

STEP 2: Appeal Request

Please mark the following box if applicable:

Appeal Board's Decision - I am choosing to appeal the retirement board's decision to deny/terminate my disability benefit. I will forward my completed Report of Physician form and any additional objective medical evidence to support my claim.

STEP 3: Appeal Extension Request

Please mark the following box if applicable:

Extension Request - I request an additional 45 days to submit my completed Report of Physician form and any additional objective medical evidence to support my claim.

STEP 4: Member's Acknowledgment This section is required to be completed or the form will be invalid.

I understand and acknowledge that my appeal request will not be reviewed and decided upon by the OPERS Board of Trustees until the expiration of the time frame allowed for me to submit my completed Report of Physician form and objective medical evidence supporting my claim.

Member Signature _____ Today's Date ____/____/____
Do not print or type name

