



ONTARIO TEACHERS INSURANCE PLAN
 125 Northfield Drive West, PO Box 218
 Waterloo ON N2J 3Z9
 519.888.9683
 1.800.267.6847

Application for Coverage Termination OSSTF 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			OSSTF District Number	
Employee Number		Policy Number		

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 60% unreduced service pension, or you are within either the later of 110 working days, or the expiration of sick leave of being eligible for a 60% unreduced service pension.	You have notified both the Teachers' Pension Plan and your board of your scheduled retirement date, which is within 110 working days.	You have reached the end of the month in which you turned age 65 or you are within either the later of 110 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>	N/A

Please note

If a request for cancellation is received by the 15th of the month, coverage will be cancelled on the 1st of the following month. If a cancellation request is received after the 15th of the month, coverage will not be cancelled until the 1st of the 2nd 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 Karen Marr, Benefits Technician, Limestone District School Board.

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