

## APPLICATION FOR EXTENDED BENEFITS and Certification of Enrollment

### Section A: Member information

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

Social Security number

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### Section B: Student information

Name of student

Date of birth

Permanent address (street, P.O. Box)

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Permanent address (City, State, ZIP code)

Phone number

Social Security number

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### Section C: Signature and acknowledgement (student, guardian)

#### Student:

I hereby apply for benefits payable under section 742.37 of the Ohio Revised Code to students between the ages of 18 and 22. I agree to promptly notify the Ohio Police & Fire Pension Fund (OP&F) Board of Trustees of any of the following events: my marriage; reduction of studies below two-thirds of the full-time curriculum requirements of the school; or termination of studies. I further agree to be responsible for returning any overpayment resulting from ineligibility to OP&F.

Signature of student

Date of signature



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#### Parent or guardian:

I hereby acknowledge the application of the student named above for the benefits payable under section 742.37 of the Ohio Revised Code to students between the ages of 18 and 22. I agree to promptly notify the Ohio Police & Fire Pension Fund (OP&F) Board of Trustees of any of the following events: the student's marriage; reduction of studies below two-thirds of the full-time curriculum requirements of the school; termination of studies; or the student's death. I further agree to be responsible for returning any overpayment resulting from the student's ineligibility to OP&F, and understand and agree that OP&F will offset any overpayment against any benefits that I receive or may be due to receive from OP&F, if applicable.

Signature of parent or guardian

Date of signature



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Name

Social Security number

Street address

City, State, ZIP code

Phone number

# Certification of Enrollment

## Section D: School information

Student's name

Name of school

Address of school

City, state, ZIP code

Type of school

Program of study

## Section E: Status of student

Has applied for admission

Has been accepted

Currently attending

Will attend beginning (date):

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Student Identification Number used by school, if any: \_\_\_\_\_

Number of academic hours required for full-time curriculum requirements: \_\_\_\_\_ hours

Is the student enrolled in a course of study that meets at least two-thirds (8 hours) of the normal full-time curriculum requirements according to the school's standards and practices?

Yes  No

If items above cannot be answered satisfactorily, provide the number of hours per week the student is scheduled to attend:

\_\_\_\_\_ hours

Is the course in which the student is enrolled designed for at least one school year of full-time study, or its equivalent?

Yes  No

The school's semester or quarter in which the student is (or will be) enrolled begins (date):

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and ends (date):

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## Section F: Signature and acknowledgement (school official)

I certify that, according to school records, the above information is correct.

Signature of school official

Title

Name

Date of signature

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