Application for Long Term Disability (LTD) Coverage Termination
OECTA Provincial LTD Plan

OTIP RAEO ®

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 *(mm/dd/yyyy)*
Employee Number		Policy number

This form should be completed to terminate your LTD 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 could be terminated. Please check off the situation that applies to you and submit the required information as detailed below.

☐ **Scenario 1**	☐ **Scenario 2**	☐ **Scenario 3**
You are eligible for a 60% unreduced service pension now. **OR** 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.	Your scheduled retirement date is within the next 110 working days and you have notified both the Ontario Teachers' Pension Plan and your school board.	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 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.
A copy of your Ontario Teachers' Pension Plan Board service credit statement is required.	*A copy of your retirement letter plus a copy of your Ontario Teachers' Pension Plan Board statement is required.*	*Proof of age is required (i.e. provincial health card, driver's licence or birth certificate).*

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 second month (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 your local OECTA unit office.

Signature X_____ **Date** *(mm/dd/yyyy)* _____