

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

REQUEST FOR DISABILITY APPEAL EXTENSION

Please complete this form and file it with the Ohio Police & Fire Pension Fund (OP&F) if you are unable to submit supporting documentation within the 60-day time period for your disability benefit appeal and want to request an extension before the expiration of the 60-day deadline. OP&F has discretion in granting this extension.

Section A: Member information								
Name: First, MI, Last, suffix (Jr. III, etc.)			Social Security Number			r		
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Street Address / Post office box	Home phone:				Date	e of Birth	1	
City, State, ZIP code	Alternative phone:		Date of initial disability hearing			aring		
Section B: Basis for extension								
documentation for your disability benefit appeal v	MIIII OP&F.							
Section C: Signature								
I am the member described in Section A of this Rece extension of the 60-day deadline to submit support included herein are true and correct.								
Member's signature:		Date	of sid	gnature):			