

Email: benefits@bctf.ca

Dear Member.

As requested, attached (overleaf) is an application form for withdrawal from the long-term section of the Salary Indemnity Plan.

To speed this application, please enclose a copy of:

- 1. birth certificate or government identification for proof of age
- proof of contributory service in BC such as a Teachers' Pension Plan Member's Benefit Statement
- 3. proof of current sick leave balance, which is usually indicated on a pay statement
- proof of contributory service in a province with a reciprocal agreement, if applicable, or
- proof of benefits from the Pension Corporation (BC), if applicable.

In making application for withdrawal, you should ensure that in the event of serious illness or accident you have sufficient accumulated sick leave which, when combined with 120 days of SIP: Short-term benefits, will protect your salary to the date when you will no longer be eligible to receive SIP: long-term benefits.

Please note:

As per the Salary Indemnity Plan—Regulation 21—Duration of benefits, long-term disability (LTD) benefits shall cease on the earlier of:

- 1) the attainment of 35 years of Contributory Service (minimum age 55)
- 2) the later of:
 - a) the end of the month in which the claimant's age and Contributory Service equals "90" with the Pension Corporation (BC), and
 - b) the end of the month in which the claimant attains age 61, or
- 3) the end of the month in which the claimant attains age 65.

Therefore:

- 1. if you will reach 35 years of Contributory Service between age 55 and 65, and before you reach Factor 90, please ensure that you have enough sick leave when combined with 120 days of SIP: Short-term benefits to protect your salary to the date when you will no longer be eligible to receive SIP: Long-term benefits.
- 2. if you will reach Factor 90 before the age of 61, please ensure that you have enough sick leave when combined with 120 days of SIP: Short-term benefits to protect your salary to the end of the month in which you turn 61 before you complete this application.
- 3. if you will reach Factor 90 between age 61 and 65, please ensure that you have enough sick leave when combined with 120 days of SIP: Short-term benefits to protect your salary to the end of the month in which you reach Factor 90.
- 4. for teachers reaching the age of 65, or in receipt of a pension from the Pension Corporation (BC), no application for withdrawal is required. Please contact your employer directly and they will stop deducting the long-term portion of the SIP fee.

If you have any questions, please do not hesitate to contact this office at 604-871-1921, toll free at 1-800-663-9163 (ext. 1921) or by email to benefits@bctf.ca.

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Application for withdrawal from the long-term section of the Salary Indemnity Plan

Name		SIN
Birth date _	School dist	rictLocal association
	(year/month/day)	
Home addre	SS	
City	Postal code	Home phone no.
Home email		
service or, wh from the long- one of the fore Withdrawal w	to has attained age 64, has reached the o is in receipt of a retirement pension term section of the plan. Application egoing conditions has been met and up ill be effective, upon approval, in Sep	later of <i>Factor 88</i> or age 60, has 34 years of contributory from the Pension Corporation (BC) may apply to withdraw for withdrawal may be made during any school year in which con the completion of the appropriate withdrawal form. tember for applications submitted in that month, and nth following approval of the application.
I wish to volun	ntarily withdraw from the long-term sec	tion of the Salary Indemnity Plan based on one of the following:
64 ye	ars old, as of	Reached Factor 88 or attained age 60
1 1	ceipt of a retirement pension from on Corporation (BC)	34 years of contributory service
and I hereby reclaim or demand to the BC Pen in the Teacher understand that for Salary Indecontributions.	elease the BCTF SIP: Long-term, their of the form monetary loss, or any further reliasion Corporation disclosing personal its' Pension Plan, including employer-rate this information will be disclosed to emnity Plan: Long-term benefits or will understand that my contributory services.	P: Long-term, I will no longer be required to make contributions officers, employees, and agents from any obligation for further ef whatsoever under the BCTF SIP: Long-term plan. I consent information about me to the BCTF respecting my participation eported information respecting service and salary. I the BCTF to allow the BCTF to assist determining eligibility thdrawal from Salary Indemnity Plan: Long-term vice in another teachers' pension plan is fully recognized by C Teachers' Pension Plan may be prorated.
Signature		Date
Send to Salary 1. 2. 3. 4.	proof of contributory service in BC, Plan Member's Benefit Statement proof of current sick leave balance proof of contributory service in a proif applicable, or	fication for proof of age such as a <i>Teachers' Pension</i> Date received by BCTF Income Security vince with a reciprocal agreement,