



# Application for Long Term Disability (LTD) Coverage Termination

## ETFO Provincial LTD Plan Elementary Teachers of Toronto

### 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 <i>(mm/dd/yyyy)</i>
Employee Number	Policy number	50188

### Instructions

This form should be completed to terminate your LTD 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"/> <b>Scenario 1</b>	<input type="checkbox"/> <b>Scenario 2</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>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 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></p>	<p><i>Proof of age is required (i.e. provincial health card, driver's licence or birth certificate) and your current absence balance (sick leave days + short-term leave and disability plan days).</i></p>

### 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: Jodie Campbell, Service Consultant, OTIP**

**E-mail: [jcampbell@otip.com](mailto:jcampbell@otip.com) Fax - 1-866-342-2134**

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