

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 and Student information

Name of deceased member: First, MI, Last, suffix (Jr. III, etc.)	Social Security Number <input style="width: 100%; height: 20px;" type="text"/>
Name of Student:	Date of birth <input style="width: 100%; height: 20px;" type="text"/>
Permanent Address (street, P.O. Box)	Social Security Number <input style="width: 100%; height: 20px;" type="text"/>
City, State, ZIP code	Home telephone <input style="width: 100%; height: 20px;" type="text"/>

Section B: Past Attendance

Dates student last attended: From: <input style="width: 100%; height: 20px;" type="text"/>	Name of School:
To: <input style="width: 100%; height: 20px;" type="text"/>	Address:
	City, State, ZIP code:

Section C: Intended Attendance

Student intends to return to school on the following date: <input style="width: 100%; height: 20px;" type="text"/>	Name of School:
	Address:
	City, State, ZIP code:

Section D: Signature Requirements

We certify that the above information is true. We 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: <input style="width: 100%; height: 20px;" type="text"/>
Signature of Parent or Guardian: 	Date: <input style="width: 100%; height: 20px;" type="text"/>