



# Application for Long Term Disability (LTD) Coverage Termination

## CUPE Local 4168 St. Clair Education Workers Administration Staff and Custodians

**Basic Personal Information** *(Must be completed)*

Name (Last, First and Middle Initial)		
Address (Number, Street and Apt.)		
City	Province	Postal Code
Home Telephone Number	Work Telephone Number	Employee Number
Email Address		Date of Birth <i>(mm/dd/yyyy)</i>
Employer <b>St. Clair Catholic District School Board</b>		Plan Number: <b>51219 Class 929 &amp; 980</b>

This form should be completed to terminate your LTD coverage and discontinue your LTD contribution deductions. There is one scenario under which your LTD coverage can be terminated.

<input type="checkbox"/> <b>Scenario 1</b> You have reached the end of the month when you turned 65 <b>OR</b> You will reach the end of the month in which you turn age 65 within the later of 120 working days or expiration of sick leave. <i>A copy of your current absence balance, if greater than 120 working days.</i>
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**Check the one that applies to you:**

- Division 929 - Administration Staff
- Division 980 - Custodians

**Please confirm your contract details (check one):**

- 10 month employee (194 working days)    **OR**     12 month employee (260 working days)

**Authorization**

In recognition of the documentation attached, I waive all rights of benefit or redress against the LTD plan, my employer, or its officers, should I become ill or disabled subsequent to the effective date of this coverage termination and prior to my retirement from the board. I acknowledge that retroactive reinstatement of my LTD coverage is not permitted.

**Member Signature X** \_\_\_\_\_ **Date** *(mm/dd/yyyy)* \_\_\_\_\_

**\*\*\* Return your completed form to the School Board \*\*\***