

# OHIO PUBLIC SAFETY OFFICERS DEATH BENEFIT FUND

140 East Town Street, Columbus, OH 43215-5264 614-228-2975 or 1-800-860-9599

## APPLICATION FOR DEATH FUND SURVIVOR BENEFITS

### ➤ Section A – Information Regarding Decedent

1. Name of Decedent \_\_\_\_\_  
(last) (first) (middle)
2. Date of Death \_\_\_\_\_
3. Former Profession:  
 Police Officer       Firefighter  
 Sheriff's Deputy     Correction Officer  
 State Trooper         Other, please specify \_\_\_\_\_
4. Social Security No. \_\_\_\_\_
5. Former Employer \_\_\_\_\_  
(city or township)

### ➤ Section B – Information Regarding Survivors

6. Spouse  Guardian<sup>1</sup>  Dependent Parent
- a. Name \_\_\_\_\_  
(last) (first) (middle)
- b. Address: \_\_\_\_\_
- Telephone No. \_\_\_\_\_
- c. Date of Birth \_\_\_\_\_
- d. Social Security No. \_\_\_\_\_
- e. Date of:  
Marriage \_\_\_\_\_, or  
Divorce \_\_\_\_\_, or  
Appointment of Guardian \_\_\_\_\_,

<sup>1</sup> If applicable, please provide Guardianship Award or Divorce Decree Granting Child Custody

### 7. Children of Decedent:

	<u>Name</u>	<u>Social Security No.</u>	<u>Date of Birth</u>
Aged less than 18	_____	_____	_____
Aged 18-21, if unmarried & a student <sup>2</sup>	_____	_____	_____
Any Age if Dependent or Disabled <sup>3</sup>	_____	_____	_____

<sup>2</sup> OP&F will notify guardian of add'l documentation required

<sup>3</sup> OP&F will notify guardian of add'l documentation required

### 8. Dependent Parent of Deceased Member<sup>4</sup>

\_\_\_\_\_ <sup>4</sup> OP&F will notify applicants of add'l documentation required

➤ **Section C – Events Of Termination**

Please be advised there are certain events that will cause the termination of benefits to a survivor and dependent children or parent(s) (if applicable). Please review this table since as part of Section D (2) and (3) of the Application, you agree to notify OP&F should any of these events become applicable to the survivors named in Section B who are determined to be eligible for DBF benefits. Should you fail to notify OP&F upon an applicable event of termination and OP&F becomes aware that an event has occurred, you will be responsible to OP&F for the repayment of all overpaid death benefit payments paid to or on behalf of that particular survivor from the date of the event of termination, whichever event occurs first.

Survivors	Causes of Termination
Widow, widower	Death
Minor Child (except for students and disabled children)	Marriage Death Attainment of age 18
Student <sup>5</sup>	Marriage Death Attainment of age 22 Loss of "student" status
Dependent Disabled Child	Death Recovery from disability
Dependent Parents <sup>6</sup>	Death Remarriage Cessation of "dependency"

SAMPLE

➤ **Section D – Signature and Acknowledgment**

State of \_\_\_\_\_

County of \_\_\_\_\_, ss:

I, \_\_\_\_\_, (Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_), being the person or one of the persons herein described, being duly sworn state the following:

Please initial which sections apply:

- \_\_\_\_\_ 1. I am the surviving spouse of the decedent referenced in Section A and as such:
- a. It is my will and intent to apply for death fund benefits that I may be eligible to receive under ORC Section 742.63 or its successor provision, as amended from time to time;
  - b. I understand that death fund benefits cease upon my death.

<sup>5</sup> This includes an unmarried child between the ages of 18 and 22 who is a full-time student attending an educational institution under a qualified program of instruction.

<sup>6</sup> Dependent parents may receive death benefits only if there is no surviving spouse or children.

\_\_\_\_\_ 2. I am the guardian for the children of the decedent listed in Section B(7) and as such;

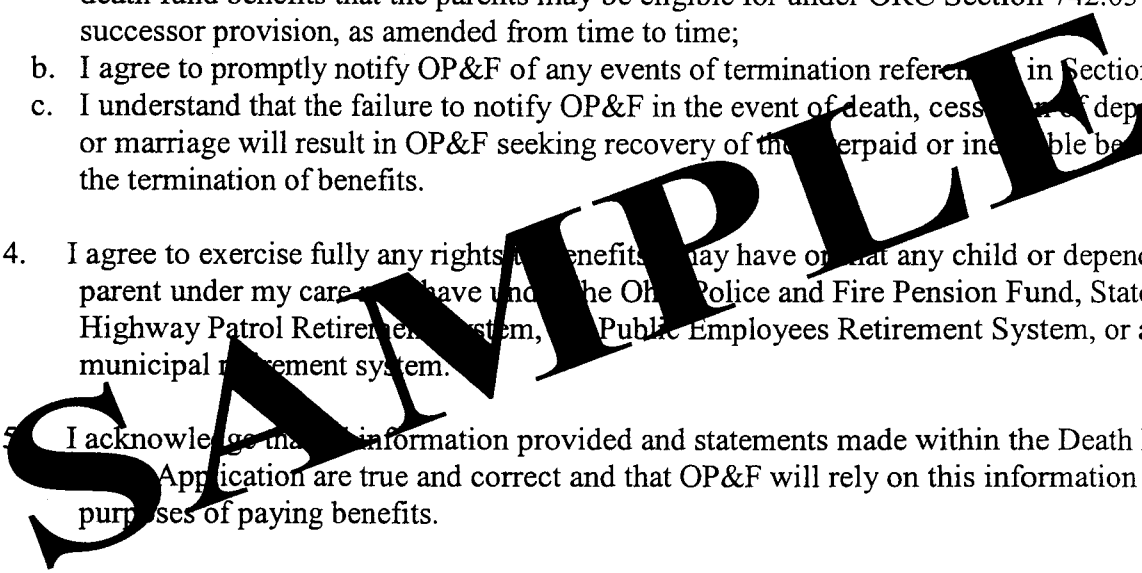
- a. It is my will and intent on behalf of the children of the decedent to apply for the death fund benefits that the children may be eligible for under ORC Section 742.63 or its successor provision, as amended from time to time;
- b. I agree to promptly notify OP&F of any events of termination referenced in Section C; and
- c. I understand that the failure to notify OP&F in the event of death, loss of student status or marriage will result in OP&F taking legal action seeking the recovery of overpaid or ineligible benefits and the termination of benefits.

\_\_\_\_\_ 3. I am the guardian or conservator of the dependent parents listed in Section B(7) and as such:

- a. It is my will and intent on behalf of the dependent parents of the decedent to apply for the death fund benefits that the parents may be eligible for under ORC Section 742.63 or its successor provision, as amended from time to time;
- b. I agree to promptly notify OP&F of any events of termination referenced in Section C; and
- c. I understand that the failure to notify OP&F in the event of death, cessation of dependency or marriage will result in OP&F seeking recovery of the overpaid or ineligible benefits and the termination of benefits.

\_\_\_\_\_ 4. I agree to exercise fully any rights to benefits that any child or dependent parent under my care may have under the Ohio Police and Fire Pension Fund, State Highway Patrol Retirement System, Public Employees Retirement System, or a municipal retirement system.

\_\_\_\_\_ 5. I acknowledge that the information provided and statements made within the Death Benefit Application are true and correct and that OP&F will rely on this information for purposes of paying benefits.



\_\_\_\_\_  
Signature of Applicant

Sworn to before me and signed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature of Notary Public or OP&F Employee

SEAL

My Commission Expires: \_\_\_\_\_