BCTF—Salary Indemnity Plan

100–550 West 6th Avenue, Vancouver, BC V5Z 4P2 • 604-871-1921 • 1-800-663-9163 • Fax 604-871-2287 • e-mail: benefits@bctf.ca

Health and Wellness Program—Referral form

Teacher's name:	Date received by BCTF Income Security Division
Address:	
City:	
Postal code:	
Member ID:	
Email:	
Home telephone:	SD #
Date of birth:	☐ Female ☐ Male
School name:	School telephone:
Contract %	% working in current year:
Diagnosis (optional)	Number of sick days remaining:

	Reason for referral: (select one box below)
☐	This full-time teacher has been absent from work for 20 consecutive working days.
☐	This part-time teacher has not worked his/her allocated hours for four consecutive weeks.
☐	This teacher has a reduced assignment due to disability.
☐	This teacher is using sick days to manage his/her symptoms. (Non-consecutive use of sick leave—approximately 10 days in the current school year and 10 days in each of the past two [2] years.)
☐	Other—please specify:

Referral source		
Date:		
Name :	Telephone:	Ext.
Position:	☐ Local	☐ School district
Comments:		
Local has discussed program with teacher?	☐ Yes	☐ No

Send referrals via fax to:
BCTF Income Security Division
Fax: 604-871-2287

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