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 Ottawa, ON Website: www.ocetf.org
 K2H 8S9

Long Term Disability Premium Termination Notice (2009-2010)

Contract Number: L7025-901 Employee Number: _____
 Given Name (s): _____ Last Name: _____
 School / Location: _____ Date of Birth (dd/mm/yy) _____

If you are no longer eligible to participate in the Long Term Disability (LTD) Program, please complete this form to terminate your coverage and discontinue your premium deductions. The effective termination date is 80 working days or 80 working days plus accumulated sick days over the 200-day retirement gratuity (**for those who have chosen LTD option 2**) prior to the date you attain a 66% unreduced pension or reach age 65 (i.e. termination date is at the beginning of the LTD elimination period leading up to age 65 or the 66% unreduced pension.

There are **three** scenarios under which your LTD coverage will terminate. Please check off the situation that applies to you and provide us with the required information as detailed below.

Scenario 1 _____	Scenario 2 _____	Scenario 3 _____
You have attained or are within 80 working days of the 66% unreduced pension factor date.	You have 80 or more sick days to cover the waiting period up to the 66% unreduced pension factor date, while still maintaining your 200-day retirement gratuity. You can only use excess sick days if you are enrolled under LTD option 2.	You have attained or are within 80 working days of age 65.
<i>A copy of your Teachers' Pension Plan Board statement is required.</i>	<i>A recent copy of your Sick Leave Credits statement plus a copy of your Teachers' Pension Plan Board statement are required.</i>	<i>Proof of age is required (ie. provincial health card, drivers license card or birth certificate)</i>

Signature: _____

Date (dd/mm/yy): _____

Please return this form to the OTIP office

OTIP - c/o Natasha Provost
 240 Catherine St., Suite #206
 Ottawa, ON
 K2P 2G8