



Upper Grand Elementary Teachers' Federation of Ontario

REQUEST FOR TERMINATION OF LTD COVERAGE THROUGH OTIP

Participation in the LTD plan is a mandatory condition of employment for all teachers employed half-time or more. There are three exceptions: (1) teachers who are eligible to receive a 60% unreduced pension or (2) teachers who have attained the age of 65 or (3) teachers who have retired and are in receipt of a pension and continuing to teach. If you satisfy one of the three exceptions, you may elect to terminate your participation in the plan; otherwise you must be a contributing member in the plan. Please note, with regard to the first exception, to be eligible to receive a 60% unreduced pension, members must have attained both the 85 factor and 30 years of credited service.

Please complete the following Request for Termination of LTD Coverage only if you are within 80 school days (the LTD waiting period) of your eligibility for a 60% unreduced pension or you are within 80 school days of the end of the month in which you attain age 65 or you have retired and are currently in receipt of your pension from the Ontario Teachers' Pension Plan (OTPP).

Please retain a copy of this form for your records and return the completed form to Upper Grand ETFO, Orchard Park with the necessary supporting documentation as noted below.

Personal Information.

Name: _____ School: _____

Employee number (from your pay stub): _____

Amount of time teaching this year (e.g. FTE of 1.0, 0.9, ...0.1): _____ Previous year: _____

Home Address: _____

Home Tel: _____ Email: _____

(1) Complete this section if you are eligible to receive a 60% unreduced pension (i.e. you have attained both the 85 factor and 30 years of credited service).

- I will be eligible for a 60% unreduced pension (i.e. I attained both the 85 factor and 30 years of credited service) on the following date: _____ (A). *Note: for your assistance, please contact the Ontario Teachers' Pension Plan, 800-668-0105, to verify this date.*
- I am eligible to withdraw from the LTD plan 80 school days before the above date stated at line (A). Eighty school days prior to the date stated at line (A) is _____ and is my requested date of termination from the LTD plan.
- I have attached a current personal Teachers' Pension Plan Statement as confirmation of the date stated at line (A).

(2) Complete this section if you have attained the age of 65.

- My date of birth is _____. My 65th birthday is _____.

- The last day of the month in which I turn 65 is _____ (B).
- I am eligible to withdraw from the LTD plan 80 school days before the end of the month in which I turn 65 stated at line (B). Eighty school days prior to the end of the month stated at line (B) is _____ and is my requested date of termination from the LTD plan.
- I have attached confirmation of my date of birth (e.g. photocopy of driver's license).

(3) Complete this section if you are currently receiving a pension from the Ontario Teachers' Pension Plan (OTPP)

You may wish to contact Orchard Park for clarification if you are completing this section.

- I retired effective the following date: _____.
- I started to receive pension payments on the following date: _____.
- I was rehired by the Upper Grand District School Board on the following date _____ and this is my requested date of termination from the LTD plan.
- I have attached confirmation that I am receiving pension payments.

If you have completed this section and circumstances change after submitting this form, please immediately contact Orchard Park.

Please refer to the attached current and previous school year calendars for the Upper Grand District School Board in order to calculate your requested termination date.

If a member has paid LTD premiums after she or he is no longer eligible to receive LTD benefits, it is OTIP's policy that the overpayment of premiums may be refunded to the member, within certain parameters. The maximum amount refunded in the event of a retroactive request will be the overpaid LTD premium amounts for the current school year, and the school year prior to the current year.

If your requested termination date is prior to the date that this form is completed and signed, please complete the Request for Premium Refund section.

Complete this section if you are requesting a premium refund.

Due to my retroactive termination of benefits, I wish to apply for a refund of my premiums paid through payroll deductions since my termination date. I understand that in no event will my premium refund exceed those paid in the current and previous school years.

- My requested termination date, as calculated in one of the above sections, is _____ (C).
- I am requesting a premium refund as of the date stated at line (C).

Signature

Signature: _____ Date: _____

Please retain a copy of this form for your records and return the completed form to Upper Grand ETFO, Orchard Park. Please ensure the necessary supporting documentation is attached.