



REFUND OF MEMBER CONTRIBUTIONS APPLICATION

A member of the Ohio Police & Fire Pension Fund (OP&F) is entitled to a refund of accumulated member contributions if:

- the member is not receiving a service pension or a disability benefit from OP&F, and;
- active service is terminated in a police or fire department;
- two months have elapsed since active service in a police or fire department was terminated and the member has not returned to active service in a police or fire department during that two-month period.

Before you apply for a refund of these contributions, please read the accompanying *Special Tax Notice Regarding Plan Payments* and the following information:

Impact on membership rights

Upon termination of your active service with a police or fire department, you are considered to be a “member of the fund” for a period of twelve months after the first day of the termination, provided that your accumulated member contributions remain on deposit with OP&F. However, a refund of accumulated member contributions terminates your membership with OP&F, cancels your service credit with OP&F, and any rights that you and your dependents may have to receive any retirement, disability, survivor, and related benefits from OP&F are forfeited.

Final contributions and processing

OP&F cannot determine the exact amount of member contributions eligible for a refund until your former employer pays your final contributions to OP&F. Employers have until the last day of the month following the month of your termination to report and pay these contributions to OP&F. A refund is normally issued within 90 to 120 days of your termination date provided, however, that all of the information needed by OP&F for processing has been received and is complete. Also, please note that OP&F must receive an original application for processing. A copy of this application or a facsimile will not be accepted.

1099R Issuance

OP&F will issue a Form 1099R to you for any refund that is not a direct transfer to one of the other Ohio retirement systems. These forms will be issued by January 31 of the calendar year following your receipt of the refund.

Other Ohio Retirement System Membership

If OP&F refunds your contributions and then you become a member of another Ohio retirement system (Ohio Public Employees Retirement System, State Teachers Retirement System, School Employees Retirement System, Highway Patrol Retirement System, or the Cincinnati Retirement System), you can purchase your refunded OP&F service, but you will be required to pay that system the amount refunded by OP&F, plus interest. If you leave your contributions on deposit with OP&F and become a member of another Ohio retirement system, your OP&F contributions can be transferred directly to that system. All contributions, both “pre-tax” and “after tax,” must be transferred.

Amount to be refunded

To find the current amount of your accumulated member contributions, please go to www.op-f.org and log onto the Member Self Serve Web. This information is subject to change following a final audit of your member contributions.

More information

If you have questions about this application, please contact OP&F Customer Service at 888-864-8363. OP&F encourages you to seek financial, legal and tax advice from professionals before applying for a refund of your accumulated member contributions since we cannot advise you on these issues.

Partial refunds and loans not permitted

There is no provision in the law governing OP&F allowing partial refunds or loans of accumulated member contributions.

Section A: Member information

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

Social Security Number

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Street address (PO box *not* accepted)

Home telephone

Date of birth

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City, State, ZIP code

Alternate telephone:

Date of hire as a police officer or firefighter

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Marital status:

- Single
 Married
 Divorced
 Married, but previously divorced

Marriage date, or Divorce date


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Section C: Member signature and acknowledgement

I, the person described in Section A of this *Refund of Member Contributions Application*, who, having been duly sworn, represent that I am the person herein described; affirm that the statements made herein are true and correct; and I certify that I am no longer employed as a full-time police officer or firefighter and I am not returning to work as a police officer or firefighter in the two-month period following my termination of active service.

I understand and agree that the filing of this Application with OP&F will result in the full refund of my total accumulated member contributions with OP&F; that **this refund cancels all service credit and benefits that I have or may be entitled to receive from OP&F; and that this refund cancels any and all membership rights I have with OP&F** including, but not limited to, my right to vote in Board of Trustee elections, my eligibility to apply for OP&F disability benefits, and any rights my dependents may have to receive survivor benefits from OP&F.

I acknowledge that, as part of this Application, I have received and reviewed the *Special Tax Notice Regarding Plan Payments* addressing my payment and direct rollover rights. After receiving this special tax notice, I understand that I have at least 30 days to consider whether or not to have my payment directly rolled over. If I do not wish to wait until the 30-day notice period ends before my Application is processed, I must waive the notice period by making an affirmative election indicating whether or not I wish to make a direct rollover. I further acknowledge that I have been advised of my right to consider my decision of whether or not to make a direct rollover and, in signing this Application and submitting it to OP&F, I am affirmatively waiving my right to the 30-day notice period regarding my direct rollover rights, and I authorize OP&F to process my payment based upon this Application.


Signature: 	Date of signature:
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Section D: Notary public requirement

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 *Refund of Member Contributions Application* was acknowledged before me by the person named in the foregoing Section A, this _____ day of _____, 20_____.

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

Section E: Certification by employer

This section is to be completed by the employer after the member's last day on active payroll and will be relied on by OP&F in processing this application.

I certify that each of the following is true and accurate:

1. The member is no longer employed by the police or fire department listed below and is not being considered for re-employment as a police officer or firefighter by the named department.
2. The member's termination date (their last day on active payroll by virtue of employment, vacation time, sick leave, holiday or compensatory time) was close of business on _____ (month, day, year).
3. Final member contributions will appear on the OP&F Report of Retirement Deductions for the pay period ending date of _____ (month, year).

Name of Employer:	OP&F Employer Code:
Employer representative's name:	Title:
Employer Street address / Post office box	
City, State, ZIP code	Phone:

I hereby certify that all statements included in this section are true and correct.

Employer representative's signature: 	Date of signature:
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