

## AFFIDAVIT FOR INCAPACITATION

This form must be completed and properly notarized in order for a person to apply for disability benefits on behalf of an incapacitated OP&F member. This form does not give the person who is filing the Disability Benefit Application on the member's behalf the authority to complete the Annuity Payment Plan Selection Form.

Before me, a Notary Public in and for said state, personally appeared \_\_\_\_\_ (name of person acting for member), who being by me duly sworn, deposes and says that:

1. I am acting on behalf of \_\_\_\_\_ (OP&F member) SSN: \_\_\_\_\_ for purposes of filing a disability benefit application with the Ohio Police & Fire Pension Fund.
2. The member referenced in #1 is mentally or physically impaired as a result of a mental or physical illness or condition of disability with respect to which the attending physician, Dr. \_\_\_\_\_, practicing at: \_\_\_\_\_  
*Street address*  
 \_\_\_\_\_  
*City, State, ZIP code*  
 \_\_\_\_\_  
 finds that there is no present indication of recovery.
3. My relationship to the member referenced in #1 is that of \_\_\_\_\_.
4. In addition, I hereby certify that the information in the disability benefit application is true and accurate to the best of my knowledge and belief.
5. This affidavit and accompanying disability benefit application are being mailed on \_\_\_\_\_ to the Ohio Police and Fire Pension Fund, 140 East Town Street, Columbus, Ohio 43215.

Further affiant sayeth naught.


|   |                    |
|---|--------------------|
| Signature of Affiant:<br> | Date of signature: |
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**Notary public requirement**

The notary public in good standing must sign in the space provided in this section and affix their seal.

State of \_\_\_\_\_, County of \_\_\_\_\_, ss:

Thr foregoing was acknowledged before me by the person named above,  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

|                 |   |
|-----------------|---|
| Affix Seal here | Notary's signature:<br><br>Print name:<br>_____<br>My commission expires:<br>_____ |
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