



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 30-day time period for your disability benefit appeal and want to request an extension before the expiration of the 30-day deadline. OP&F has discretion in granting this extension.

Section A: Member information

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

Section B: Basis for extension

Please provide a brief statement outlining your reason for requesting an extension of the 30-day deadline for filing supporting documentation for your disability benefit appeal with OP&F.

Multiple horizontal lines for writing a statement.

Section C: Signature

I am the member described in Section A of this Request for Disability Appeal Extension form. It is my will and intent to request an extension of the 30-day deadline to submit supporting documentation for my disability benefit appeal; and I affirm that all statements included herein are true and correct.

Member's signature:
Date of signature: