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

NOTICE OF DISABILITY APPEAL

Please complete this form and file it with the Ohio Police & Fire Pension Fund (OP&F) if your application for benefits is denied or if you disagree with the grant awarded at the Board of Trustees initial determination hearing and you want to appeal the action. You must file this Notice of Appeal with OP&F within 90 days of your receipt of the Board of Trustees initial determination of your application for disability benefits. If you do not file a Notice of Appeal within this time period, the Board of Trustees will not act on your appeal.

Within 30 days of filing this Notice of Appeal, you must file with OP&F all documents that you desire to submit in support of your appeal. In order to avoid delay in the processing of your appeal, you are encouraged to submit all documents in a single package. The Board of Trustees has already considered all reports and medical records you have previously sent to OP&F in support of your application for disability benefits, so these documents do not need to be re–submitted. New or other physicians' reports, statements, or medical records which amplify or provide a more current evaluation of your medical condition will be helpful to your appeal. If you fail to submit supporting documents within the 30–day time period, the Board of Trustees may dismiss your appeal. If you require more than 30 days to obtain supporting documentation, you may request an extension by filing a Request for Extension form with OP&F before the expiration of the 30–day deadline. In no event can the extensions, in the aggregate, exceed six months.

You will be notified of the date and time of your appeal hearing by mail. Your attendance is not mandatory; however, you are encouraged to attend in order to answer any questions that the physician, vocational evaluator, or Board of Trustees may have regarding your appeal. You will be notified of the Board of Trustees' decision regarding your appeal in writing within 30 days of your appeal hearing.

Section A: Member information

Name: First, MI, Last, suffix (Jr. III, etc.)		Social Security Number
Street Address / Post office box	Home phone:	Date of Birth
City, State, ZIP code	Alternative phone:	Date of initial disability hearing

Section B: Basis for appeal

Please provide a detailed basis for appealing the decision by the OP&F Board of Trustees. Be certain to state the specific impairments that are at issue and that will be supported with new or other physicians' reports, statements or medical records.

Condition being appealed:	**Reason:**	**Is new medical information provided?**
1		❑ YES ❑ NO
2		❑ YES ❑ NO
3		❑ YES ❑ NO
4		❑ YES ❑ NO

(OP&F OFFICE USE ONLY) IDH date: _____

Section C: Educational experience

HIGH SCHOOL	School Name	Years attended	Degree or major	❑ Graduated
COLLEGE	School Name	Years attended	Degree or major	❑ Graduated
VOCATIONAL SCHOOL	School Name	Years attended	Degree or major	❑ Graduated

Section D: Vocational experience

Are you currently employed?

❑ Yes ❑ No

If yes, please indicate your employment status:

Hours worked per week: _____

❑ Self employed

❑ Employed by: _____ position: _____

Are you currently receiving workers' compensation benefits?

❑ Yes ❑ No

If yes, please indicate what benefits you are receiving.

❑ Medical expenses ❑ Temporary partial

❑ Permanent partial ❑ Temporary total

❑ Permanent total

Are you receiving Social Security benefits?

❑ Yes ❑ No

Please describe all work experience other than as a police officer or firefighter below. Attach additional pages if necessary.

_____

_____

_____

_____

_____

_____

Section E: Member signature and acknowledgement

I, the member described in Section A of this *Notice of Disability Appeal f*orm, who, having been duly sworn, represent that I am the person herein described; it is my will and intent to appeal the Board of Trustees' initial determination hearing regarding my application for disability benefits; and that all statements included herein are true and correct.

I certify, under penalties of perjury, that I have reviewed this OP&F application for disability benefits and all statements and documents supporting my application are truthful and accurate. I understand that if the statements and/or documents supporting the application are proven to be false it may result in the termination of any benefits that may be payable to me, as well as possible civil and criminal penalties.

Member's signature: ▶	Date of signature:

Section F: Notary public requirement for member signature

The notary public in good standing must sign in the space provided in this section and affix their seal.

State of _____, County of _____, ss:

The foregoing *Notice of Disability Appeal* was acknowledged before me by the member named in the foregoing Section A, this _____ day of _____ , 20_____.

Affix Seal here	Notary's signature: ▶
	Print name:
	My commission expires: