

Affidavit for Incapacitation

(As referenced by Ohio Administrative Code Sections 742-3-12 and 742-3-13)

State of Ohio:

ss:

County of _____:

Before me, a Notary Public in and for said state, personally appeared _____, who being by me duly sworn, deposes and says that:

1. He/she is acting on behalf of _____ SSN: _____, for purposes of filing a disability benefit application with the Ohio Police & Fire Pension Fund.
2. The member referenced in #1 is mentally or physically impaired as a result of a mental or physical illness or condition of disability with respect to which the attending physician, Dr. _____, practicing at (address) _____ (city, state & zip code) _____, finds that there is no present indication of recovery.
3. His/her relationship to the member referenced in #1 is that of _____.
4. In addition, the undersigned certifies the information in the disability benefit application is true and accurate to the best of his/her knowledge and belief.
5. This affidavit and accompanying disability benefit application are being mailed on _____ to the Ohio Police and Fire Pension Fund, 140 East Town Street, Columbus, Ohio 43215.

Further affiant sayeth naught.

Signature of Affiant

Sworn to before me and signed in my presence this _____ day of _____, _____.

(month) (year)

Signature of Notary

SEAL

My Commission Expires: _____

As witnessed by:

Signature of Witness

Date

Signature of Witness

Date