

Group Policy Number: 83411-1

Employer: Wellington Catholic District School Board

Member: _____

RE: Waiver for Long Term Disability Benefit

You may elect to stop your premium contribution to the Long Term Disability benefit based on **one** of the following criteria (please indicate which option will apply):

_____ 1. Eighty (80) working days (or part thereof) prior to your date of retirement*

**For option (1), attach a copy of your "letter of resignation"*

_____ 2. Eighty (80) working days (or part thereof) prior to the date that you are entitled to a 66% unreduced pension (33 years of credited pensionable service)**

***For option (2), attach a copy of your OTPPB pension statement*

_____ 3. Eighty (80) working days (or part thereof) prior to your 65th birthday

AUTHORIZATION

I, _____, acknowledge that my premium deduction for Long Term Disability benefits will be terminated on the above selected option.

I understand that I am no longer covered under the terms of the Long Term Disability contract and therefore I am not entitled to apply for and/or receive such Long Term Disability benefits.

I acknowledge that I have had an opportunity to receive legal advice and/or advice from OEFTA regarding this waiver of Long Term Disability benefits.

I agree that this waiver will not form the basis of a grievance, action, application, and/or any tribunal and/or court hearing.

Member

Witness

Board

OEFTA

Dated at _____ this _____ day of _____, 20_____