



LTD Option Change Form

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

If you wish to CHANGE from Option 1 to Option 2 you need to submit a copy of your Sick Leave Credits statement along with this form.

If you wish to CHANGE from Option 2 to Option 1 simply submit this form.

* You can access your current option status by logging into your employee benefits account*

Please check the new option chosen

Option 1 _____

55% of gross monthly pre-disability income, payable after **80 working days of disability**.

Cost: 1.332% of your monthly salary (including RST).

Option 2 _____

To participate in this Option, a **minimum sick day bank of 280 days is required**. 55% of gross monthly pre-disability income, payable after **80 working days of disability plus any sick days you have accumulated in excess of 200 days**.

Cost: 1.264% of your monthly salary (including RST)

A copy of your Sick Leave Credits statement is required.

You will remain in your current Option until the next Option Change period (September - October 2010) if you **do not** return a Change Form by **November 30, 2009** Changes will be actioned for January 1, 2010.

Please mail form to the OTIP office by November 30, 2009

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

****Please direct questions to Bob Ferguson or Jan Fraser at the OCETF office at 613-596-3932****