OTIP RAEO

ONTARIO TEACHERS INSURANCE PLAN
125 Northfield Drive West
P. O. Box 218
Waterloo ON N2J 3Z9
(519) 888.9683
1.800.267.6847

LONG TERM DISABILITY PART-TIME LEAVE OF ABSENCE FORM

PERSONAL INFORMATION

(please print)

NAME _____ (LAST) _____ (FIRST) _____ (MIDDLE)

ADDRESS _____ POSTAL CODE _____

CITY _____ PROVINCE _____

TELEPHONE HOME _____ – _____ WORK _____ – _____

SALARY _____

BOARD NAME _____

EMPLOYEE NUMBER _____

INDICATE MEMBERSHIP OF:

AEFO		☐	ADMINISTRATION	☐
OECTA	ELEM	☐	CLERICAL	☐
	SEC	☐	TRADESPERSON	☐
ETFO		☐	OTHER _____	
OSSTF TEACHER		☐		

I will be on a part-time leave of absence which has been approved by the district school board

from _____ (MM) / _____ (DD) / _____ (YY) to _____ (MM) / _____ (DD) / _____ (YY).

I am currently insured for LTD coverage through OTIP and, while on leave of absence, elect the following:

☐ To MAINTAIN LTD coverage based on the **part-time salary** I will be earning while on leave of absence. I understand that should I become disabled, my benefit will be based on this salary.

☐ To MAINTAIN LTD coverage based on my **full-time salary**. I understand that should I become disabled, my benefit will be based on my reduced salary until such time as the leave period applied for is completed. My benefit would then be based on my full-time salary for the duration of my claim.

Signature X _____ **Date** _____