

OSSTF ELHT is moving to pre-authorized debits to collect member paid benefit premiums

Effective February 1, 2024, the OSSTF Employee Life and Health Trust (ELHT) will be moving from payroll deductions to direct billing using pre-authorized debits (PAD) to collect member paid benefit premiums. This means that your school board will no longer be making payroll deductions to cover the cost of your member paid benefit premiums.

This change will impact all members who are participating in OSSTF ELHT Extended Health Care, Dental Care, and/or Optional Life Benefits. **Please review the information below to ensure you understand the actions required by you to complete this time sensitive request.**

What to expect

You will receive an email in **early January** with steps to securely provide us with your banking information through the **Banking Information Required event**. The instructions will be sent to your Board assigned email address, unless you have indicated a personal email address as your preferred email. You will be responsible for providing us with your banking information to facilitate the pre-authorized debit collection of your Benefits Plan premium contributions. Your banking information is requested for pre-authorized debit as soon as possible to ensure your benefits continue without interruption.

If your banking information is not provided by March 1 through the Banking Information Required event, your coverage will be suspended and you will not have access to your health and/or dental, and/or optional life benefits.

Important: If you have previously submitted your banking information in My Claims and/or My Benefits, **you must still complete the Banking Information Required event** which will be available in January under the My Benefits homepage. We will provide instructions to accurately provide this information.

Questions? We are here to help.

If you have any questions, please contact **OTIP Benefits Services at 1-866-783-6847** or refer to the frequently asked questions below.

Question	Answer
Why do I have to provide my banking information?	OSSTF ELHT is moving to pre-authorized debit deductions of plan member benefit premium contributions.
How do I know if I need to provide my banking information?	You will receive a communication from OTIP with steps to securely provide us with your banking information in January.
When will I be required to provide my banking information?	Effective February 1, 2024, OSSTF ELHT will be moving from payroll deductions to PAD deductions of benefit contributions from all OSSTF ELHT Benefits plan members

	<p>who are participating in OSSTF ELHT Extended Health Care, Dental Care, and/or Optional Life Benefits.</p> <p>If your banking information is not provided by March 1 through the Banking Information Required event, your coverage will be suspended and you will not have access to your health and/or dental, and/or optional life benefits.</p> <p>Once your banking information is provided, you will be billed for any current and retroactive plan member premium contributions owed and your coverage will be reinstated retroactively to the date that coverage was suspended.</p>
<p>I already receive claim reimbursements by direct deposit so, why do I need to provide OTIP with my banking information?</p>	<p>OTIP administers your benefits plan and is responsible for collecting your portion of health, dental and life insurance premium contributions that were previously processed through payroll deduction by your employer.</p> <p>NOTE: Banking information provided for your health and dental claim payments is not authorized for collection of benefit contributions. You must complete the Banking Information Required event which will be available in January under the My Benefits homepage to ensure your benefits can continue without interruption.</p>
<p>What happens if I don't provide my banking information?</p>	<p>If you do not provide your banking information, your coverage for benefits will be suspended.</p> <p>If your coverage is suspended:</p> <ul style="list-style-type: none"> • You may be responsible for paying back any reimbursements you received for claims incurred on or after the respective effective date. • You may also be subject to dental late entrant restrictions and/or required to re-apply for extended health care or optional life insurance coverage by providing proof of good health (evidence of insurability) should you wish to rejoin the plan at a later date.