

## 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