



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

LETTER OF INTENT

Extended student benefits are payable during a vacation period provided that:

1. Period does not exceed four months in duration;
2. Student does not receive benefits for more than one vacation period per year; and
3. Student intends to, and subsequently does, return to a qualified program of instruction after the vacation period ends.

Section A: Member information

Name of deceased member: First, MI, Last, suffix (Jr. III, etc.)	Social Security Number <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>				

Section B: Student information

Name of student:	Date of birth <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>				
Permanent address (street, P.O. Box)	Social Security Number <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>				
City, state, ZIP code	Phone number				

Section C: Past attendance

Dates student last attended:	Name of school				
From	Address				
<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>					
To	City, state, ZIP code				
<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>					

Section D: Intended attendance

Student intends to return to school on the following date	Name of school				
<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>					Address
	City, state, ZIP code				

Section E: Signature and acknowledgement

We certify that the above information is true and agree to conform to the eligibility requirements for extended benefits for the vacation period as outlined in items 1 through 3 above. We further agree to be responsible for returning any overpayment resulting from ineligibility, and understand and agree that the Ohio Police & Fire Pension Fund (OP&F) will offset any such overpayment against any benefits that we receive or may be due to receive from OP&F, as applicable.

Signature of Student:	Date: <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>				
Signature of Parent or Guardian:	Date: <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>				