

LTD BENEFIT COVERAGE CHANGE FORM

For Policy No. 175360

This form is to be used to change your LTD benefit option when medical evidence is not required.

General Information

Surname	First Name	Initial
Birthdate (YYYY/MM/DD)	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Cert/OPC Member No
Address	City	Province
Postal Code	Telephone No.	Home email
Annual Salary	Work email	

Long Term Disability (LTD)

Current Coverage

- Option 1 – 100 calendar day elimination period, terminates when you are eligible for a 70% unreduced pension
- Option 2 – 150 calendar day elimination period, terminates when you are eligible for a 70% unreduced pension
- Option 3 – 100 calendar day elimination period, terminates when you attain the 85 Factor
- Option 4 – 150 calendar day elimination period, terminates when you attain the 85 Factor
- Option 5 – 100 calendar day elimination period, terminates when you are eligible for a 70% unreduced pension. **PLUS** COLA of CPI to a maximum of 3% after 12 months of paid benefit.

Select New Coverage

- Option 1 – 100 calendar day elimination period, terminates when you are eligible for a 70% unreduced pension
- Option 2 – 150 calendar day elimination period, terminates when you are eligible for a 70% unreduced pension
- Option 3 – 100 calendar day elimination period, terminates when you attain the 85 Factor
- Option 4 – 150 calendar day elimination period, terminates when you attain the 85 Factor
- Option 5 – 100 calendar day elimination period, terminates when you are eligible for a 70% unreduced pension. **PLUS** COLA of CPI to a maximum of 3% after 12 months of paid benefit.

Please note that it is your responsibility to advise the OPC of the date you will attain your 85 factor or be eligible for a 70% unreduced pension as you will not be entitled to LTD benefits after that date.

Authorization I hereby authorize OPC Benefits to change my benefit selection as of the earliest possible date. I understand that there will be a rate change implemented as a result of my new selection.

Applicant Signature:

Date:

**Return to OPC Benefits: 20 Queen Street W. Suite 2700, P. O. Box 7. Toronto, ON. M5H 3R3.
Fax: 1866-445-9249; Email: opcbenefits@principals.ca**