



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

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 the waiver with OP&F. Any amount that you may have previously waived will be forever forfeited, and you cannot receive retroactive benefits.

Section A: Eligible benefit recipient information

Name: First, MI, Last, suffix (Jr. III, etc.)		Social Security number									
Street Address / Post office box		<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>									
City, State, ZIP code		Date of Birth									
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Phone	Email address										

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 cancellation of the waiver in writing 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 cancellation of the waiver in writing with OP&F. I further understand that any amount I waive will forever be forfeited.

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

Affix Seal here	Signature of Notary Public:
	Print name:
	My commission expires: