



DATA REQUEST FORM

Information about OP&F members is protected from disclosure to outside sources absent an authorization from the member releasing that information. Ohio Revised Code (ORC) 742.41 provides in part that a member's, former member's, or other system retiree's name and address are confidential. However, any organization or association of OP&F members may receive a list of names and addresses of members and other system retirees at least once a year at a reasonable charge (ORC 742.41(E)(3)). This form may be utilized by member and retiree groups to obtain this list. The information obtained from OP&F should only be used in furtherance of the groups' purposes and should not be shared with other groups, individuals or entities that are not made up of OP&F members.

For security purposes, data requested by completing this form will only be available via electronic download from the Partners Secure Site link at www.op-f.org. Registration and verification is required prior to accessing this portion of the website.

Section A: Recipient information

Name	Title	Phone
Organization	Organization phone	
Street Address / Post office box	Organization fax	
City, State, ZIP code		
Email address	Date of request	Desired date for availability

Section B: Purpose of request

Please explain the purpose for this request

Section C: Selection criteria

<p>Data to be included (check all that apply):</p> <p><input type="checkbox"/> Member's name</p> <p><input type="checkbox"/> Member's mailing address</p> <p><input type="checkbox"/> Member's employer</p>	<p>Membership status (check all that apply and provide dates):</p> <p><input type="checkbox"/> Active Members: (include re-employed retirees? <input type="checkbox"/>) Those who are active members as of: ____/____/____</p> <p><input type="checkbox"/> Retired Members: (include re-employed retirees? <input type="checkbox"/>) Those who retired on or before: ____/____/____</p> <p><input type="checkbox"/> Deceased Members Those who died on or before: ____/____/____ ...or between these dates: ____/____/____ and ____/____/____</p> <p><input type="checkbox"/> Surviving Spouses Those who became a surviving spouse on or before: ____/____/____ ...or between these dates: ____/____/____ and ____/____/____</p> <p><input type="checkbox"/> Surviving Children Those who became a surviving child on or before: ____/____/____ ...or between these dates: ____/____/____ and ____/____/____</p>	<p>Employment (check all that apply):</p> <p><input type="checkbox"/> Police</p> <p><input type="checkbox"/> Fire</p>
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Section D: Optional criteria restrictions

Include ONLY these **cities** for members:

Include ONLY these **states** for members:

Include ONLY these **ZIP codes** for members:

Include ONLY these **cities** for employers:

Include ONLY these **ZIP codes** for employers:

Section E: Sort

Sort by (check one only):

- Numerically by member's ZIP code (default)
- Alphabetically by member's last name
- Alphabetically by member's city
- Alphabetically by member's employer

Section F: Output and delivery

Unless special approval is granted by OP&F, the data requested by completing this form will only be available via electronic download from the Partners Secure Site link at www.op-f.org. Registration and verification is required prior to accessing this portion of the website.

Data to be downloaded via the secure online website will be formatted as a Microsoft Excel document. To retrieve the file, the requesting organization must register with OP&F via the Partners Secure Site link at www.op-f.org. After an account has been established and verified, the file will be available online.

If special approval is granted, please choose from an output type below (fees are waived if a *Confidentiality Agreement* is received by OP&F with this form).

- Report** (8.5 x 11 inch paper): \$40.00
- CD** (PC formatted): \$36.00
- Labels** (3.5 x 1 inch, self-adhesive labels): \$38.00 for the first 1,000 labels, \$3.00 for each additional 1,000 labels.

If special approval is granted, please indicate the individual from your organization who will be picking up your order at OP&F (**this data will NOT be mailed**).

Name	Phone
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OP&F use only

- Review complete**
- Paid** **Fee waived**

Executive Assistant

Date

- Approved**

General Counsel

Date

Section G: Confidentiality agreement

- I wish to have the fees waived for this request by completing and abiding by the following Confidentiality Agreement.
- I DO NOT wish to have the fees waived for this request, I will not complete and abide by the following Confidentiality Agreement.



THIS CONFIDENTIALITY AGREEMENT (the "Agreement") is made this _____ day of _____, 20____ (the "Effective Date"), by and between Ohio Police and Fire Pension Fund, a public pension system created under Chapter 742 of the Ohio Revised Code ("OP&F"), and the Organization listed in the forgoing Section A, an OP&F membership organization ("Recipient").

As provided for in Section 742.41 of the Ohio Revised Code and Ohio Administrative Rule 742-7-02, the Recipient desires OP&F to prepare the mailing list described in Exhibit A and OP&F is willing to provide such list at no cost upon Recipient's execution and delivery of this Agreement to OP&F.

NOW, THEREFORE, in consideration of the foregoing and the mutual covenants and provisions set forth herein, the parties hereto agree as follows:

- 1. Confidential Information/Requirements.** As used in this Agreement, "Confidential Information" shall mean the names and addresses of OP&F members requested in the Mailing List Services form attached as Exhibit A. All Confidential Information supplied by OP&F to the Recipient or any employee, agent, officer, director, shareholder, independent contractor or representative of Recipient (collectively, the "Representatives") shall be protected and maintained by the Recipient and the Representatives on a confidential basis and the Recipient and the Representatives shall not use any of the Confidential Information for their own purposes or rewards (other than as expressly permitted by this Agreement). The Recipient and the Representatives shall refrain from directly or indirectly disclosing Confidential Information to any person, firm, company, or entity, or knowingly making any Confidential Information available to any others for any use. Failure to mark any of the Confidential Information as confidential or proprietary shall not affect its status as Confidential Information.
- 2. Information Not Covered Under This Agreement.** This Agreement shall not apply to specific information if (a) the information is or later becomes generally available to the public, except as a result of an unauthorized disclosure by the Recipient or any of the Representatives or (b) the information is disclosed to Recipient by a third party (except an employee or former employee of OP&F) who is not under a legal restriction not to so disclose such information.
- 3. Governing Law.** This Agreement shall be governed by and construed and enforced in accordance with the laws of the State of Ohio (regardless of the laws that might be applicable under principles of conflicts of law) as to all matters, including but not limited to, matters of validity, construction, effect and performance.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the day and year first above written by their duly authorized representatives.

Ohio Police & Fire Pension Fund 	Recipient 
Title	Title