



## Section B: Applicant information

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

Male  
 Female

Social Security number

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Street Address / Post office box

Date of Birth

City, State, ZIP code

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Home phone

New

Alternate phone

New

Email address

New

- Spouse**, date of marriage \_\_\_\_\_ ; or
- Former spouse**, date of divorce or dissolution \_\_\_\_\_ ; or
- Eligible students between ages 18 and 22 and unmarried** ; or
- Custodian or guardian**, date of guardianship \_\_\_\_\_ ; or
- Administrator, Executor, Commissioner**, date of appointment \_\_\_\_\_ ; or
- Dependent Parent(s)**

## Section C: Events of termination

Please be advised that there are certain events that will cause the termination of OP&F-sponsored pension benefits, health care and prescription drug coverage to a surviving spouse and dependent children or parent(s), if applicable. Please review the following table of events of termination since you are required to timely notify OP&F of such events.

**If you fail to notify OP&F upon an applicable terminating event, you will be responsible for repayment to OP&F of all overpaid benefit payments paid to you, or on behalf of a survivor, from the date of the event of termination.**

Survivors	Events of termination
<b>Spouse</b>	<ul style="list-style-type: none"> <li>• Death</li> </ul>
<b>Minor child</b>	<ul style="list-style-type: none"> <li>• Death</li> <li>• Marriage</li> <li>• Attainment of age 18</li> </ul>
<b>Dependent Disabled Child</b>	<ul style="list-style-type: none"> <li>• Death</li> <li>• Recovery from disability</li> </ul>
<b>Student</b>	<ul style="list-style-type: none"> <li>• Death</li> <li>• Marriage</li> <li>• Attainment of age 22</li> <li>• Loss of student status</li> </ul>
<b>Dependent parent(s)</b>	<ul style="list-style-type: none"> <li>• Death</li> <li>• Marriage</li> <li>• Termination of dependency</li> </ul>

## Section D: Eligible dependents

Please list all eligible surviving dependents and provide the requested information:

Name: First, MI, Last, suffix (Jr. III, etc.)	<input type="checkbox"/> Child, under 18 <input type="checkbox"/> Child, 18-22, if unmarried student <input type="checkbox"/> Child, disabled dependent <input type="checkbox"/> Dependent parent	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"/>	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"/>
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## Section E: Signature and acknowledgement

I, the person described in Section B of this *Survivor Pension Application*, who, having been duly sworn, represent that I am the person herein described; it is my will and intent to apply for survivor benefits from the Ohio Police & Fire Pension Fund that I may be eligible to receive and on behalf of the eligible dependents listed in Section D of this form.

I understand and agree that I must promptly notify OP&F of any event that is a cause of termination of survivor benefits in the death, marriage, recovery or cessation of dependency, loss of student status or the attainment of age 18 or 22 of any of the eligible dependents listed in Section D of this form. I further understand and agree that if I fail to notify OP&F of such a terminating event, I will be responsible to OP&F for the repayment of all overpaid survivor benefits paid to, or on behalf of, a survivor from the date of termination.

I certify that all statements included herein are true and correct.

Applicant's signature:

Date of signature:

## Section F: Parent or Guardian acknowledgement

If the applicant listed in Section B is an eligible, unmarried student between the ages of 18 and 22, the applicant's parent or guardian must countersign below.

- Parent** of applicant listed in Section B
- Guardian** of applicant listed in Section B (you must attach a copy of each child's birth certificate, and a copy of guardianship award or divorce decree granting child custody)

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

Social Security Number

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Street / Post office box

Date of Birth

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City, State, ZIP code:

Date of guardianship (if applicable):

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I represent that I am the parent or guardian of the applicant listed in Section B of this *Survivor Pension Application*, and I certify that all statements included herein are true and correct.

Parent or guardian's signature:

Date of signature:

## Section G: Notary public or HOST requirement

The notary public or HOST member in good standing must sign in the space provided in this section and affix their seal.

State of \_\_\_\_\_, County of \_\_\_\_\_, ss:

The foregoing *Survivor Pension Application* was acknowledged before me by the applicant named in the foregoing Section B, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Affix Seal here

Signature of Notary Public or HOST representative:

Print name:

My commission expires: