



Ohio Police & Fire Pension Fund
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 Columbus, OH 43215
 Phone: 1-888-864-8363
 Fax: (614) 628-1777
www.op-f.org

APPLICATION FOR OHIO PUBLIC SAFETY OFFICER'S DEATH BENEFIT FUND

The Ohio Public Safety Officer's Death Benefit Fund was established to provide special benefits to eligible survivors of public safety officers who are killed in the line of duty or who die of injuries or diseases incurred in the performance of official duties. The benefit is administered by the Ohio Police & Fire Pension Fund (OP&F) and is financed through legislative appropriations and gifts.

Please note that upon a member's death, OP&F should be contacted immediately to begin the benefits determination process. Documents that OP&F must have on file for proper application include the member's death certificate, marriage certificate, and the birth certificates of children eligible for benefits. Below is a chart outlining who is eligible to receive benefits and what they need to do to apply. Additional documentation may be required.

Relationship	To apply, complete and file this application along with...
Spouse of eligible member	... a copy of solemnized marriage certificate.
Eligible Children under 22 and unmarried	... a copy of the child's birth certificate. A copy of guardianship award or divorce decree granting custody of child may also be required.
Dependent Disabled Children	...a copy of the child's birth certificate. Also be prepared to provide supporting documentation showing that a surviving child of any age is mentally or physically disabled so that he or she was totally dependent on the decedent for support at the time of the decedent's death. This is outlined in the <i>Ohio Public Safety Officers Death Benefit Fund Guide</i> . A copy of guardianship award or divorce decree granting custody of child may also be required.
Dependent Parent(s)	...proof of dependency through Federal Income Tax Return.
Spouse of a former member of, or contributor to, a local fund established under former Ohio Revised Code Chapters 521 or 741 whose benefits have been terminated or not paid by the local fund due to re-marriage	...an affidavit signed by an independent third party and notarized that states that the decedent was a former member of, or contributor to, a fund established under former Chapter 521 or 741 of the Revised Code.

Section A: Decedent information

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

- Male
 Female

Social Security Number

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Former employer

Date of Death

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- | | |
|---|---|
| <input type="checkbox"/> Police officer | <input type="checkbox"/> Sheriff's deputy |
| <input type="checkbox"/> Firefighter | <input type="checkbox"/> Correction officer |
| <input type="checkbox"/> State trooper | <input type="checkbox"/> Other: _____ |

Section B: Applicant information

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:

Home telephone:

- Spouse**, date of marriage _____ ; or
- Former spouse**, date of divorce or dissolution _____ ; or
- Children 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

The benefits payable under the Ohio Public Safety Officers Death Benefit Fund terminate on the date the member would have reached his or her maximum pension eligibility date. This is the date on which the member would have become eligible for the maximum annual retirement allowance or pension that may be paid from the member's retirement system had the member continued to accrue service credit from that system. However, the member's *survivor(s)* may be eligible for transitional death fund benefits. On that date, survivors will continue to receive any statutory survivor benefits under the retirement system for which they are eligible.

Any of the occurrences listed in the table below result in an earlier termination of an individual's benefits from the Ohio Public Safety Officers Death Benefit Fund. Please review this information 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 death benefit fund payments paid to you, or on behalf of a survivor, from the date of the event of termination.

Survivors	Events of termination
Spouse	<ul style="list-style-type: none"> • Death
Member's child	<ul style="list-style-type: none"> • Death • Marriage • Attainment of age 22
Dependent disabled child	<ul style="list-style-type: none"> • Death • Recovery from disability
Dependent parent(s)	<ul style="list-style-type: none"> • Death • Termination of dependency

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 22 if unmarried <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 *Application for Ohio Public Safety Officer's Death Benefit Fund*, who, having been duly sworn, represent that I am the person herein described; it is my will and intent to apply for benefits from the Ohio Public Safety Officers Death Benefit Fund administered by OP&F 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 death fund benefits in the death, marriage, recovery from disability, cessation of dependency, or the attainment of age 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 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: Notary public 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 *Application for Ohio Public Safety Officer's Death Benefit Fund* was acknowledged before me by the applicant named in the foregoing Section B, this _____ day of _____, 20_____.

Affix Seal here

Notary's signature:



Print name:

My commission expires: