

APPLICATION FOR EXTENDED BENEFITS and Certification of Enrollment

Section A: Member information

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

Social Security Number

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Section B: Student Information

Name of Student:

Date of birth

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Permanent Address (street, P.O. Box)

Permanent Address (City, State, ZIP code)

Social Security Number

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Section C: School Information

Name of School:

Address of School:

Type of School:

Program of Study:

Date program of study will start for current year:

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Date program of study will be completed for current year:

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Section D: Signature Requirements

I hereby apply for benefits payable under section 742.37 of the Ohio Revised Code to students between the ages of 18 and 22. I agree to promptly notify the Ohio Police & Fire Pension Fund (OP&F) Board of Trustees of any of the following events: my marriage; reduction of studies below two-thirds of the full-time curriculum requirements of the school; or termination of studies. I further agree to be responsible for returning any overpayment resulting from ineligibility to OP&F.

Signature of Student:

Date of signature:



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I hereby acknowledge the application of the student named above for the benefits payable under section 742.37 of the Ohio Revised Code to students between the ages of 18 and 22. I agree to promptly notify the Ohio Police & Fire Pension Fund (OP&F) Board of Trustees of any of the following events: the student's marriage; reduction of studies below two-thirds of the full-time curriculum requirements of the school; termination of studies; or the student's death. I further agree to be responsible for returning any overpayment resulting from the student's ineligibility to OP&F, and understand and agree that OP&F will offset any overpayment against any benefits that I receive or may be due to receive from OP&F, if applicable.

Signature of Parent or Guardian:

Date of signature:



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Name:

Social Security Number

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Street Address:

City, State, ZIP code:

Phone number:

Certification of Enrollment

Section E: Status of Student

Has applied for admission

Has been accepted

Currently attending

Will attend beginning (date):

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Student Identification Number used by school, if any: _____

Number of academic hours required for full-time curriculum requirements: _____ hours

Is the student enrolled in a course of study that meets at least two-thirds (8 hours) of the normal full-time curriculum requirements according to the school's standards and practices?

Yes No

If items above cannot be answered satisfactorily, provide the number of hours per week the student is scheduled to attend:

_____ hours

Is the course in which the student is enrolled designed for at least one school year of full-time study, or its equivalent?

Yes No

The school's semester or quarter in which the student is (or will be) enrolled begins (date):

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and ends (date):

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Section F: School official signature

I certify that, according to the school's records, the above information is correct.

Signature of School Official:

Title:

Name:

Date of Signature:

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