

Ohio Police & Fire Pension Fund 140 East Town Street Columbus, OH 43215 Phone: 1-888-864-8363 Fax: (614) 628–1777 www.op-f.org

## 2024 LOW-INCOME STIPEND INCREASE APPLICATION

Complete and return this form to the Ohio Police & Fire Pension Fund (OP&F) to apply for an increase in the health care stipend amount provided to eligible OP&F retirees. To be eligible for the increase, your total household income must be equal to or less than the guidelines listed in the table below. Do not return this form if your income exceeds these eligibility limits.

OP&F must receive this completed form (both pages) within 60 days of your qualifying event if you are newly retired or a new survivor of a deceased OP&F member.

If OP&F does not receive this form by the 60-day deadline, you waive any right to request a stipend increase for 2024. There are no retroactive increases. This increase period will only be valid for 2024. You must submit a new application for an increase for each subsequent year.

In 2024, OP&F may grant a 30 percent increase to the stipend provided to eligible participants. If you are eligible for the OP&F health care stipend and have a household income less than or equal to the amounts listed in the Eligibility Table to the right, you may be eligible for the stipend increase. Each year, you must submit a new application to apply for the stipend increase.

**Eligibility Table** Size of Household family income less unit: than or equal to: \$36,450 1 2 \$49,300 3 \$62,150 4 \$75,000 5 \$87.850 6 \$100.700 For each additional person, add \$12,850

**Eligibility:** To be eligible for the stipend increase for 2024, you must have had a total household income on your most recently filed Federal Income Tax return equal to or less than 250 percent of the poverty level established annually by the Department of Health and Human Services. As a result, the gross income levels that OP&F will use are indicated to the right. For example, if there were a total of two individuals residing in your household and your combined income was less than or equal to **\$49,300**, you would be eligible for the stipend increase.

**Application process:** If your total household income is less than or equal to the guidelines listed in this section, you can apply for the stipend increase by completing this form and attaching **a copy of your most recently filed Federal Income Tax return**. If you do not file Federal Income Taxes, contact OP&F to request an affidavit to attest to this fact.

OP&F must receive this form and a copy of your <u>signed Federal Income Tax return</u> (or affidavit) within 60 days of your qualifying event if you are newly retired or are a new survivor.

Section A:	Member inform	ation					
Name: First, MI, Last, suffix (Jr. III, etc.)			Member	Social Security Number			
				Date of birth			
Street Address / Post office box			Home telephone				
City, State, ZIP code			Alternate telephone				
Email							
Email							
Marital status							
	Single	Married	Divorced	Married, but previously divorced			
Section B: Household information							
How many people live in your household?							
	Members of the household include you, your spouse and any other person residing in your home.						
			<i>,</i> , , , , , , , , , , , , , , , , , ,				
	What was your total gross household income (amount before any deductions or taxes) on your most						
\$	recently filed Federal Income Tax return, including yourself and anyone living in your household? Household income includes all income received by members of the household from OP&F and any other						
income that is reportable according to the Internal Revenue Service (IRS). <b>Complete the worksheet on</b>							
Page 2 of this form to determine your total gross household income. Surviving spouses do not need							
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## Section C: Gross household income worksheet

This worksheet must be completed to determine your gross household income for Section B on Page 1.

Report all income received by members of the household, including any earnings related to OP&F service retirement or disability benefits, and any other income that is reportable according to the Internal Revenue Service. If you are a surviving spouse, you do not need to include your deceased spouse's income.

Gross household income	Benefit recipient / survivor	Spouse	Dependents		
<b>OP&amp;F income</b> Including disability benefits, Death Benefit Fund, annuities and statutory survivor benefits	\$	\$	\$		
Job-related income	\$	\$	\$		
Child support	\$	\$	\$		
Spousal support	\$	\$	\$		
Unemployment	\$	\$	\$		
Social Security	\$	\$	\$		
Welfare assistance	\$	\$	\$		
Workers' compensation	\$	\$	\$		
Investment income Sales of stock, real estate or other assets, dividends, cash, etc.	\$	\$	\$		
Other income	\$	\$	\$		
TOTALS:	\$	\$	\$		
Add the benefit recipient, spouse and dependent columns for Total gross household income					

## Section D: Signature and acknowledgement

I, the person described in Section A of this *Low-Income Stipend Increase Application*, certify that all information provided by me is true and complete and that no information has been omitted. I agree that OP&F is entitled to recover all losses incurred resulting from the foregoing representation being incorrect or incomplete. I further agree that any misstatement, misrepresentation or omission may impact my ability to participate in the Low-Income Stipend Increase Program.

Member Signature:		Date of signature:		
Section E: Nota	ry public requirement			
The notary public in go	ood standing must sign in the sp	ace provided in this section and affix their seal.		
State of	, County of	, SS:		
		on was acknowledged before me by the person named in the foregoing, 20		
Affix Seal here		Notary's signature:		
		Print name:		
		My commission expires:		
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