



OTIP RAE0®

# Application for Long Term Disability (LTD) Coverage Termination

## OSSTF Provincial LTD Plan

### Teachers Bargaining Unit Members

**Basic Personal Information** *(Must be completed)*

Name (Last, First and Middle Initial)

Address (Number, Street and Apt.)

City

Province

Postal Code

Home Telephone Number

Work Telephone Number

School Board

Email Address

Date of Birth (mm/dd/yyyy)

Employee Number

Policy number

48098-902

This form should be completed to terminate your LTD 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 could be terminated. Please check off the situation that applies to you and submit the required information as detailed below.

<input type="checkbox"/> <b>Scenario 1</b>	<input type="checkbox"/> <b>Scenario 2</b>	<input type="checkbox"/> <b>Scenario 3</b>
<p>You are eligible for a 60% unreduced service pension now.</p> <p><b>OR</b></p> <p>You are eligible for a 60% unreduced service pension within the later of either the next 110 working days or the expiration of your sick leave to a maximum of 24 months.</p>	<p>Your scheduled retirement date is within the next 110 working days and you have notified both the Ontario Teachers' Pension Plan and your school board.</p>	<p>You have reached the end of the month in which you turned age 65.</p> <p><b>OR</b></p> <p>You will reach the end of the month in which you turned age 65 within the later of either the next 110 working days or the expiration of your sick leave to a maximum of 24 months.</p>
<p><i>A copy of your Ontario Teachers' Pension Plan Board service credit statement is required.</i></p>	<p><i>A copy of your retirement letter plus a copy of your Ontario Teachers' Pension Plan Board statement is required.</i></p>	<p><i>Proof of age is required (i.e. provincial health card, driver's licence or birth certificate).</i></p>

**NOTE:**

- 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 second month (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 OSSTF district office.**

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