



Dear OPC Member,

Congratulations on your recent promotion. This is an excellent opportunity that will enable you to continue inspiring and supporting students and school communities. We hope you find it fulfilling.

As an OPC Member, you are eligible to participate in the **Long-term Disability (LTD), Optional Life (OLIF) and Accidental Death and Dismemberment (AD&D)** plan offered through the OPC, Ontario Teachers Insurance Plan (OTIP) and Manulife Financial.

Details of the coverage are included in this package. You have **60 calendar days after your date of appointment** (your first day in the role), to apply for LTD and the non-evidence limit of \$100,000 for OLIF insurance, without proof of good health. You can apply for any amount of AD&D coverage at any time, without proof of good health. **Provided all criteria are met, you will be enrolled in the OPC Benefits plan as of your appointment date.**

If you apply more than 60 calendar days after your appointment, you must provide proof of good health and coverage will be effective as of the date approved by the Ontario Teachers Insurance Plan (OTIP) for LTD, and Manulife Financial for OLIF.

If you have questions regarding this information, contact Membership Services at **416-322-6600, 1-800-701-2362** or email **opcbenefits@principals.ca**.

Please carefully consider all your options, ensure that all required documents are fully completed, and apply within 60 calendar days of your appointment.

416-322-6600 or 1-800-701-2362. Fax 1-866-445-9249

www.principals.ca opcbenefits@principals.ca

September 2024

GROUP BENEFIT APPLICATION CHECKLIST

Before returning your completed application, ensure that the following information has been completed/included:

- ☐ Group Benefit Application
 - Complete all sections of the form
 - Sign both pages 1 and 4 even if you are not applying for Accidental Death & Dismemberment (AD&D) or Life Insurance
 - Check the “I do not want” box for each optional insurance (AD&D, Member, Spousal, Child Optional Life Insurance) listed on page 2 if you are not applying for additional coverage
 - Fill in your appointment date (the first day of work in the role)
 - Fill in your current salary
 - Add your OPC number (you can submit the application without the number)
 - Ensure that any changes are legible and initialled
- ☐ Sign Information Release Authorization
- ☐ Sign Pre-Authorized Debit (PAD) Agreement and attach void cheque/pre-authorized transaction form
- ☐ If you are in one of the school boards* listed below, your employee ID number is required instead of a PAD and void cheque/pre-authorized transaction form
- ☐ Complete Evidence of Insurability - *applicable only to*
 - Applicants applying 60 days after the date of appointment
 - Applicants applying for Optional or Spousal Life Insurance over \$100,000
- ☐ If you need to make changes to the form, you must strike through and initial the change. Corrective liquid (e.g., “white-out”) is not permitted
- ☐ Be sure to retain a copy of the documents for your records including a fax confirmation where necessary. We may request the originals if faxed/scanned copies are not legible
- ☐ Completed forms can be faxed, scanned/mailed using the details below

Note that you must be an OPC Member to enrol in the OPC Benefits Plan. Your application will be processed once all required documents are received. **Provided all criteria are met, you will be enrolled as of your date of appointment.**

Thank you for your attention to these details.

*Boards for which employee ID number is required: Algoma, Greater Essex, Halton, Hamilton-Wentworth, Grand Erie, Rainy River.

General Information		
Surname	First Name	Initial
Birthdate (YYYY/MM/DD) _____		OPC Member No. _____
Gender Identity: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Prefer not to specify <input type="checkbox"/> Prefer to specify: _____		
Address	City	Province
Postal Code	Phone No. ()	Personal Email
Employment Information		
School Board	Employee No.	
Position	Affiliation <input type="checkbox"/> Elementary <input type="checkbox"/> Secondary <input type="checkbox"/> Other	
Date of Appointment (YYYY/MM/DD)	Annual Salary \$	Pay Schedule <input type="checkbox"/> 10 month <input type="checkbox"/> 12 month
Work Email		
Long Term Disability (LTD)		
Coverage	<input type="checkbox"/> Option 1 – 100 calendar day qualifying period, terminates when eligible for a 70% unreduced pension (after 35 years of qualifying service). <input type="checkbox"/> Option 2 – 150 calendar day qualifying period, terminates when eligible for a 70% unreduced pension (after 35 years of qualifying service). <input type="checkbox"/> Option 3 – 100 calendar day qualifying period, terminates when you attain the 85 factor. <input type="checkbox"/> Option 4 – 150 calendar day qualifying period, terminates when you attain the 85 factor. <input type="checkbox"/> Option 5 – 100 calendar day qualifying period, terminates when eligible for a 70% unreduced pension (after 35 years of qualifying service). PLUS , COLA of 3% after 12 months of paid benefits. <input type="checkbox"/> I confirm that I have read my T&C and LTD coverage is not mandatory at my board; and I do not want LTD coverage.	
Note that it is your responsibility to advise the OPC when you have attained your 85 factor or become eligible for a 70% unreduced pension as you will not be eligible for LTD benefits/coverage after that date. Your coverage <u>will not</u> be automatically terminated on your pension eligibility date; YOU MUST NOTIFY OPC BENEFITS IN WRITING.		
<ul style="list-style-type: none"> I am a newly appointed administrator and applying within 60 calendar days of appointment: <input type="checkbox"/> Yes <input type="checkbox"/> No I am applying as a late applicant (after 60 days of appointment) * <input type="checkbox"/> Yes <input type="checkbox"/> No 		
*If you are applying for coverage as a late applicant (i.e., after 60 days of your initial appointment to administrator), or if your application was received after 60 days, you must complete the OTIP proof of good health form. The effective date of coverage will be the date the application is approved by OTIP.		
Authorization	By enrolling in this plan, I authorize and acknowledge that the OPC, as sponsor and administrator of the plan, will receive disclosure from me and/or from OTIP/RAEO Benefits Incorporated, the Trustees of the Ontario Teachers Insurance Plan (collectively "OTIP"), the group benefits insurance carrier ("Insurer") and their service providers, of any and all of the personal and /or health and medical information provided by me and/or my healthcare provider(s), the Insurer, and/or their service providers in support of my application for coverage and/or any claim I may make for benefits. All information received shall be used and/or disclosed for the purposes of enrollment, plan administration, enabling access to and provision of services, audit and assessment, investigation, and management of claims ("Purposes"), and shall be treated as confidential.	
	Applicant Signature: _____ Date: _____	

Optional coverage on this page is in addition to any that you may have under the P/VP benefits trust (ONE-T) or privately. Check the "I do not want" box for each coverage option if you do not wish to apply for additional coverage.

Term Accidental Death and Dismemberment Coverage

Family Status Selected: ☐ Member Only ☐ Family Coverage ☐ I do not want Accidental Death and Dismemberment
 Amount of Coverage Selected ☐ \$ 25,000 ☐ \$ 100,000 ☐ \$ 175,000
☐ \$ 50,000 ☐ \$ 125,000 ☐ \$ 200,000
☐ \$ 75,000 ☐ \$ 150,000

Beneficiary Surname	First Name	Initial	%	Relationship to Member

If you have named a beneficiary under the age of 18, please indicate the name of the Trustee. Insurance cannot be paid to an underage beneficiary. All proceeds will be directed to the appointed legal guardian or trustee. For underage beneficiaries to be protected, ensure that a legal guardian or trustee has been appointed through your Will.

Trustee (full name): _____

Optional Term Life Insurance

Member	Choose one coverage option:		Have you smoked (e.g. cigarettes, cigars, pipe, etc.) or used e-cigarettes, vaporizers, tobacco in any form, or any smoking cessation aids within the last 12 months? <input type="checkbox"/> Yes, Smoker Rates Apply <input type="checkbox"/> No, Non-Smoker Rates Apply
	<input type="checkbox"/> \$ 25,000	<input type="checkbox"/> \$ 200,000	
	<input type="checkbox"/> \$ 50,000	<input type="checkbox"/> \$ 250,000	
	<input type="checkbox"/> \$ 100,000	<input type="checkbox"/> \$ 300,000	
	<input type="checkbox"/> \$ 150,000	<input type="checkbox"/> I do not want Optional Life Insurance	

Beneficiary Surname	First Name	Initial	%	Relationship to Member

For residents of **Quebec**, a spousal beneficiary is **irrevocable** unless you make the designation revocable by checking this box: ☐ Revocable

If you have named a beneficiary under the age of 18, please indicate the name of the Trustee. Insurance cannot be paid to an underage beneficiary. All proceeds will be directed to the appointed legal guardian or trustee. For underage beneficiaries to be protected, ensure that a legal guardian or trustee has been appointed through your will.

Trustee (full name): _____

Spousal Optional Term Life Insurance

Spouse	Please note you must have selected Optional Life Insurance for yourself above to elect this coverage.		Have you smoked (e.g. cigarettes, cigars, pipe, etc.) or used e-cigarettes, vaporizers, tobacco in any form, or any smoking cessation aids within the last 12 months? <input type="checkbox"/> Yes, Smoker Rates Apply <input type="checkbox"/> No, Non-Smoker Rates Apply
	Choose one coverage option:		
	<input type="checkbox"/> \$ 25,000	<input type="checkbox"/> \$ 200,000	
	<input type="checkbox"/> \$ 50,000	<input type="checkbox"/> \$ 250,000	
	<input type="checkbox"/> \$ 100,000	<input type="checkbox"/> \$ 300,000	
	<input type="checkbox"/> \$ 150,000	<input type="checkbox"/> I do not want Spousal Life Insurance	

Child Optional Term Life Insurance

Children	Please note you must have selected Optional Life Insurance for yourself to elect this coverage.	
	Choose one coverage option:	
	<input type="checkbox"/> \$ 5,000 per Child	<input type="checkbox"/> \$ 20,000 per Child
	<input type="checkbox"/> \$ 10,000 per Child	<input type="checkbox"/> \$ 25,000 per Child
	<input type="checkbox"/> \$ 15,000 per Child	<input type="checkbox"/> \$ 30,000 per Child
	<input type="checkbox"/> I do not want Life Insurance for Dependent Children	

Note: Amounts for Term Member and Spousal Optional Life Insurance above \$100,000 require the completion of the Evidence of Insurability form. The Member is automatically the beneficiary for Spousal and Child Life Insurance. Evidence of insurability is required for applications received after 60 days.

It is important that the applicant's smoking status be reported correctly. Misrepresentation may invalidate any claim that is made. Should your smoking status change, you must contact OPC Benefits at 1-800-701-2362 or opcbenefits@principals.ca.

Spousal Information**(If applying for Spousal Optional Term Life Insurance and/or Term Accidental Death and Dismemberment {family coverage})**

Surname

First Name

Initial

Birth Date (YYYY/MM/DD)

Dependent Information**(If applying for Child Optional Term Life Insurance and/or Term Accidental Death and Dismemberment {family coverage})**

Dependent Name

Date of Birth

(Surname, First Name)

(YYYY/MM/DD)

- Spousal information must be added if you are applying for Spousal Life Insurance and/or Accidental Death & Dismemberment (Family Coverage).
- Dependent information must be added if you are applying for Child Life Insurance and/or Accidental Death & Dismemberment (Family Coverage).

PLEASE READ THIS SECTION, SIGN AND DATE

PRIVACY STATEMENT:

Beginning January 1, 2004, the Personal Information Protection and Electronic Documents Act (PIPEDA) applies to personal information held by the Insurer. To ensure the confidentiality of the personal information held concerning you, OPC Benefits Administrator will establish an insurance file in which the information concerning your application for insurance will be placed, as well as information concerning any insurance claims. Only organizations and persons responsible for underwriting, administration, management, provision of services, investigation and claims, or any other person you authorize, will have access to this file, and if applicable, to have it rectified by submitting a written request to the address below.

AGREEMENT:

I understand that the insurance/coverage applied for shall become effective on the date specified by the Insurer, only if this application is accepted and the first premium is paid. I hereby certify that the foregoing answers and statements are true and complete to the best of my knowledge and belief. I hereby apply for coverage under the OPC Benefits Plan and authorize my employer to deduct the required premium from my pay, as applicable. If premiums are to be collected by bank withdrawal, I authorize the monthly withdrawal and remittance of premiums from my bank / trust company / credit union account for my contribution toward the cost of these benefits. The initial withdrawal may include retroactive premiums. If more than one signature is required on my joint account, all account holders must sign below. I consent to the disclosure of any information required to administer, manage, and service the Plan.

I authorize my employer_____ to release information regarding my employment status including attendance records, salary information and job description to the OPC, to allow for the administration of the Plan including accurate calculation of premiums.

Applicant Signature: _____ Date: _____

Signature of account/joint account holder: _____ Date: _____
(Other than the applicant AND if required for joint account)

Physical or electronic signature only

RETURN ALL COMPLETED FORMS TO:

**OPC Benefits
2700-20 Queen St. W., P. O. Box 7
Toronto, Ontario M5H 3R3**

**Fax: 1-866-445-9249
Email: opcbenefits@principals.ca
Telephone: 416-322-6600 or 1-800-701-2362**

**INCLUDE YOUR CHEQUE / PRE-AUTHORIZED TRANSACTION FORM MARKED "VOID".
(where applicable)**

I authorize my employer _____ to release information regarding my employment status including attendance records, salary information and job description to the OPC Benefits Administrator to allow them to administer and accurately calculate premiums under the plan.

I understand that this authorization may be revoked by written notice to the OPC, but this will not apply to information already released. I know I may request a copy of this authorization. I also agree that a photocopy or facsimile of this authorization shall be as valid as the original.

PRIVACY STATEMENT:

Beginning January 1, 2004, the Personal Information Protection and Electronic Documents Act (PIPEDA) applies to personal information held by the insurer. To ensure the confidentiality of the personal information held concerning you, the OPC Benefits Administrator will establish an insurance file in which the information concerning your application for insurance will be placed, as well as the information concerning any insurance claims. Only organizations and persons responsible for underwriting, administration, management, provision of services, investigation and claims, or any other person you authorize, will have access to this file.

Please Print Name _____

Signed _____

Employee Number _____

Date _____

**PRE-AUTHORIZED DEBIT (PAD) AGREEMENT
BANK ACCOUNT CHANGE FORM**

To initiate a pre-authorized debit agreement or to change the bank account used for your pre-authorized debit arrangements, complete this form and return to OPC Benefits.

Full Name (OPC Member): _____ OPC Number: _____

Account Information

Name and address of Financial Institution: _____

Transit Number: _____ Bank Code: _____ Account Number: _____

Important note: You must attach a void cheque or pre-authorized transaction form from your financial institution for this authorization to be effective.

Your monthly withdrawals will be processed on/around the first business day of each month.

Terms and Conditions of this PAD Agreement

<p>Authorization</p>	<p>I, the account holder(s) authorize the withdrawal and remittance of premiums from my bank/trust company/credit union account for my contribution toward the cost of the coverage I selected under the OPC Benefits program.</p> <p>Your treatment of each debit shall be the same as if I had personally directed you to pay the amount owing and to debit my account. Any delivery of this authorization to you constitutes delivery by me.</p> <p>I agree that a photocopy or electronic copy of this PAD agreement will be as valid as the original.</p>
<p>Signatures</p>	<p>I certify that all persons whose signatures are required to authorize pre-authorized debits on the account have signed below, including any required joint account holder.</p> <p>Physical or electronic signature only</p>
<p>Account changes</p>	<p>I will notify OPC Benefits if my financial institution, branch, or account number changes. To continue withdrawals without interruption, notice of any change is required at least 14 days before the next withdrawal date.</p>

Non-sufficient funds (NSF)	<p>If for any reason, sufficient funds cannot be withdrawn from my bank account, I agree to pay a \$10 administration fee.</p> <p>In addition, if there is insufficient funds in my account to cover the total monthly amount due, I authorize OPC Benefits to withdraw the amount outstanding together with the current premium and NSF fee on/around the first of the following month. If the second attempt also return NSF, I understand that pre-authorized payments may be suspended, and coverage possibly terminated, after notification.</p> <p>If pre-authorized payments are suspended, OPC Benefits, in its sole discretion, may temporarily offer another form of payment on a non pre-authorized basis.</p> <p>I understand that I am responsible for any NSF charge(s) directly from my bank.</p>
Reinstatement of coverage	If for any reason the coverage is terminated and is eligible for subsequent reinstatement, I agree to the withdrawal of any outstanding premium due prior to the reinstatement, and following notification from OPC Benefits.
Refunds	If for any reason a refund is payable to me, I authorize the transfer of funds to the account from which it was withdrawn.
Cancellation	I may cancel this authorization at any time upon written notice to the OPC.

Signed at _____ on _____
City Province Month Day Year

Name of **account holder**

Name of **other joint account holder(s)**

Signature of **account holder**

Signature of **other joint account holder(s)**, if required for account

Please return completed form via:

Fax: 1-866-445-9249 or Email: opcbenefits@principals.ca

Long-term Disability (Member) – September 1, 2024

Option 1	Option 2	Option 3	Option 4	Option 5
1.69%	1.52%	1.51%	1.37%	1.95%

Your annual cost can be calculated by multiplying your salary by the rate for the option that you have selected.

Example: Annual Salary Option Rate Annual Cost Monthly Cost
If you select Option 2 \$100,000 x 0.0152 = \$1,390.00 ÷ 12 months =\$126.67

Optional Life Insurance (Member, Spouse, Dependent Children)

The monthly cost of Optional Member/Spouse Life Insurance, based on 12 payments per year, is calculated on your actual age and/or your spouse's age, and whether either of you smoke. You can select coverage from **\$25,000 to \$300,000 as indicated below**. Please note that, as your age moves to the next age band, you will be charged the corresponding higher rate as of **September 1st**.

Age	Non-Smoker							Smoker						
	\$300k	\$250k	\$200k	\$150k	\$100k	\$50k	\$25k	\$300k	\$250k	\$200k	\$150k	\$100k	\$50k	\$25k
Under 30	\$17.64	\$14.70	\$11.76	\$8.82	\$5.88	\$2.94	\$1.47	\$27.94	\$23.28	\$18.63	\$13.97	\$9.31	\$4.66	\$2.33
30-34	\$16.35	\$13.62	\$10.90	\$8.17	\$5.45	\$2.72	\$1.36	\$33.93	\$28.27	\$22.62	\$16.96	\$11.31	\$5.65	\$2.83
35-39	\$23.18	\$19.32	\$15.46	\$11.59	\$7.73	\$3.86	\$1.93	\$46.84	\$39.03	\$31.23	\$23.42	\$15.61	\$7.81	\$3.90
40-44	\$38.68	\$32.24	\$25.79	\$19.34	\$12.89	\$6.45	\$3.22	\$73.87	\$61.56	\$49.25	\$36.93	\$24.62	\$12.31	\$6.16
45-49	\$66.15	\$55.13	\$44.10	\$33.08	\$22.05	\$11.03	\$5.51	\$118.98	\$99.15	\$79.32	\$59.49	\$39.66	\$19.83	\$9.91
50-54	\$114.69	\$95.58	\$76.46	\$57.35	\$38.23	\$19.12	\$9.56	\$187.27	\$156.06	\$124.85	\$93.63	\$62.42	\$31.21	\$15.61
55-59	\$184.28	\$153.56	\$122.85	\$92.14	\$61.43	\$30.71	\$15.36	\$282.24	\$235.20	\$188.16	\$141.12	\$94.08	\$47.04	\$23.52
60-64	\$297.27	\$247.72	\$198.18	\$148.63	\$99.09	\$49.54	\$24.77	\$450.20	\$375.17	\$300.13	\$225.10	\$150.07	\$75.03	\$37.52
65-69	\$474.58	\$395.48	\$316.39	\$237.29	\$158.19	\$79.10	\$39.55	\$706.77	\$588.97	\$471.18	\$353.38	\$235.59	\$117.79	\$58.90

The monthly cost for Optional Dependent Life Insurance based on 12 payments per year covers all eligible children in your family. You can select coverage from **\$5,000 to \$30,000 in increments of \$5,000**:

Coverage	Monthly Cost	Coverage	Monthly Cost	Coverage	Monthly Cost	Coverage	Monthly Cost	Coverage	Monthly Cost	Coverage	Monthly Cost
\$30,000	\$1.20	\$25,000	\$1.02	\$20,000	\$0.77	\$15,000	\$0.61	\$10,000	\$0.44	\$5,000	\$0.23

Optional Accidental Death and Dismemberment (AD&D)

The monthly premium for Optional Accidental Death and Dismemberment below is based on 12 payments per year. You can select coverage from **\$25,000 to \$200,000 in increments of \$25,000**:

Principal Sum	Member Coverage	Family Coverage	Principal Sum	Member Coverage	Family Coverage
\$ 200,000	\$ 4.23	\$ 6.83	\$ 100,000	\$ 2.12	\$ 3.41
\$ 175,000	\$ 3.70	\$ 5.97	\$ 75,000	\$ 1.59	\$ 2.56
\$ 150,000	\$ 3.18	\$ 5.12	\$ 50,000	\$ 1.06	\$ 1.71
\$ 125,000	\$ 2.65	\$ 4.27	\$ 25,000	\$ 0.53	\$ 0.85

The rates shown are correct at the time of printing but are subject to change.

All Rates shown above include Ontario Retail Sales Tax.

OPC BENEFITS – SUMMARY

- Long-term Disability Coverage
- Optional Life Insurance
- Optional Accidental Death & Dismemberment Insurance



OPC Benefits Summary

As a Member of the Ontario Principals' Council (OPC), you are eligible to enrol in the OPC Benefits plan. Coverage includes Long-term Disability (LTD), Term Optional Life and Optional Accidental Death and Dismemberment (AD&D) coverage. **LTD benefits are provided by the Ontario Teachers Insurance Plan (OTIP), while Optional Life and AD&D are underwritten by Manulife.** The policy numbers are LTD – 51213 and Optional Life and AD&D – 49731.

As an OPC Member, you and your eligible dependants have access to Starling Minds, an evidence-based program that offers risk assessments, mental fitness tools and addiction support services. The program is anonymous and confidential, and accessible 24/7. Visit otipraeo.starlingminds.com.

ABOUT THIS GUIDE

This guide is intended to provide you with a brief overview of the coverage available. If there are any discrepancies between the information in this guide and the Policies, the terms and details of the Policies shall apply.

Questions?

Contact OPC Benefits at 1-800-701-2362 or email opcbenefits@principals.ca.

LONG-TERM DISABILITY COVERAGE OPTIONS

You may **select one of the following options** for LTD coverage. Participation in the LTD plan may be mandatory under some Employers (Boards).

Option 1 – 100 days/70%
<ul style="list-style-type: none">• 55% of monthly salary, up to a maximum monthly benefit of \$8,000.• Benefits begin upon claim approval and after a qualifying period of at least 100 calendar days, expiration of sick leave or any date in between, as chosen by the Member.• Coverage/benefits terminate at the earliest of retirement, end of the month in which you turn age 65, or the date you are eligible for a 70% unreduced pension (after 35 years of accumulated service).
Option 2 – 150 days/70%
<ul style="list-style-type: none">• 55% of monthly salary, up to a maximum monthly benefit of \$8,000.• Benefits begin upon claim approval and after a qualifying period of at least 150 calendar days, expiration of sick leave or any date in between, as chosen by the Member.• Coverage/benefits terminate at the earliest of retirement, end of the month in which you turn age 65, or the date you are eligible for a 70% unreduced pension (after 35 years of accumulated service).
Option 3 – 100 days/85 factor
<ul style="list-style-type: none">• 55% of monthly salary, up to a maximum monthly benefit of \$8,000.• Benefits begin upon claim approval and after a qualifying period of at least 100 calendar days, expiration of sick leave or any date in between, as chosen by the Member.• Coverage/benefits terminate at the earliest of retirement, end of the month in which you turn age 65 or the date you reach your 85 factor (age + years of service = 85).
Option 4 – 150 days/85 factor
<ul style="list-style-type: none">• 55% of monthly salary, up to a maximum monthly benefit of \$8,000.• Benefits begin upon claim approval and after a qualifying period of at least 150 calendar days, expiration of sick leave or any date in between, as chosen by the Member.• Coverage/benefits terminate at the earliest of retirement, end of the month in which you turn age 65 or the date you reach your 85 factor (age + years of service = 85).
Option 5 – 150 days/70%/3% COLA
<ul style="list-style-type: none">• 55% of monthly salary, up to a maximum monthly benefit of \$8,000.• Benefits begin upon claim approval and after a qualifying period of at least 100 calendar days, expiration of sick leave or any date in between, as chosen by the Member.• Cost-of-Living adjustment (COLA) of 3% after 12 months of paid benefits.• Coverage/benefits terminate at the earliest of retirement, end of the month in which you turn age 65, or the date you are eligible for a 70% unreduced pension (after 35 years of accumulated service).

If your claim for LTD benefits is approved, the amount that you receive is not subject to income tax as you pay 100% of the contributions.

Your monthly LTD costs are based on your annual salary and the LTD option you select. Refer to the enclosed Rate Schedule to calculate your monthly cost. Rates include applicable taxes.

If you are eligible to terminate your LTD coverage (e.g. if you have attained your 85 factor or are eligible for a 70% unreduced pension), it is your responsibility to notify the OPC in writing as you will not be eligible for LTD benefits/coverage after either of the termination factors.

VALUE-ADDED BENEFITS OF THE LTD PLAN INCLUDE:

- ✓ Survivor Benefits provides three months of income benefit paid for LTD claimants to your named beneficiary. The one-time survivor benefit can be paid early if you, the claimant, have a terminal illness.
- ✓ Critical Illness coverage provides a \$2,500 benefit for Members for 24 covered conditions. The covered conditions are listed in the policy.
- ✓ Carepath cancer assistance program provides medical and emotional support to plan members and their families after a cancer diagnosis. Visit otip.carepath.ca for more details.
- ✓ Teladoc Expert Medical Services offers services for expert medical opinion, find a doctor, care finder, and personal health navigator. Visit member.teladoc.ca/signin for more details.
- ✓ Participation in the above programs is open to all OTIP LTD-covered members and is not contingent on an LTD claim or application.

VALUE-ADDED SERVICES OF THE LTD PLAN INCLUDE:

- ✓ Early Intervention (EI) program that provides a confidential service for members at no additional cost, to support recovery during the early stages of a medically related absence.
- ✓ In-house OTIP Disability Services Team assists members with making CPP applications and appeals. These services are provided at no cost and help support members in navigating a potentially overwhelming situation.
- ✓ OTIP Lead Pharmacist, a dedicated clinical and drug therapy resource for LTD claimants and their physicians to optimize recovery and long-term health outcomes.

TERM OPTIONAL LIFE BENEFITS

The Optional Life insurance coverage offered by the OPC Benefits plan and underwritten by Manulife, allows you to purchase additional insurance coverage at a competitive cost.

You and/or your spouse may **select one** of the following coverage options:

\$25,000	\$100,000	\$200,000	\$300,000
\$50,000	\$150,000	\$250,000	

Optional Life coverage **greater than \$100,000** requires evidence of insurability. **All benefit options** selected by newly appointed Members 60 calendar days after their appointment are also subject to evidence of insurability.

Optional Life benefits terminate for **you, when** you are no longer an OPC Member or at the end of the month in which you turn age 70. Coverage terminates for **your spouse** the end of the month your spouse reaches age 70. You must select optional life coverage for yourself, to elect spouse or child optional life. Coverage updates due to life events (e.g. marriage, adoption, birth of child) must occur within 60 days of the life event. Optional life benefits will require new evidence of insurability to be submitted if you choose not to retain coverage during a leave of absence.

You may select one of the following coverage options for your dependent children:

\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000
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Dependent children are eligible from the age of 24 hours and are covered up to age 21 (or age 25 if a full-time student). Coverage for dependent children must be elected by newly appointed Members within 60 calendar days of their appointment.

Monthly Optional Life costs are calculated based on you and/or your spouse's age, and smoker status. Refer to the enclosed Rate Schedule to calculate your monthly cost for you, your spouse, and your dependent children. Rates include applicable taxes.

TERM OPTIONAL AD&D BENEFITS

The Optional AD&D benefits offered by OPC and underwritten by Manulife provide you with an affordable way to supplement your life insurance or medical coverage if you are seriously injured or die because of an accident. You may **select one** of the following coverage options, and **Single** or **Family** coverage:

\$25,000	\$75,000	\$125,000	\$175,000
\$50,000	\$100,000	\$150,000	\$200,000

Optional AD&D benefits terminate for you at the end of the month age 70 or you are no longer an OPC Member.

The Table of Accident benefits and principal sums payable can be found in the AD&D policy document.

Monthly Optional AD&D costs are calculated based on whether you select Single or Family coverage. Refer to the enclosed Rate Schedule to calculate your monthly cost. Rates include applicable taxes.

FREQUENTLY ASKED QUESTIONS

HOW DO I PARTICIPATE?

If you are a newly appointed Administrator in a participating School Board, **you have 60 calendar days from the date of your appointment to join the benefits plan.** Complete the Group Benefits Application and return it to the OPC within 60 calendar days. If you are applying for Optional Life coverage greater than \$100,000, you must also complete the Manulife Evidence of Insurability form.

If you apply after 60 calendar days, you must complete the Group Benefits Application **along with the** OTIP Proof of Good Health for LTD, and Manulife Evidence of Insurability forms for Optional Life Insurance.

WHY SHOULD I PARTICIPATE?

LTD coverage provides a safety net that will replace a percentage of your salary and provides pension plan protection should you be unable to work because of an illness or injury. The LTD plan provides coverage for serious disabling conditions resulting in long periods of absence.

Optional Life coverage offered by the OPC allows you to increase your overall life insurance protection to provide financial security for your family. The OPC offers flexible coverage options enabling you to find the coverage that best suits your needs.

Optional AD&D coverage provides you with another means to safeguard your family's future in the event of death or serious injury. You may choose one of the flexible coverage options; Member-only or family coverage. Family coverage automatically includes coverage for your spouse and/or any eligible dependent children.

WHEN IS MY COVERAGE EFFECTIVE?

If you are a newly appointed Administrator and you apply within 60 calendar days of your appointment, your LTD, and up to \$100,000 life insurance coverage will be effective as of the date of your appointment. If you apply after 60 calendar days following your appointment, or the Optional Life coverage amount is greater than \$100,000, proof of good health will be required. Your coverage will be effective as of the date the application is approved by OTIP for LTD and Manulife Financial for Optional Life Insurance.

WHEN DOES MY COVERAGE TERMINATE?

Optional Life coverage terminates for you when you are no longer an OPC Member or at the end of the month in which you turn age 70. Coverage terminates for your spouse at the end of the month your spouse reaches age 70 and coverage for eligible dependent children terminates at age 21, or age 25 for a dependant if they are a full-time student.

Optional AD&D coverage terminates for you when you are no longer an OPC Member or at the end of the month in which you turn age 70.

LTD coverage/benefits terminate at the earliest of retirement, end of the month in which you turn 65 or the date you are eligible for a 70% unreduced service pension (Options 1, 2, 5) or your 85 factor (Options 3 and 4).

ARE LTD BENEFITS TAXABLE?

LTD benefits payable to Members with disabling conditions are not subject to income tax, since you pay 100% of the monthly LTD cost.

WHAT IS MY LTD QUALIFYING PERIOD?

Your qualifying period corresponds with the LTD option that you selected: LTD options 1, 3 and 5 have a qualifying period of 100 calendar days and options 2 and 4 150 calendar days or the expiration of sick leave. You may choose to use some or all your sick leave.

WHEN DO LTD BENEFITS TERMINATE?

For options 1, 2 or 5, LTD benefits terminate at the earliest of retirement, end of the month in which you turn 65, or the date you are eligible for 70% unreduced service pension (after 35 years of accumulated service). For options 3 and 4, LTD benefits terminate at the earliest of retirement, end of the month in which you turn 65, or the date you reach your 85 factor (age + years of service = 85).

WHO IS MY BENEFICIARY?

For Member Optional Life and AD&D coverage, you may designate your beneficiaries. If one of your named beneficiaries is under the age of 18, you must appoint a Trustee. For Spouse and Dependent Life coverage, you, the Member, is automatically the beneficiary.

For LTD benefit claimants, the survivor benefit will be paid to your surviving spouse or, if you don't have a surviving spouse, your dependent children.

ABOUT OTIP

Ontario Teachers Insurance Plan (OTIP) has a well-earned reputation for providing outstanding benefits support and service to the education community. With more than 1,000 employees and a full range of group and individual insurance products, we are here to help.

OTIP is a not-for-profit organization, and we pride ourselves on championing the members of Ontario's education communities. Optional Life and AD&D Benefits are underwritten by Manulife and LTD Benefits are provided by OTIP.

Learn more at www.otip.com.

