



Application for Long Term Disability (LTD) Coverage Termination
Office Professionals and Technicians Bargaining Unit
OSSTF District 7, Bluewater

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 <i>(mm/dd/yyyy)</i>
Employer Bluewater DSB		Plan number 51026-945

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 should 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 66% unreduced service pension now. OR You are eligible for a 66% unreduced service pension within the later of the next 120 working days or expiration of your sick leave.	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 120 working days or expiration of your sick leave.
<i>A copy of your OMERS Annual Report is required, plus your current absence balance, if greater than 120 working days.</i>	<i>A copy of your current absence balance, if greater than 120 working days.</i>

Please check the one that applies to you:

- 10 month employee (230 days)**
- 12 month employee (260 days)**

Authorization

In recognition of the documentation attached, I waive all rights of benefit or redress against the LTD plan, my employer, my 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)* _____

***** Return your completed form and accompanying documents to your district office *****