



ADDITION OF MEMBER DEPENDENTS

Use this form to add a spouse or other dependent information to your Ohio Police & Fire Pension Fund (OP&F) record. It is important to keep your records current. Submission of this form will not change previous beneficiary designations you may have filed with OP&F.

Health Care Enrollment

To become eligible to participate in OP&F's health care program, a qualifying life event (QLE) must occur for a retired member to add a dependent and receive an increased stipend. Some common QLEs include marriage (pre-Medicare only) as long as they had coverage 60-days prior, and birth or adoption of a child as long as you meet the 60-day enrollment window and other criteria. Please visit the health care section of OP&F's website for more information.

Post Retirement Marriage

Retired members who selected a Single Life Annuity (SLA) at retirement may change the selection to a Joint and Survivor Annuity (JSA) plan following a post-retirement marriage. This must be done within one year of the date of marriage and will name your spouse as beneficiary, subject to certain conditions. If a JSA is selected, the annuities payable to you and your beneficiary will be based on each person's actuarial age with the actuarial equivalent of a Single Life Annuity being based on the effective date of change. Further, the JSA takes effect on the date that OP&F receives the appropriate form of notification. Please review OP&F's Annuity Payment Plans Guidebook (available online at op-f.org) for more information.

Section A: Member information

Name: First, MI, Last, suffix (Jr. III, etc.)		<input type="checkbox"/> Police officer <input type="checkbox"/> Firefighter	Social Security number																					
Street Address / Post office box		<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td> </tr> </table>																						
City, State, ZIP code		Date of Birth																						
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Home phone	<input type="checkbox"/> New	Alternate phone	<input type="checkbox"/> New	Email address	<input type="checkbox"/> New																			

Section B: Persons to be added to OP&F records

Complete the appropriate information for the person(s) you intend to add to OP&F records. Appropriate documentation (birth certificate, adoption papers, marriage certificate) is required for each change. Use additional copies of this form if necessary.

SPOUSE:

Name of spouse	Date of birth	Social Security number																				
<input type="checkbox"/> Male <input type="checkbox"/> Female	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td> </tr> </table>											<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td> </tr> </table>										
Reason:	Date of marriage																					
	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td> </tr> </table>																					

(Section B continued on next page)

Section B: Persons to be added to OP&F records (continued)

DEPENDENTS:

Name of dependent:	Date of birth	Social Security number
	<input type="checkbox"/> Male <input type="checkbox"/> Female	

Reason:

Name of dependent:	Date of birth	Social Security number
	<input type="checkbox"/> Male <input type="checkbox"/> Female	

Reason:

Name of dependent:	Date of birth	Social Security number
	<input type="checkbox"/> Male <input type="checkbox"/> Female	

Reason:

Section C: Member signature and acknowledgement

I, the member described in Section A of this Addition of Member Dependents form, certify that all statements made herein and documentation provided are true and correct.

Member's signature: 	Date of signature:
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