Ohio Police & Fire Pension Fund
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2027 LOW-INCOME STIPEND INCREASE APPLICATION

Complete and return this form to the Ohio Police & Fire Pension Fund (OP&F) to apply for an increase in the health care stipend amount provided to eligible OP&F retirees. To be eligible for the increase, your total household income must be equal to or less than the guidelines listed in the table below. Do not return this form if your income exceeds these eligibility limits.

OP&F must receive this completed form (both pages) within 60 days of your qualifying event if you are newly retired or a new survivor of a deceased OP&F member.
If OP&F does not receive this form by the 60-day deadline, you waive any right to request a stipend increase for 2027. There are no retroactive increases. This increase period will only be valid for 2027. You must submit a new application for an increase for each subsequent year.

In 2027, OP&F may grant a 30 percent increase to the stipend provided to eligible participants. If you are eligible for the OP&F health care stipend and have a household income less than or equal to the amounts listed in the Eligibility Table to the right, you may be eligible for the stipend increase. Each year, you must submit a new application to apply for the stipend increase.

Eligibility: To be eligible for the stipend increase for 2027, you must have had a total household income on your most recently filed Federal Income Tax return equal to or less than 250 percent of the poverty level established annually by the Department of Health and Human Services. As a result, the gross income levels that OP&F will use are indicated to the right.

*For example, if there were a total of two individuals residing in your household and your combined income was less than or equal to **$54,100**, you would be eligible for the stipend increase.*

Eligibility Table	
Size of family unit:	Household income less than or equal to:
1	$39,900
2	$54,100
3	$68,300
4	$82,500
5	$96,700
6	$110,900
For each additional person, add **$14,200**	

Application process: If your total household income is less than or equal to the guidelines listed in this section, you can apply for the stipend increase by completing this form and attaching **a copy of your most recently filed Federal Income Tax return**. If you do not file Federal Income Taxes, contact OP&F to request an affidavit to attest to this fact.

OP&F must receive this form and a copy of your signed Federal Income Tax return (or affidavit) within 60 days of your qualifying event if you are newly retired or are a new survivor.

Section A: Member information

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

❑ Member
❑ Survivor

Social Security Number

Street Address / Post office box

Home telephone

Date of birth

City, State, ZIP code

Alternate telephone

Email

Marital status ❑ Single ❑ Married ❑ Divorced ❑ Married, but previously divorced

Section B: Household information

How many people live in your household?
Members of the household include you, your spouse and any other person residing in your home.

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What was your total gross household income (amount before any deductions or taxes) on your most recently filed Federal Income Tax return, including yourself and anyone living in your household?
Household income includes all income received by members of the household from OP&F and any other income that is reportable according to the Internal Revenue Service (IRS). **Complete the worksheet on Page 2 of this form to determine your total gross household income.** Surviving spouses do not need to include their deceased spouse's income.

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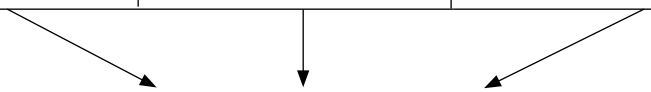
Section C: Gross household income worksheet

This worksheet must be completed to determine your gross household income for Section B on Page 1.

Report all income received by members of the household, including any earnings related to OP&F service retirement or disability benefits, and any other income that is reportable according to the Internal Revenue Service. If you are a surviving spouse, you do not need to include your deceased spouse's income.

Gross household income	Benefit recipient / survivor	Spouse	Dependents
OP&F income Including disability benefits, Death Benefit Fund, annuities and statutory survivor benefits	**$**	**$**	**$**
Job-related income	**$**	**$**	**$**
Child support	**$**	**$**	**$**
Spousal support	**$**	**$**	**$**
Unemployment	**$**	**$**	**$**
Social Security	**$**	**$**	**$**
Welfare assistance	**$**	**$**	**$**
Workers' compensation	**$**	**$**	**$**
Investment income Sales of stock, real estate or other assets, dividends, cash, etc.	**$**	**$**	**$**
Other income	**$**	**$**	**$**
TOTALS:	**$**	**$**	**$**



Add the benefit recipient, spouse and dependent columns for **Total gross household income**

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Section D: Signature and acknowledgement

I, the person described in Section A of this *Low-Income Stipend Increase Application*, certify that all information provided by me is true and complete and that no information has been omitted. I agree that OP&F is entitled to recover all losses incurred resulting from the foregoing representation being incorrect or incomplete. I further agree that any misstatement, misrepresentation or omission may impact my ability to participate in the Low-Income Stipend Increase Program.

Member Signature: ▶	Date of signature:

Section E: 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 *Low-Income Stipend Increase Application* 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:

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