



SERVICE RETIREMENT APPLICATION

Please complete this form and file it with the Ohio Police & Fire Pension Fund (OP&F) if you are an OP&F member who wishes to receive a service retirement benefit that you may be entitled to receive based upon your age and years of service credit. Before terminating employment, please contact OP&F to obtain confirmation that you have met the eligibility requirements.

As mandated by law, OP&F offers the following types of service pensions:

- Normal service (i.e., age 48 with 25 years of service);
• Service commuted (i.e., 15 years of service; benefit payments begin when you reach age 48 and 25 years have elapsed from the date of your full-time hire); and
• Age/service commuted (i.e., age 62 with 15 years of service).

If you are eligible for a service retirement benefit, the amount of your benefit will depend upon:

- The age and service requirements you have met;
• The annuity payment plan you select;
• The pension calculation method you elect (if applicable); and
• Your allowable average annual salary for your three highest years of service.

Annuity Payment Plan Selection for OP&F Benefits

The Annuity Payment Plan Selection for OP&F Benefits form must also be completed as a part of your retirement application process. This form provides descriptions of each of the plans of payment that are available. Please go to www.op-f.org or contact OP&F Customer Service to receive a copy of this form.

Spousal consent required

If you are married on your effective date of retirement, Ohio law requires the consent of your spouse for an annuity selection that provides for less than a 50 percent Joint and Survivor Annuity (JSA) payable to your spouse, unless there is a court order that requires you to designate a former spouse as a beneficiary under an annuity plan. Current law now allows for the designation of up to four beneficiaries. Otherwise, OP&F is required by law to process your selection based on a 50 percent JSA payable to your spouse. Please note that consent is irrevocable once filed with OP&F.

For more information, please refer to the Member's Guide to Service Retirement 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.)
Street Address / Post office box
City, State, ZIP code
Home phone
Alternate phone
Email address

Marital status
Single
Married
Married, but previously divorced
Divorced
Widowed

If you have been divorced, you must file copies of all decree(s) of divorce or dissolution or marriage with OP&F for proper designation of your beneficiary.

Marriage date(s)
[Date input boxes]

Divorce date(s)
[Date input boxes]

Section B: Dependent information

Relationship	Dependent Name	Social Security Number	Birth Date
Spouse			
Children, aged less than 18			
Children, 18-22 if unmarried and a student			
Children, any age if dependent and disabled			

Section C: Employment history

Employer:	Department										
Service rendered (number of years / number of months):	Full-time appointment date: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>										
	Anticipated termination date: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>										

You may be eligible to purchase credit for military service, federal/out of state service, certain leaves-of-absence, or for full-time service under any Ohio public retirement system, subject to certain restrictions. Please check any of the following that apply so OP&F can notify you if you are eligible to purchase credit. OP&F reserves the right to audit the information provided in this section.

Purchasing eligible service credit could increase a member’s pension. However, after a member cashes their first OP&F interim pension check, or after it is deposited to their account, the member no longer has the right to purchase this eligible service credit.

Check here if this service applies

Check here to waive right to purchase

- | | | |
|--|----------------|--------------------------|
| <input type="checkbox"/> Military | Date(s): _____ | <input type="checkbox"/> |
| <input type="checkbox"/> P.O.W. | Date(s): _____ | <input type="checkbox"/> |
| <input type="checkbox"/> Ohio Highway Patrol Retirement System | Date(s): _____ | <input type="checkbox"/> |
| <input type="checkbox"/> Ohio Public Employees Retirement System | Date(s): _____ | <input type="checkbox"/> |
| <input type="checkbox"/> State Teachers Retirement System of Ohio | Date(s): _____ | <input type="checkbox"/> |
| <input type="checkbox"/> Ohio School Employees Retirement System | Date(s): _____ | <input type="checkbox"/> |
| <input type="checkbox"/> Cincinnati Retirement System | Date(s): _____ | <input type="checkbox"/> |
| <input type="checkbox"/> Refunded prior police or fire service | Date(s): _____ | <input type="checkbox"/> |
| <input type="checkbox"/> Leave-of-absence from police or fire service due to medical disability, including pregnancy | Date(s): _____ | <input type="checkbox"/> |
| <input type="checkbox"/> Involuntary layoff | Date(s): _____ | <input type="checkbox"/> |
| <input type="checkbox"/> Federal/out-of-state public service | Date(s): _____ | <input type="checkbox"/> |
| <input type="checkbox"/> Other: _____ | Date(s): _____ | <input type="checkbox"/> |

I do not wish to purchase any of the eligible service credit listed above as a possible means to increase my service credit as a member of the OP&F

Section D: Multiple Ohio retirement system membership

If you are planning to work in a position covered by OP&F or one of the other Ohio Retirement Systems (ORS) within 60 days after your retirement, up to 60 days of your retirement benefit may be forfeited. A forfeiture may not occur if your membership in another ORS begins 60 days prior to your retirement.

Please submit documentation verifying that you were earning compensation in each of the pay periods 60 days prior to your effective date of retirement or show proof of continuous employment. List your status with the Ohio retirement systems below. Check all that apply.

If you have service credit with another Ohio Retirement System, it is your responsibility to contact that system and inquire about any potential impact your OP&F service credit or retirement may have on your account with that system.

Member has no association with an Ohio retirement system, other than OP&F

	Currently receiving service or disability benefits	Currently contributing	Contributed prior to OP&F membership	Prior contributions were for full-time employment	Dates of full-time employment prior to OP&F membership, or, if currently receiving retirement benefits, list retirement date
Ohio Highway Patrol Retirement System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ohio Public Employees Retirement System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
State Teachers Retirement System of Ohio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ohio School Employees Retirement System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cincinnati Retirement System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Do you plan on working under another Ohio retirement system within 60 days of your retirement?

Yes No Not sure

If yes, please provide employer's name, address and date of hire:

Name	Address	Date of Hire
_____	_____	_____
_____	_____	_____
_____	_____	_____

Section E: Signature and acknowledgement

I, the member described in section A of this *Service Retirement Application*, who, having been duly sworn, represent that I am the person herein described, and I certify that all the statements made herein are true and correct. It is my will and intent to apply for service retirement under Chapter 742 of the Ohio Revised Code. I understand that my retirement will not be processed until I have met all of the applicable eligibility criteria and OP&F has received this application and any other documentation required to process benefits.

Signature:



Date of signature:

Section F: 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 *Service Retirement 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:



Prudence • Integrity • Empathy

The Ohio Police & Fire Pension Fund (OP&F) is dedicated to providing retirement and related benefits, accurate information, dependable communication and valuable educational assistance to our members. As responsible fiduciaries, we will professionally manage the resources of OP&F and implement its practices, plans and benefit services with the highest ethical standards.

Customer Service: 1-888-864-8363

TTY: 614-221-3846

Facsimile: 614-628-1777

E-mail: questions@op-f.org

www.op-f.org