System, Oklahoma Teachers' Retirement System, Uniform Retirement System for Justices and Judges)																		
4. Is the employee currently contributing to the Federal Civil Service Retirement System? .....								<input type="checkbox"/>	<input type="checkbox"/>									

List the above named employee's service with any OPERS participating employers. List temporary and permanent employment separately. (Attach additional sheets if necessary.)

	PERMANENT	TEMPORARY	SEASONAL	Beginning Employment Date MM/DD/YY	Ending Employment Date MM/DD/YY
Current Position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>	<hr/>
Former Position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>	<hr/>
Former Position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>	<hr/>

Monthly Gross Compensation
\$

### REMINDERS

- Enroll new employees online (OPERS will not accept paper enrollments)
- Give employees the following:
  - Essential/OPERS or Member Handbook (both available online)
  - Beneficiary Designation Form
  - 2.5% Step-Up Brochure
- You can print the data entered on the online enrollment site for your records.

If you have any questions about the enrollment process or the online enrollment website, please contact OPERS.

#### 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](http://www.opers.ok.gov)

Rev. 9/2020



# Beneficiary Designation

Active or Vested Member Death Benefits

515-116AV-14  
04

This form allows you to designate a person or institution as your primary and contingent beneficiaries for receipt of retirement funds in the event of your death before retirement. 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 – Active or Vested Member Death Benefits* form. Please print clearly in ink and return the original form to OPERS at the address below.

## PART 1 – MEMBER INFORMATION

_____	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										<table border="1"><tr><td><input type="checkbox"/></td><td>Married, but separated</td></tr><tr><td><input type="checkbox"/></td><td>Married</td></tr><tr><td><input type="checkbox"/></td><td>Never married</td></tr><tr><td><input type="checkbox"/></td><td>Divorced</td></tr><tr><td><input type="checkbox"/></td><td>Widowed</td></tr></table>	<input type="checkbox"/>	Married, but separated	<input type="checkbox"/>	Married	<input type="checkbox"/>	Never married	<input type="checkbox"/>	Divorced	<input type="checkbox"/>	Widowed
<input type="checkbox"/>	Married, but separated																				
<input type="checkbox"/>	Married																				
<input type="checkbox"/>	Never married																				
<input type="checkbox"/>	Divorced																				
<input type="checkbox"/>	Widowed																				
Name (First, Middle, Last)	Social Security number	Marital status																			
_____		_____																			
Mailing address (Street or P.O. Box, City, State, Zip+4)	Daytime telephone number																				

## PART 2 – 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)
1.					
2.					
3.					
4.					

## PART 3 – CONTINGENT BENEFICIARY DESIGNATION - Will only receive benefits if all primary beneficiaries are deceased.

	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)
1.					
2.					
3.					
4.					

☐ Mark here if you need to designate additional beneficiaries than the space above allows. You can obtain an *Additional Beneficiary Designation* page from OPERS at [www.opers.ok.gov/forms](http://www.opers.ok.gov/forms) or by calling (800) 733-9008.

## PART 4 – SIGNATURE

On this form, I have made my beneficiary designations for active or vested 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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Beneficiary Designation Instructions & Information

This form is to be used only by active or vested members of the Oklahoma Public Employees Retirement System (OPERS) to designate or change beneficiaries to receive one of the following death benefits:

### 1. Spouse Benefits

The first type of benefit is a survivor benefit and is available only to your legal surviving spouse, if you are vested, eligible to vest, or eligible to retire at the time of your death. Your surviving spouse will be offered Option B survivor benefits. However, no benefits shall be payable before the date the deceased member would have met the requirements for a normal or early retirement. If your spouse elects to receive the survivor benefit, there will be no benefit payments to your other beneficiaries.

### 2. Accumulated Employee Contributions

The second type of benefit is a one-time lump-sum payment equal to your accumulated contributions. If no surviving spouse benefit is to be paid at your death, your accumulated contributions will be distributed among your primary beneficiaries. If one or more of your primary beneficiaries are deceased, accumulated contributions will be distributed among your remaining living primary beneficiaries. Contingent beneficiaries will receive accumulated contributions only if there are no living primary beneficiaries.

### Whom Can You Name as Beneficiary?

You can choose:

- A living person.
- An institution.
- Your estate.
- A trust.
- Any combination of these options.

### Primary Versus Contingent Beneficiaries

- Primary beneficiaries are “first in line” to receive benefits in the event of your death. All primary beneficiaries share equally, unless otherwise noted on the form.
- Contingent beneficiaries only receive benefits in the event all primary beneficiaries die before or simultaneously with the member. All contingent beneficiaries share equally, unless otherwise noted on the form.

### Information to Provide

Each time you complete a new form, it is important you provide the full legal name, address, relationship, date of birth and Social Security number of each individual person (or taxpayer identification number (TIN) of each institution) you designate. You must also designate whether the beneficiary is primary or contingent. Each piece of information helps ensure the named beneficiary is located and the proper person or institution receives the correct distribution.

### Designating an Institution as Beneficiary

To name an institution (charity, church, etc.), please provide all of the information requested in Parts 2 and/or 3.

### Designating a Trust as Beneficiary

To designate a trust as beneficiary, you should provide the name of the trust and the date the trust was created in the space provided for naming a beneficiary. Please also provide a copy of the Memorandum of Trust with your beneficiary designation.

### Designating a Minor as Beneficiary

A minor can be named as your beneficiary. However, it is often very difficult and sometimes costly for the minor beneficiary to receive payment, especially if the amount to be paid exceeds \$10,000. Before you designate a minor as beneficiary, contact OPERS for more details.

**Each time you complete a beneficiary form, it cancels all prior beneficiary designations with OPERS for these death benefits.** Your designations do not become effective until this form is signed and received in the OPERS office. This beneficiary form will not update any life insurance or SoonerSave beneficiaries you may have.

### Naming Additional Beneficiaries

If you need to name more beneficiaries than space allows on this form, use an *Additional Beneficiary Designation* page. This page must be received with your completed *Beneficiary Designation* form to be valid. You can download an additional page at [www.opers.ok.gov/forms](http://www.opers.ok.gov/forms) or contact OPERS to receive one by mail.

For more information, you may reach OPERS at the contact information below. When you have completed and signed this form, please return the original form to OPERS at the address below.

## OPERS HAZARDOUS DUTY QUESTIONNAIRE

In each defined OPERS plans, membership is mandatory for most employees. All members participate in these plans by contributing a certain portion of their salary to the plan each month. Likewise, the organization the member works for also contributes on behalf of the member. These member and employer-paid contributions have no direct relationship to the benefit that the Plan promises the member. In fact, the benefit the member will receive is not based upon the amount of contributions the member and his or her employer paid but upon a formula which involves the member's compensation and the number of years of credited service the member has accrued throughout his or her career. The member and employer paid contributions are invested by the Plan, under the direction of the Board of Trustees, to make the benefit promise a reality for all present and future members.

- Hazardous Duty employees, which includes Correctional Officers, Probation and Parole Officers and Fugitive Apprehension Agents of the Department of Corrections; as well as Oklahoma Military Department Firefighters, Grand River Dam Authority Lake Patrol Officers and County Deputy Sheriffs and Jailers.

I, \_\_\_\_\_, (Check one) ☐ Have worked ☐ Have **NOT** worked as a Deputy Sheriff / Jailer before today's date.

---

Employee Signature

---

Date

AUTHORIZATION FOR  
**AUTOMATIC (DIRECT) DEPOSIT**

**MUSKOGEE COUNTY**

**MUSKOGEE COUNTY ID#** \_\_\_\_\_

I authorize Muskogee County to initiate credit entries and, if necessary, to initiate any debit entries to correct an erroneous credit entry to my account at the DEPOSITORY (identified below), for the purpose of automatically depositing funds to my account. I acknowledge that the origination of these transactions must comply with the provisions of U.S. law.

DEPOSITORY NAME \_\_\_\_\_

BRANCH \_\_\_\_\_ PHONE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

ROUTING NUMBER \_\_\_\_\_ **See attached voided check or Deposit Slip**

ACCOUNT NUMBER \_\_\_\_\_ ☐ Checking ☐ Savings

☐ New Authorization ☐ Change to Previous ☐ Termination

I understand that this authorization replaces any previous authorization and will remain in full force and effect until MUSKOGEE COUNTY has received written notification from me of its termination in such time and in such manner as to afford MUSKOGEE COUNTY and DEPOSITORY a reasonable opportunity to act on it.

NAME (Print or Type): \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**\*\* ATTACH ONE OF THE FOLLOWING \*\***

**VOIDED CHECK**

**VOIDED DEPOSIT SLIP**

**DIRECT DEPOSIT AUTHORIZATION LETTER FROM BANK**





*Polly Irving, County Clerk*

Muskogee County Clerk  
P.O. Box 1008  
Muskogee, Oklahoma 74402  
(918) 682-2169

Sheila Harrison, Chief Deputy

Kyle Caves, 2<sup>nd</sup> Deputy

## **EXITING EMPLOYMENT PROCEDURES**

- All uniforms purchased with County funds will be returned to the hiring department to which you were hired.
- All keys &/or badge keys in your possession that were utilized to perform your job duties are to be returned to the hiring department to which you were hired.
- All ***Final*** paychecks are in the form of a check and available for in-person pickup Monday through Friday 8:00 a.m. – 4:30 p.m. at the County Clerk's Office on the regular scheduled pay date.

I \_\_\_\_\_, understand the above listed procedures.  
(Print Name)

\_\_\_\_\_  
(Employee Signature)

\_\_\_\_\_  
(Date)