



140 East Town Street / Columbus, Ohio 43215-5164 / Tel. (614) 228-2975 / [www.op-f.org](http://www.op-f.org)

### **H.O.S.T. Participation Form**

Dear H.O.S.T. Team Volunteer:

Thank you for volunteering to be a H.O.S.T. (“Helping Our Survivors in Transition”) Team Member! We want this program to be a positive experience for everyone. Therefore, we would like to outline your role, responsibilities, and limitations as a H.O.S.T. volunteer.

You are volunteering to assist our members’ survivors during a very difficult period in their lives. With so many arrangements and decisions to be made, the survivors may have questions about the benefits that they may be eligible to receive from Ohio Police and Fire Pension Fund (“OP&F”). Of course, the survivors are encouraged to contact OP&F by phone, letter or e-mail, but sometimes it may be a comfort to have a person meet with them to assist in reading through OP&F’s materials and forms. Through OP&F’s training program, you will be trained on the preparation of the forms and other materials that will be provided to the survivor. OP&F will present you with *very specific* guidelines on how to assist the survivors with their questions and in the preparation of various forms and applications. We will make every effort to supply you with the materials and information that OP&F would provide to a survivor if they were to request them directly from us. Should you be presented with a question or situation that is not addressed in the training materials, however, please have the survivors *speak directly with an OP&F employee*. Also, should you be presented with a question on healthcare benefits, please inform the survivors that they will need to call AON directly at 844-290-3674. A good rule of thumb to follow is: *If the answer is not supplied in the packet of materials provided to you, contact OP&F for further instructions. Do not attempt to elaborate on a prepared answer or explain an answer that is not addressed in the materials.*

While your H.O.S.T. volunteer efforts are *greatly* appreciated, please understand that you will not be an employee or authorized representative of OP&F, nor will you be paid for your time as a volunteer. However, OP&F will reimburse round-trip mileage at a specified rate from your home to the home of the survivor you are assigned to assist. Please note that you will only be reimbursed for mileage for trips authorized by OP&F not to exceed \$599.00 annually.

In your role as a volunteer, you will have no authority to make any binding statements or commitments to members or survivors on behalf of OP&F. So that the survivors will understand your role, OP&F has prepared a standard letter that explains the H.O.S.T.’s involvement and the limitations on the services that you can provide, as outlined in this letter and the informational packets provided to the survivors.

For your convenience, you have been provided with two copies of this H.O.S.T. Participation Form. If you understand your role, responsibilities and limitations as a H.O.S.T. volunteer and are willing to accept this role under the foregoing guidelines, please read and sign the acknowledgment provided on the next page. Please sign and date both acknowledgments. Return one signed form to OP&F and keep the other for your reference.

If you have any questions or concerns, or if you have any suggestions for making this volunteer program a more successful one, please feel free to contact us at 1-888-864-8363 and identify yourself as a H.O.S.T. volunteer. Thank you, again. We are proud to offer such a worthwhile program to our survivors and even more proud of our H.O.S.T. volunteers for making this program possible! With regards,

John J. Gallagher, Jr. Executive  
Director

ACKNOWLEDGMENT:

I am pleased to volunteer as a H.O.S.T. Team Member and agree that I will serve until December 31, 2020, unless earlier notified by OP&F. I acknowledge that I have read this letter, have received the package of training materials, and I understand my role, responsibilities and limitations as a H.O.S.T. volunteer, as outlined in this letter. I understand and agree that my role as a H.O.S.T. volunteer will automatically terminate if I do not participate in the required training programs offered by OP&F or if OP&F provides written notice of termination to me.

I also understand and agree that I am not an employee or authorized representative of OP&F and, consequently, I will not be paid by OP&F for these services and I have no authority to make any binding statements or commitments to survivors on behalf of OP&F. I agree to follow the specific guidelines provided to me by OP&F on how to assist the survivors with their questions and the preparation of various forms and applications, and I also agree that I will not provide any advice or answers to a survivor that are not covered in the materials provided to me. If I am presented with a question or situation that is not addressed in the training materials, I agree to have the survivors *Speak directly with an OP&F employee*. I further agree that I will not provide answers to healthcare questions; rather, I will inform survivors that they need to directly contact AON regarding healthcare benefits. I understand that I will only be reimbursed for mileage for trips authorized by OP&F not to exceed \$599.00 annually.

Also, by signing below, I grant OP&F full right and permission to provide, publish or use my name and phone number in whatever publication or form OP&F deems appropriate for any lawful purpose related to the H.O.S.T. program or OP&F's education of its benefits offered to its members and eligible beneficiaries. I also grant OP&F full right and permission to copyright, publish or use photographic portraits or pictures of me for whatever purpose OP&F deems appropriate for any lawful purpose related to the H.O.S.T. program or OP&F's education of its benefits offered to its members and eligible beneficiaries. I further hereby release OP&F and its agents from any liability in connection with the publication or use of these photographs.

Acknowledged and agreed to by:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_