Ohio Police & Fire Pension Fund
140 East Town Street
Columbus, OH 43215
Phone: 888–864–8363
Fax: (614) 628–1777
www.op–f.org

REQUEST FOR DISABILITY APPEAL EXTENSION

Please complete this form and file it with the Ohio Police & Fire Pension Fund (OP&F) if you are unable to submit supporting documentation within the 60-day time period for your disability benefit appeal and want to request an extension before the expiration of the 60-day deadline. OP&F has discretion in granting this extension.

Section A: Member information

Name: First, MI, Last, suffix (Jr. III, etc.)		Social Security Number
Street Address / Post office box	Home phone:	Date of Birth
City, State, ZIP code	Alternative phone:	Date of initial disability hearing

Section B: Basis for extension

Please provide a brief statement outlining your reason for requesting an extension of the 60–day deadline for filing supporting documentation for your disability benefit appeal with OP&F.

Section C: Signature and acknowledgement

I, the member described in Section A of this Request for Extension form, who, having been duly sworn, represent that I am the person herein described; it is my will and intent to request an extension of the 60–day deadline to submit supporting documentation for my disability benefit appeal; and that all statements included herein are true and correct.

Member's signature: ▶ Date of signature:

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