

**To change LTD coverage option when evidence of insurability is not required.**

**General Information**

Surname	First Name	Initial
Birthdate (YYYY/MM/DD)	Gender	Cert/OPC Member No
Address	City	Province
Postal Code	Telephone No.	Personal Email
Annual Salary	Work Email	

**Long Term Disability (LTD)**

**Current Coverage**

Option 1 – 100 calendar day waiting period, terminates when you are eligible for a 70 per cent unreduced pension

Option 2 – 150 calendar day waiting period, terminates when you are eligible for a 70 per cent unreduced pension

Option 3 – 100 calendar day waiting period, terminates when you attain the 85 factor

Option 4 – 150 calendar day waiting period, terminates when you attain the 85 factor

Option 5 – 100 calendar day waiting period, terminates when you are eligible for a 70 per cent unreduced pension. **PLUS** COLA of 3 per cent after 12 months of paid benefit

**Select New Coverage**

Option 1 – 100 calendar day waiting period, terminates when you are eligible for a 70 per cent unreduced pension

Option 2 – 150 calendar day waiting period, terminates when you are eligible for a 70 per cent unreduced pension

Option 3 – 100 calendar day waiting period, terminates when you attain the 85 Factor

Option 4 – 150 calendar day waiting period, terminates when you attain the 85 Factor

Option 5 – 100 calendar day waiting period, terminates when you are eligible for a 70 per cent unreduced pension. **PLUS** COLA of 3 per cent 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 per cent unreduced pension, and to request termination of coverage. You will not be eligible for LTD benefits / coverage 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 adjustment as a result of my new selection.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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