



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](http://www.op-f.org)

## RE-EMPLOYED RETIREMENT BENEFIT APPLICATION

If you are a re-employed retiree of the Ohio Police & Fire Pension Fund (OP&F) and you wish to receive re-employed retirement benefit, please complete this application and file it with OP&F. As mandated by Ohio law, your benefit will be paid either in the form of a lump-sum, or a monthly annuity. If you are married, spousal consent may be required.

Often referred to as the revolving door penalty, if you are a police officer or firefighter and you return to public employment covered under any of the Ohio retirement systems (ORS), including OP&F, within two months of your retirement date from an OP&F employer, then up to two months of your pension payments and contributions for such period must be forfeited under law. Contributions that fall under this penalty shall be excluded from the calculation of your benefit and shall be refunded. A limited exception can be applied to you if you had been continuously employed in the other ORS-covered position, except for an OP&F position, two months before retirement and you submit the appropriate documentation to OP&F. This penalty does not apply to OP&F-sponsored health care benefits.

If you need assistance or for more information, please refer to the Member's Guide to Public Re-employment and the Member's Guide to Annuity Payment Plans or contact OP&F Customer Service for assistance.

### Section A: Member information

Name: First, MI, Last, suffix (Jr. III, etc.)		<input type="checkbox"/> Police officer <input type="checkbox"/> Firefighter	Social Security number
Street Address / Post office box		<input type="checkbox"/> New	Date of Birth
City, State, ZIP code			
Is the above address a: <input type="checkbox"/> Permanent address, or <input type="checkbox"/> Temporary address. If temporary, provide start and stop dates: _____			
Home phone	<input type="checkbox"/> New	Alternate phone	<input type="checkbox"/> New
		Email address	<input type="checkbox"/> New

### Section B: Spousal information

Spouse name: First, MI, Last, suffix (Jr. III, etc.)		Social Security number
Street Address / Post office box		Date of Birth
City, State, ZIP code		
Home phone	<input type="checkbox"/> New	Alternate phone
		<input type="checkbox"/> New
		Email address
		<input type="checkbox"/> New

### Section C: Re-employment information

Employer	Department
Full-time appointment date (as re-employed)	Full-time termination date (as re-employed)

**Section D: Payment plan selection**

Choose a plan of payment for your re-employed benefits by writing your initials in the box next to your selection. You may select only one plan of payment. Please be sure to attach copies of all required documentation and obtain spousal consent if required.

*Initial here  
to choose  
this plan*

**Lump-sum Payment**

I hereby authorize OP&F to pay my re-employed retirement benefit that I am eligible to receive in the form of a one-time lump-sum payment. I understand that if I make this selection, my survivors and I will not receive any future payment from my re-employed retirant account and OP&F has no obligation to provide any survivor benefit other than those mandated by law. I also understand that if I have not attained the age of 60, the lump-sum will be equal to contributions and interest only, with no matching contributions.

- **Additional documentation required:** None.
- **Spousal consent required:** If you are married at the time of application, Ohio law requires the consent of your spouse in the form provided in Section H of this application.

If you would like your lump-sum distribution electronically deposited to an account other than what OP&F has already on file, please complete this the information below.

Name of financial institution

- checking  
 savings

Bank routing number

Your account number

**OR**

*Initial here  
to choose  
this plan*

**Single Life Annuity**

I hereby authorize OP&F to pay my re-employed retirement benefit that I am eligible to receive on the basis of a single life annuity plan, which provides for the highest monthly amount I am entitled to receive throughout my life, and upon my death, my spouse will receive a lump-sum payment calculated by the difference between the amount received in annuity payments and the amount that would have been received as lump-sum payment, if any. If my monthly benefit will be less than \$25, I understand that I must receive the lump-sum payment option.

- **Additional documentation required:** None.
- **Spousal consent required:** If you are married at the time of application, Ohio law requires the consent of your spouse in the form provided in Section H of this application for an annuity selection that provides for less than a 50 percent JSA payable to your spouse. Otherwise, OP&F must process your selection based on a 50 percent JSA payable to your spouse.

OR

Initial here  
to choose  
this plan

**Joint and Survivor Annuity Election Payable to a Member's Spouse/Beneficiary**

I hereby authorize OP&F to pay my re-employed retirement benefit that I am eligible to receive on the basis of the following joint and survivor annuity (JSA) plan and agree to accept a reduced monthly allowance from OP&F so that my spouse listed in section B, or other beneficiary, whom I designate as my beneficiary, shall be entitled to receive a lifetime monthly allowance equal to \_\_\_\_\_ percent of my reduced monthly allowance, payable upon my death. I understand that if my monthly benefit will be less than \$25, I must receive the lump-sum payment option.

- **Additional documentation required:** Copies of your birth certificate, your beneficiary's birth certificate and a copy of your marriage certificate, if applicable.
- **Spousal consent required:** If you are married at the time of application, Ohio law requires the consent of your spouse in the form provided in Section H for an annuity selection that provides for less than a 50 percent JSA payable to your spouse or to another beneficiary. Otherwise, OP&F must process your selection based on a 50 percent JSA payable to your spouse.

If you would like your lump-sum distribution electronically deposited to an account other than what OP&F has already on file, please complete this the information below.

Beneficiary name:	<input type="checkbox"/> My spouse <input type="checkbox"/> Court-ordered beneficiary <input type="checkbox"/> Beneficiary	Social Security number <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																				
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City, State, ZIP code																						
Home phone <input type="checkbox"/> New	Alternate phone <input type="checkbox"/> New	Email address <input type="checkbox"/> New																				

**Section E: Direct rollover of your re-employed benefit funds**

You have the option to rollover all or some of your taxable "pre-tax" contributions and non-taxable "after-tax" contributions to another qualified pension plan, a qualified 401(a) plan (certain restrictions and limitations may apply), 403(a) plan, 457(b) deferred compensation plan, 403(b) tax-sheltered annuity, or to an IRA. There are restrictions on which plans can accept a rollover of the non-taxable "after-tax employee" contributions, so you should consult with the plan of your choice before making any elections for a direct rollover. Plans are also required to provide separate accounting for both the taxable and non-taxable portions of any rollovers that they accept. If you elect to rollover all or some of your eligible re-employed benefit funds, OP&F will make the check for the rollover amount payable to the qualified plan you select.

Please check here to rollover all or some of your re-employed contributions to the following qualified plan. Please indicate the amount you wish to rollover (if you wish to rollover all accruals, write "All Accruals"): \$\_\_\_\_\_.

Firm name	Your account number <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																				
Plan administrator	Phone																				
Street address (OP&F is not able to mail to a P.O. box)	City, State, ZIP code																				

## Section F: Member signature and acknowledgement

I, the member described in section A of this Re-employed Retirement Benefit Application, who, having been duly sworn, represent that I am the person herein described; it is my will and intent to apply for re-employed retirement benefit under Chapter 742 of the Ohio Revised Code; I understand that my benefits will not be processed until OP&F's receipt of this application and I have met all of the eligibility requirements; the statements made herein are true and correct; and, if applicable, I nominate the beneficiary shown in Section D, unless the required spousal consent is not obtained in Section H and, in such event, my selection will be subject to the terms of Section D.

Signature:

Date of signature:

## Section G: Notary public requirement

*The notary public in good standing, who witnessed the signature of the member in Section F, must sign in the space provided in this section and affix their seal.*

State of \_\_\_\_\_, County of \_\_\_\_\_, ss:

The foregoing Re-employed Retirement Benefit Application was acknowledged before me by the member named in Section A, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Affix Seal here

Notary's signature:

Print name:

My commission expires:

## Section H: Spousal consent for less than mandated plan of payment

I am the spouse of the OP&F member identified in Section A of the Re-employed Retirement Application. I understand that under Ohio law, I am entitled to receive a monthly annuity of at least 50 percent of the member's re-employed retirant benefit upon the death of the member. I also understand that the member's election under Section D that provides for less than a 50 percent JSA (i.e., a plan of payment selection that provides for a lump sum payment, a plan of payment that provides me with less than a 50 percent JSA, or a plan of payment that designates a beneficiary other than me under such plan of payment) will not be effective without my consent, which can only be evidenced by my execution of the consent in this form outlined in this Section.

If this Consent is signed, I confirm that I have done so as my free and voluntary act with the understanding that I am waiving my right to a 50 percent JSA. As a result, I understand that I will not receive the monies that are provided for me by law and, in some cases, may not receive any monies related to this benefit after the member's death. I also understand that such Consent is irrevocable once filed with OP&F, so I cannot change my mind at a later time.

Spouses signature:

Date of signature:

## Section G: Notary public requirement for spousal signature

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

State of Ohio, County of \_\_\_\_\_, ss:

The foregoing Re-employed Retirement Benefit Application was acknowledged before me by the member and spouse named in the foregoing Section B, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Affix Seal here

Notary's signature:

Print name:

My commission expires: