



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

OP&F STIPEND INCREASE AFFIDAVIT

For not filing a Federal Income Tax return

If you meet eligibility guidelines and are applying for the Ohio Police & Fire Pension Fund (OP&F) Low-Income Stipend Increase Program, you must complete this affidavit if you did not file a Federal Income Tax return for the qualifying year.

Both the worksheet on Page 2 of the *Low-Income Stipend Increase Application* and this affidavit must be complete to be considered for the increase in stipend. The deadline to return these materials is Nov. 6 of the year prior to the application year. If approved, the stipend increase will be reflected in a letter you will receive in December prior to the funding of your Health Reimbursement Arrangement (HRA). Each year you must submit a new application and the required paperwork.

Additional details can be found on the *Low-Income Stipend Increase Application* or by calling OP&F Customer Service at 1-888-864-8363.

Section A: Member information

Name: First, MI, Last, suffix (Jr. III, etc.)			Social Security number													
Street Address / Post office box			<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>													
City, State, ZIP code			Date of Birth													
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Home phone <input type="checkbox"/> New	Alternate phone <input type="checkbox"/> New	Email address <input type="checkbox"/> New														

Section B: Member signature and acknowledgement

Being duly sworn, I depose and certify that I do not file a Federal Income Tax return and that my gross household income is as stated in the *Low-Income Stipend Increase Application* accompanying this affidavit.

Signature of OP&F member listed in Section A of this form: ▶	Date of signature:
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Section C: 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 *OP&F Stipend Increase Affidavit* was acknowledged before me by the person named in the foregoing Section A, this _____ day of _____, 20_____.

Affix Seal here	Notary's signature: ▶
	Print name:
	My commission expires: