

Section A: Member information

Ohio Police & Fire Pension Fund 140 East Town Street Columbus, OH 43215 Phone: 1-888-864-8363

Fax: (614) 628-1777 www.op-f.org

APPLICATION FOR EXTENDED BENEFITS and Certification of Enrollment

Name of deceased member: First, MI, Last, suffix (Jr. III, etc.)		Social Security number
Section B: Student information		
Name of student		
		Date of birth
Permanent address (street, P.O. Box)		
		Social Security number
Permanent address (City, State, ZIP code)	Phone number	
Section C: Signature and acknowledgem	ent (student, guardian)	
Student: I hereby apply for benefits payable under section 742.3	7 of the Ohio Revised Code to stude	ante hatwaan tha agae of 19 and 22 Lagran
to promptly notify the Ohio Police & Fire Pension Fund of studies below two-thirds of the full-time curriculum resible for returning any overpayment resulting from inelig	(OP&F) Board of Trustees of any of equirements of the school; or termin	the following events: my marriage; reduction
Signature of student		Date of signature
		
Parent or guardian: I hereby acknowledge the application of the student nat Code to students between the ages of 18 and 22. I agree Trustees of any of the following events: the student's may requirements of the school; termination of studies; or the resulting from the student's ineligibility to OP&F, and unthat I receive or may be due to receive from OP&F, if approximation of the student's ineligibility to OP&F.	ee to promptly notify the Ohio Police arriage; reduction of studies below t e student's death. I further agree to derstand and agree that OP&F will	& Fire Pension Fund (OP&F) Board of wo-thirds of the full-time curriculum be responsible for returning any overpayment
Signature of parent or guardian		Date of signature
Name		Social Security number
Street address		
City, State, ZIP code	Phone number	
Deliver to: Member Services/Processing Group	Page 1 of 2	Application for Extended Benefits

Certification of Enrollment

	Section D: School information	
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): Student Identification Number used by school, if any: Number of academic hours required for full-time curriculum requirements: 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? If items above cannot be answered satisfactorily, provide the number of hours per week the student is scheduled to attend: Is the course in which the student is enrolled designed for at least one school year of full-time study, or its equivalent? The school's semester or quarter in which the student is (or will be) enrolled begins (date): Section F: Signature and acknowledgement (school official) Certify that, according to school records, the above information is correct. Signature of school official	Student's name	
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I certify that, according to school records, the above information is correct. Signature of school official Title		and ends (date):
Signature of school official Title	Section F: Signature and acknowledgement (scho	ol official)
	I certify that, according to school records, the above information	tion is correct.
Name Date of signature	Signature of school official	Title
Name Date of signature		
	Name	Date of signature