

Application to Terminate Insurance Coverage

Member Name _____

Name of School Board _____

Policy Number(s) _____

51213

OPC # _____

Employee ID _____

Long Term Disability (LTD)

Please complete this section if you have decided to terminate your current LTD coverage.

Premium deductions will continue until the OPC receives your completed application to terminate coverage. Your coverage will not be automatically terminated on your pension eligibility date. If you want to change your LTD option, contact OPC Benefits (opcbenefits@principals.ca).

Current coverage

- ☐ Option 1 – terminates when you are eligible for a 70 per cent unreduced pension
- ☐ Option 2 – terminates when you are eligible for a 70 per cent unreduced pension
- ☐ Option 3 – terminates when you attain the 85 factor
- ☐ Option 4 – terminates when you attain the 85 factor
- ☐ Option 5 – terminates when you are eligible for a 70 per cent unreduced pension.

I am applying to terminate my current LTD coverage for the following reason(s), with an effective date of _____.

- ☐ I have LTD coverage under an Individual Policy insured by _____
- ☐ LTD coverage is not mandatory at my board, and I do not want LTD Coverage
- ☐ I am turning age 65 on _____
- ☐ I have attained or will attain my 85 factor effective _____ *
- ☐ I am eligible or will become eligible for a 70 per cent unreduced pension effective _____ *
- ☐ I am retiring/have retired effective _____ *
- ☐ Other (please describe) * _____

* If employed in a board where LTD coverage is mandatory (Durham, Greater Essex, Lakehead, Ottawa-Carleton, Peel, Rainbow, Superior-Greenstone, Trillium Lakelands, Upper Grand), you must provide one of the following, based on the reason for termination:

- Copy of Teachers' Pension Plan service credit statement showing your pension eligibility date
- Copy of retirement notice as well as the board's acceptance of the notice
- Copy of notice of promotion (to Board Senior Staff) or written confirmation from the Board

Note: In some cases, the OPC must first obtain approval from the Board prior to terminating your LTD coverage

Date: _____

Member Signature: _____