



Application for Coverage Termination ETFO 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)
Home Telephone Number ()	Work Telephone Number ()		School Board
E-mail Address			
Employee Number	Policy Number		

Instructions

This form should be completed to terminate your long term disability (LTD) plan coverage and discontinue your premium deductions.

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

<input type="checkbox"/> Scenario 1	<input type="checkbox"/> Scenario 2
You are eligible for a 62% unreduced service pension, or you are within either the greater of 110 working days, or the expiration of sick leave of being eligible for a 62% unreduced service pension.	You have reached the end of the month in which you turned age 70 or you are within either the greater of 110 working days, or the expiration of sick leave of reaching the end of the month in which you turn age 70.
<i>A copy of your Teachers' Pension Plan Board service credit statement is required and your current absence balance (sick leave days + short term leave and disability plan days).</i>	<i>Proof of age is required (i.e., provincial health card, drivers licence or birth certificate) and your current absence balance (sick leave days + short term leave and disability plan days).</i>

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 ETFO local office.

Signature X _____ Date (mm/dd/yyyy) _____