



OTIP RAEO®

TERMINATION OF LTD COVERAGE REQUEST BLUEWATER DISTRICT SCHOOL BOARD

OPT, ESP, Senior Administration and PSSP and Non-union Employee Groups

Name: _____ (Please print) Employee ID# _____

Work location: _____ Phone #: _____

Employee Group (Please check the appropriate box):

OSSTF District 7 OPT Unit member OSSTF District 7 ESP Unit member

Senior Administration Non-union or PSSP member

I request cancellation of my Long Term Disability Plan insurance coverage for the following reason:

1) _____ I qualify for a 66% **unreduced** pension (33 years of credited service) as of _____.*

***I enclose a complete copy of my OMERS or OTPP Pension Plan Statement to justify my request.**

2) _____ I will turn 65 on _____.

Signature of Employee

Witness

Date _____

RETURN THIS FORM TO THE BOARD OFFICE

Please return this form and any required pension statements to, Lindsay Esseltine, Human Resources Department, Bluewater DSB at the Education Centre in Chesley.

Please direct any questions you may have regarding your eligibility to exit your LTD plan to Jodie Campbell, Service Consultant, OTIP at 1-800-267-6847 ext. 2605 or email jcampbell@otip.com.