



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

SURVIVOR BENEFIT APPLICATION

Whether a police officer or firefighter dies before or after retirement, his or her eligible survivors qualify for monthly cash benefits from the Ohio Police & Fire Pension Fund (OP&F). Depending upon the circumstances involved, a survivor might qualify for additional benefits. These survivor benefit programs are described in OP&F's *Member's Guide to Survivor Benefits*.

Upon a member's death, OP&F should be contacted immediately to begin the survivor benefits determination process. Documents that OP&F must have on file for proper application include the member's death certificate, marriage certificate, and the birth certificates of children eligible for benefits. Below is a chart outlining who is eligible to receive survivor benefits and what they need to do to apply. Additional documentation may be required.

Relationship	To apply, complete and file this application along with...
Spouse of eligible member	... a copy of solemnized marriage certificate.
Eligible Children under 22 and unmarried	... a copy of the child's birth certificate. A copy of guardianship award or divorce decree granting custody of child may also be required.
Dependent Disabled Children	...a copy of the child's birth certificate. Also be prepared to provide supporting documentation showing that a surviving child of any age is mentally or physically disabled so that he or she was totally dependent on the decedent for support at the time of the decedent's death. This is outlined in the <i>Member's Guide to Survivor Benefits</i> . A copy of guardianship award or divorce decree granting custody of child may also be required.
Dependent Parent(s)	...proof of dependency through Federal Income Tax Return.
Spouse of a former member of, or contributor to, a local fund established under former Ohio Revised Code Chapters 521 or 741 whose benefits have been terminated or not paid by the local fund due to re-marriage	...an affidavit signed by an independent third party and notarized that states that the decedent was a former member of, or contributor to, a fund established under former Chapter 521 or 741 of the Revised Code.

Section A: Member/Decedent information

Name: First, MI, Last, suffix (Jr. III, etc.)	<input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>				
Former employer	<input type="checkbox"/> Police officer <input type="checkbox"/> Firefighter	Date of Death <table border="1" style="width: 100%; height: 20px;"> <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: Applicant information

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

Male
 Female

Social Security number

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Street Address / Post office box

Date of Birth

City, State, ZIP code

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Home phone

New

Alternate phone

New

Email address

New

- Spouse**, date of marriage _____ ; or
- Former spouse**, date of divorce or dissolution _____ ; or
- Children between ages 18 and 22 and unmarried** ; or
- Custodian or guardian**, date of guardianship _____ ; or
- Administrator, Executor, Commissioner**, date of appointment _____ ; or
- Dependent Parent(s)**
- Power of Attorney**

Section C: Events of termination

Please be advised that there are certain events that will cause the termination of OP&F-sponsored survivor benefits to a surviving spouse and dependent children or parent(s), if applicable. Please review the following table of events of termination since you are required to timely notify OP&F of such events.

If you fail to notify OP&F upon an applicable terminating event, you will be responsible for repayment to OP&F of all overpaid benefit payments paid to you, or on behalf of a survivor, from the date of the event of termination.

Survivors	Events of termination
Spouse	<ul style="list-style-type: none"> • Death
Member's child	<ul style="list-style-type: none"> • Death • Marriage • Attainment of age 22
Dependent Disabled Child	<ul style="list-style-type: none"> • Death • Recovery from disability
Dependent parent(s)	<ul style="list-style-type: none"> • Death • Marriage • Termination of dependency

Section D: Eligible dependents

Please list all eligible surviving dependents and provide the requested information:

Name: First, MI, Last, suffix (Jr. III, etc.)	<input type="checkbox"/> Child, under 22, if unmarried <input type="checkbox"/> Child, disabled dependent <input type="checkbox"/> Dependent parent	Social Security Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date of Birth <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Name: First, MI, Last, suffix (Jr. III, etc.)	<input type="checkbox"/> Child, under 22, if unmarried <input type="checkbox"/> Child, disabled dependent <input type="checkbox"/> Dependent parent	Social Security Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date of Birth <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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Section E: Signature and acknowledgement

I, the person described in Section B of this *Survivor Benefit Application*, who, having been duly sworn, represent that I am the person herein described; it is my will and intent to apply for survivor benefits from the Ohio Police & Fire Pension Fund that I may be eligible to receive and on behalf of the eligible dependents listed in Section D of this form.

I understand and agree that I must promptly notify OP&F of any event that is a cause of termination of survivor benefits in the death, marriage, recovery or cessation of dependency or the attainment of age 22 of any of the eligible dependents listed in Section D of this form. I further understand and agree that if I fail to notify OP&F of such a terminating event, I will be responsible to OP&F for the repayment of all overpaid survivor benefits paid to, or on behalf of, a survivor from the date of termination.

I certify that all statements included herein are true and correct.


Applicant's signature: 	Date of signature:
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Section F: 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 *Survivor Benefit Application* was acknowledged before me by the applicant named in the foregoing Section B, this _____ day of _____, 20_____.

Affix Seal here	Signature of Notary Public: 
	Print name:
	My commission expires: