

AFFIDAVIT FOR INCAPACITATION

As referenced by Ohio Administrative Code Sections 742-3-12 and 742-3-13

This form must be completed and properly notarized in order for a person to apply for disability benefits on behalf of an incapacitated OP&F member. This form does not give the person who is filing the Disability Benefit Application on the member's behalf the authority to complete the Annuity Payment Plan Selection Form.

Before me, a Notary Public in and for said state, personally appeared _____ (name of person acting for member), who being by me duly sworn, deposes and says that:

1. I am acting on behalf of _____ (OP&F member) SSN: _____ for purposes of filing a disability benefit application with the Ohio Police & Fire Pension Fund.
2. The member referenced in #1 is mentally or physically impaired as a result of a mental or physical illness or condition of disability with respect to which the attending physician, Dr. _____, practicing at: _____
Street address

City, State, ZIP code

 finds that there is no present indication of recovery.
3. My relationship to the member referenced in #1 is that of _____.
4. In addition, I hereby certify that the information in the disability benefit application is true and accurate to the best of my knowledge and belief.
5. This affidavit and accompanying disability benefit application are being mailed on _____ to the Ohio Police and Fire Pension Fund, 140 East Town Street, Columbus, Ohio 43215.

Further affiant sayeth naught.

Signature of Affiant: 	Date of signature:
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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 was acknowledged before me by the person named above, this _____ day of _____, 20_____.

Affix Seal here	Notary's signature: <hr/> Print name: <hr/> My commission expires: <hr/>
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