



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 | Employee Number |
| Email Address | | Date of Birth (mm/dd/yyyy) |
| Employer Toronto District School Board | | Plan number 50188 - 112 |

This form should be completed to terminate your LTD coverage and discontinue your LTD contribution deductions. There are **two** scenarios under which your LTD coverage can be terminated. Please check off the situation that applies to you and submit the required information as detailed below.

| | |
|--|--|
| <input type="checkbox"/> Scenario 1 | <input type="checkbox"/> Scenario 2 |
| You are eligible for a 60% unreduced service pension now. OR You are eligible for a 60% unreduced service pension within the later of the next 110 working days or expiration of your sick leave to a maximum of 24 months. | You have reached the end of the month in which you turned age 65. OR You will reach the end of the month in which you turn age 65 within the later of the next 110 working days or expiration of your sick leave to a maximum of 24 months. |
| <i>A copy of your Ontario Teachers' Pension Plan statement is required, plus your current absence balance, if greater than 110 working days.</i> | <i>A copy of your current absence balance, if greater than 110 working days.</i> |

Authorization

In recognition of the documentation attached, I waive all rights of benefit or redress against the LTD plan, my employer, federation, or its officers, should I become ill or disabled subsequent to the effective date of this coverage termination and prior to my retirement from the board. I acknowledge that retroactive reinstatement of my LTD coverage is not permitted.

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

*** Email your completed form to OTIP: LTDTerminationRequests@otip.com ***