# Ohio Police & Fire Pension Fund

# APPLICATION FOR REINSTATEMENT OF SURVIVOR BENEFITS

A change to Ohio law in 2017 removes the student status requirement for surviving dependent children to receive survivor and Death Fund benefits from the Ohio Police & Fire Pension Fund (OP&F).  Unmarried dependent children may be eligible to receive survivor benefits until age 22, regardless of student status. Once the surviving child reaches age 22, the benefits will terminate. Survivor or Death Fund benefits may be available to children who had benefits terminated or who had never received them due to loss of student status.

These benefits will commence or resume on the first day of the month following OP&F's receipt of this application for benefits.  To be eligible to commence or resume benefits an application must be received on or before Dec. 31, 2017.  Applications received after this date will not be processed.  No benefits will be paid retroactively.

## Section A: Member information

Name of deceased member: First, MI, Last, suffix (Jr. III, etc.)

Social Security number

## Section B: Applicant information

Name of applicant

☐ single
☐ married

Date of birth

Permanent address (street, P.O. Box)

Permanent address (City, State, ZIP code)

Phone number

Social Security number

## Section C: Signature and acknowledgement

I hereby apply for any benefits that may be payable to me under sections 742.37 and 742.63 of the Ohio Revised Code. I certify that I am not married and agree to promptly notify the OP&F Board of Trustees in the event of my marriage. I further agree to be responsible for returning any overpayment resulting from ineligibility to OP&F.

I understand that I may be required to provide additional documentation to receive survivor or Death Fund benefits.

Signature of applicant
▶

Date of signature

## Section D: 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:

The foregoing *Application for Reinstatement of Survivor Benefits* was acknowledged before me by the applicant named in the foregoing Section B, this _____ day of _____ , 20_____.

Affix Seal here

Notary's signature:
▶

Print name:

My commission expires:

OP&F office use only:
☐ **DBF eligible**

Deliver to: Member Services/Processing Group
0584          3/14/2017. Previous versions obsolete.

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