

WAIVER OF MONETARY BENEFITS

Complete this form if you wish to waive your Ohio Police & Fire Pension Fund (OP&F) pension or other monetary benefits, under Ohio law. This waiver will remain in effect until you reinstate the benefit by filing a written *Cancellation of Monetary Benefits Waiver* form with OP&F. Any amount that you may have previously waived will be forever forfeited, and you cannot receive retroactive benefits.

If you wish to waive health care benefits, please complete and file a *Waiver of Medical Medical and/or Prescription Drug Coverage* form.

Section A — Eligible benefit recipient information

Name: First, middle initial, last, suffix (Jr., III, etc.)

Street / Post office box

City, state, ZIP code

Home telephone

Social Security number

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Date of birth

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Section B — OP&F benefits you wish to waive

You have the option to either waive all the benefits you may be eligible to receive, or to waive only a certain type of benefit. Please choose what you wish to waive by making a selection below.

- I wish to **waive all monetary benefits**, that I am eligible to receive from OP&F, including any Death Benefit Fund that I was awarded.
- I wish to **only waive the benefits that I check below**:
- | | |
|---|---|
| <input type="checkbox"/> Service pension | <input type="checkbox"/> Death Benefit Fund |
| <input type="checkbox"/> Disability benefits | <input type="checkbox"/> Survivor pension |
| <input type="checkbox"/> Deferred Retirement Option Plan (DROP) | <input type="checkbox"/> Other: _____ |

Section C — Signature and acknowledgement

As the person identified in the foregoing Section A of this *Waiver of Monetary Benefits* form, I hereby waive the benefits I marked in Section B of this form that I may be entitled to receive from OP&F. I understand that this waiver will remain in effect until the first day of the month following my filing of a written *Cancellation of Monetary Benefits Waiver* form with OP&F. To the extent that I wish to reinstate these benefits in the future, I understand and agree that I must file a written *Cancellation of Waiver* form with OP&F. I further understand that any amount I waive will forever be forfeited.

Eligible benefit recipient's Signature



Date of signature

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 Ohio, County of _____, ss:

The foregoing *Waiver of Monetary Benefits* was acknowledged before me by the eligible benefit recipient named in the foregoing Section A, this _____ day of _____, 20_____.

Notary public

Print name

Affix notary seal here

My commission expires