

ONTARIO TEACHERS INSURANCE PLAN P. O. Box 218 125 Northfield Drive West Waterloo ON N2J3Z9 (519) 888-9683 1-800-267-6847

## LONG TERM DISABILITY MANDATORY ENROLLMENT TERMINATION OF COVERAGE APPLICATION

BASIC PERSONAL DATA (MUST BE COMPLETED)	
NAME LAST FIRST	GENDER F M M
ADDRESS	EMPLOYEE INDICATE MEMBERSHIP OF:
CITY	TYPE OECTA ELEM ADMINISTRATION SEC CLERICAL TRADESPERSON
POSTAL CODE PHONE PHONE	OSSTFTEACHER OTHER
E-MAIL ADDRESS	
EMPLOYEE NO.	DATE OF BIRTH MONTH DAY YEAR
BOARD	DATE OF HIRE WITH BOARD MONTH DAY YEAR
POLICYNO.	EFFECTIVE DATE MONTH DAY YEAR
A request for cancellation can only be approved by your federation and OTIP. Coverage cannot be cancelled retroactively. Cancelling your long term disability insurance (LTD) coverage should only be done after serious consideration of potential consequences.  A written request to retire, which includes your intended retirement date, MUST accompany this form prior to approval of this termination request being granted.  A copy of my retirement notice is attached.	
	mm/dd/yyyy
and hereby authorize the board to cease payroll deductions as applicable for the above LTD plan.	
Note: If a request for cancellation is received by the 15th of a month, coverage will be cancelled on the 1st of the following month. If the request is received after the 15th of the month, coverage will be cancelled on the 1st of the 2nd month following receipt.	
In recognition of the documentation attached, I waive all rights of benefit or redress against the LTD plan, or my federation, or its officers, should I become ill or disabled subsequent to the effective date of this termination request and prior to my retirement from the board. I further understand that if I wish to re-apply for LTD coverage in the future, I will be required to submit satisfactory proof of insurability at my own expense and subject to the insurance carrier's approval.	
Date//Signature	

LTDMANTERM OTIP02/04