Ohio Police & Fire Pension Fund
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MEMBER SERVICE CREDIT PURCHASE CERTIFICATION

Involuntary Layoff, Medical or Childbirth/Adoption Leave

This form should be completed by the member of the Ohio Police & Fire Pension Fund (OP&F) who is considering the purchase of prior service credit.

Section A: Member information

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

Social Security Number

Street Address / Post office box

City, State, ZIP code

I am requesting a cost for the full-time periods listed below. Please select the payment option you are requesting. Explanations of your options are included in the letter which accompanied this packet. I would like the cost to be calculated by:

❑ **Lump sum payment** (purchase to be made in a single payment)

❑ **Payroll deduction:** I would like to purchase my service credit in _____ payments (see the cover letter in this packet for explanation).

Section B: Involuntary layoff service credit

Complete if you are requesting a cost to purchase involuntary layoff service credit. I hereby certify the following:

- I was removed from active service from _____ as a result of an involuntary layoff.
  (employer name)
- The last day I worked before the layoff was _____.
  (day, month and year)
- I returned to my full-time position on_____.
  (day, month and year)

During the above involuntary layoff period, I did not render any service to an employer that wages could be used in the calculation of any public or private retirement benefit other than any federal Social Security retirement benefit.

Section C: Medical or childbirth/adoption leave service credit

Complete if you are requesting a cost for medical or childbirth/adoption leave service credit. I hereby certify the following:

- I was removed from active service from _____ as a result of a medical or childbirth/adoption leave of absence.
  (employer name)
- The last day I worked before the layoff was _____.
  (day, month and year)
- I returned to my full-time position on_____.
  (day, month and year)

During the above medical or childbirth/adoption leave period I was not entitled to receive disability benefits from OP&F.

Section D: Signature and acknowledgement

I, the person described in Section A of this *Member Service Credit Purchase Certification, involuntary layoff, medical or childbirth/adoption leave* form, represent that I am the person herein described and that statements made herein are true and correct.

Signature: ▶

Date of signature:

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