



# Application for Coverage Termination OECTA Provincial Long Term Disability Plan Teachers Bargaining Unit Members

## Basic Personal Information (Must be completed)

Name (Last, First and Middle Initial)

Address (Number, Street and Apt.)

City	Prov.	Postal Code	Date of Birth (mm/dd/yyyy)
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Home Telephone Number ( )	Work Telephone Number ( )	School Board
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E-mail Address

Employee Number	Policy Number
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## Instructions

This form should be completed if you wish to terminate your long term disability (LTD) plan coverage and discontinue your premium deductions. Cancelling your LTD coverage should only be done after serious consideration of potential consequences.

There are **three** scenarios under which your LTD coverage may be terminated. Please check off the situation that applies to you and submit the required information as detailed below.

Scenario 1 <input type="checkbox"/>	Scenario 2* <input type="checkbox"/>	Scenario 3 <input type="checkbox"/>
You are eligible for a 66% unreduced service pension, or you are within either the later of 100 working days, or the expiration of sick leave of being eligible for a 66% unreduced service pension.	You have notified both the Teachers' Pension Plan and your board of your scheduled retirement date, which is within 100 working days.	You have reached the end of the month in which you turned age 65 or you are within either the later of 100 working days, or the expiration of sick leave of reaching the end of the month in which you turn age 65.
<i>A copy of your Teachers' Pension Plan Board service credit statement is required.</i>	<i>A copy of your retirement letter plus a copy of your Teachers' Pension Plan Board statement is required.</i>	<i>Proof of age is required (i.e., provincial health card, drivers licence or birth certificate).</i>

### \*Scenario 2 Notes

If a request for cancellation is received by the 15<sup>th</sup> of the month, coverage will be cancelled on the 1<sup>st</sup> of the following month. If a cancellation request is received after the 15<sup>th</sup> of the month, coverage will not be cancelled until the 1<sup>st</sup> of the 2<sup>nd</sup> month following receipt (subject to your board's payroll deadlines).

## Authorization

In recognition of the documentation attached, I waive all rights of benefit or redress against the LTD plan, or my federation, or its officers, should I become ill or disabled subsequent to the effective date of this termination request and prior to my retirement from the board.

**Return your completed form to your local OECTA unit office.**

Signature X \_\_\_\_\_ Date (mm/dd/yyyy) \_\_\_\_\_