

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

Basic Personal Information (Must be completed)

First Name: _____ Middle Initial(s): _____ Last Name: _____
 Home Address: _____ City: _____
 Province: _____ Postal Code: _____ Date of Birth: M M / D D / Y Y Y Y
 Email: _____
 Home Telephone Number: (_____) _____ Work Telephone Number: (_____) _____
 School Board: _____ 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. Coverage cannot be cancelled retroactively. 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.

<input type="radio"/> Scenario 1	<input type="radio"/> Scenario 2	<input type="radio"/> Scenario 3
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>	<i>Proof of age is required (i.e., provincial health card, drivers licence or birth certificate).</i>

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).

Agreement, Acknowledgment and 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 Teachers Life.

Member Signature: _____ Date Signed: M M / D D / Y Y Y Y

Return Completed Form to the Following Address

Teachers Life Insurance Society (Fraternal)™

916 The East Mall, Suite C,
Toronto, ON, M9B 6K1

416-620-1140 | Toll Free 1-800-668-4229 | Fax 416-620-6993 | insuring@teacherslife.com | teacherslife.com