



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

## SERVICE RETIREMENT APPLICATION

Please complete this form and file it with the Ohio Police & Fire Pension Fund (OP&F) if you are an OP&F member who wishes to receive a service retirement benefit that you may be entitled to receive based upon your age and years of service credit. Before terminating employment, please contact OP&F to obtain confirmation that you have met the eligibility requirements.

As mandated by law, OP&F offers the following types of service pensions:

- Normal service (i.e., age 48 with 25 years of service);
- Service commuted (i.e., 15 years of service; benefit payments begin when you reach age 48 and 25 years have elapsed from the date of your full-time hire); and
- Age/service commuted (i.e., age 62 with 15 years of service).

If you are eligible for a service retirement benefit, the amount of your benefit will depend upon:

- The age and service requirements you have met;
- The annuity payment plan you select;
- The pension calculation method you elect (if applicable); and
- Your allowable average annual salary for your three highest years of service.

### Annuity Payment Plan Selection for OP&F Benefits

The *Annuity Payment Plan Selection for OP&F Benefits* form must also be completed as a part of your retirement application process. This form provides descriptions of each of the plans of payment that are available. Please go to [www.op-f.org](http://www.op-f.org) or contact OP&F Customer Service to receive a copy of this form.

### Spousal consent required

If you are married on your effective date of retirement, Ohio law requires the consent of your spouse for an annuity selection that provides for less than a 50 percent Joint and Survivor Annuity (JSA) payable to your spouse, unless there is a court order that requires you to designate a former spouse as a beneficiary under an annuity plan. Current law now allows for the designation of up to four beneficiaries. Otherwise, OP&F is required by law to process your selection based on a 50 percent JSA payable to your spouse. Please note that consent is irrevocable once filed with OP&F.

For more information, please refer to the Member's Guide to Service Retirement and the Member's Guide to Annuity Payment Plans or contact OP&F Customer Service for assistance.

### Section A: Member information

Name: First, MI, Last, suffix (Jr. III, etc.)		<input type="checkbox"/> Police officer <input type="checkbox"/> Male <input type="checkbox"/> Firefighter <input type="checkbox"/> Female	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"/> <input type="text"/>
Street Address / Post office box			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"/>
City, State, ZIP code			
Home phone	<input type="checkbox"/> New	Alternate phone	<input type="checkbox"/> New
Email address		<input type="checkbox"/> New	
Marital status			
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but previously divorced <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
If you have been divorced, you must file copies of all decree(s) of divorce or dissolution or marriage with OP&F for proper designation of your beneficiary.			
Marriage date(s)			
<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"/>	<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"/> <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"/>	
Divorce date(s)			
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## Section D: Multiple Ohio retirement system membership

If you are planning to work in a position covered by OP&F or one of the other Ohio Retirement Systems (ORS) within 60 days after your retirement, up to 60 days of your retirement benefit may be forfeited. A forfeiture may not occur if your membership in another ORS begins 60 days prior to your retirement.

Please submit documentation verifying that you were earning compensation in each of the pay periods 60 days prior to your effective date of retirement or show proof of continuous employment.

Are you **currently** a member of any of the following Ohio retirement systems?

Yes  No

(Check all that apply.)

- Ohio Highway Patrol Retirement System
- Ohio Public Employees Retirement System
- State Teachers Retirement System of Ohio
- Ohio School Employees Retirement System
- Cincinnati Retirement System

Do you plan on working under another Ohio retirement system within 60 days of your retirement?

Yes  No  Not sure

If you answered yes to any of the previous questions, please provide your employer's name, address, and date of hire:

Name	Address	Date of Hire
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## Section E: Signature and acknowledgement

I, the member described in section A of this *Service Retirement Application*, who, having been duly sworn, represent that I am the person herein described, and I certify that all the statements made herein are true and correct. It is my will and intent to apply for service retirement under Chapter 742 of the Ohio Revised Code. I understand that my retirement will not be processed until I have met all of the applicable eligibility criteria and OP&F has received this application and any other documentation required to process benefits.

Signature:

Date of signature:

## 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 *Service Retirement 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:



**Prudence • Integrity • Empathy**

The Ohio Police & Fire Pension Fund (OP&F) is dedicated to providing retirement and related benefits, accurate information, dependable communication and valuable educational assistance to our members. As responsible fiduciaries, we will professionally manage the resources of OP&F and implement its practices, plans and benefit services with the highest ethical standards.

Customer Service: 888-864-8363  
General Information: 614-228-2975  
TTY: 614-221-3846  
Facsimile: 614-628-1777  
E-mail: [questions@op-f.org](mailto:questions@op-f.org)

**[www.op-f.org](http://www.op-f.org)**