Source: (Saskatchewan Teachers' Federation Remittance Manual – Appendix B: Materials Request Form and Copies of Forms)



% P/T Only	
F/T P/T or Temp.	
Monthly ICP Premium	
Monthly STF Fee 0.075% Plat of Salary	
Monthly ST Flat	
Annual Salary	
School Name	
Social Insurance Number	
Certificate Number	
Name of Teacher	



### STF REMITTANCE SUMMARY SHEET

Statement of School Division  for the month of 200 Date (YYMM DD)  Fee Breakdown  STF Membership Fees STF Annual Fees Substitute Teachers' STF Fees days Contingency fees  Teachers' Long-Term Disability Plan LTD Premiums Saskatchewan Teachers' Retirement Plan Current Year Contributions Voluntary Contributions String McDowell Foundation for Research Into Teaching Inc.
Fee Breakdown  STF Membership Fees  STF Annual Fees  Substitute Teachers' STF Fees  Contingency fees  Teachers' Long-Term Disability Plan  LTD Premiums  Saskatchewan Teachers' Retirement Plan  Current Year Contributions  Voluntary Contributions  \$\$  \$\$  WRS Batch #  WRS Batch #  WRS Batch #  S  S  WRS Batch #  S  S  Voluntary Contributions  \$\$  Voluntary Contributions  \$\$  \$\$  S  WRS Batch #  S  WRS Batch #  S  S  WRS Batch #  S  S  WRS Batch #  S  WRS Batch #  S  S  VOluntary Contribution  \$\$  \$\$  Voluntary Contributions  \$\$  \$\$  S  S  S  S  S  S  S  S  S  S
Fee Breakdown  STF Membership Fees  STF Annual Fees  Substitute Teachers' STF Fees days  Contingency fees  Stackard Long-Term Disability Plan  LTD Premiums  Saskatchewan Teachers' Retirement Plan  Current Year Contributions  Voluntary Contributions  \$ \$
STF Membership Fees  STF Annual Fees  Substitute Teachers' STF Fees days  Contingency fees  Teachers' Long-Term Disability Plan  LTD Premiums  Saskatchewan Teachers' Retirement Plan  Current Year Contributions  Voluntary Contributions  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
STF Annual Fees  Substitute Teachers' STF Fees  days  Contingency fees  \$  Teachers' Long-Term Disability Plan  LTD Premiums  \$  Saskatchewan Teachers' Retirement Plan  Current Year Contributions  Voluntary Contributions  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$
STF Annual Fees  Substitute Teachers' STF Fees  days  Contingency fees  \$  Teachers' Long-Term Disability Plan  LTD Premiums  \$  Saskatchewan Teachers' Retirement Plan  Current Year Contributions  Voluntary Contributions  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$
Contingency fees  Teachers' Long-Term Disability Plan  LTD Premiums  Saskatchewan Teachers' Retirement Plan  Current Year Contributions  Voluntary Contributions  \$
Contingency fees  Teachers' Long-Term Disability Plan  LTD Premiums  Saskatchewan Teachers' Retirement Plan  Current Year Contributions  Voluntary Contributions  \$
Teachers' Long-Term Disability Plan  LTD Premiums  Saskatchewan Teachers' Retirement Plan  Current Year Contributions  Voluntary Contributions  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
LTD Premiums  Saskatchewan Teachers' Retirement Plan  Current Year Contributions  Voluntary Contributions  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Saskatchewan Teachers' Retirement Plan  Current Year Contributions  Voluntary Contributions  \$
Current Year Contributions  Voluntary Contributions  \$  \$
Voluntary Contributions \$
Dr. Stirling McDowell Foundation for Research Into Teaching Inc.
Donations by Payroll Deduction \$
Grand Total \$ Verified □
Membership Statistics
Please provide the number of employees for each of the following:
Full-time teachers Teachers on a temporary contract
Part-time teachers teaching greater than or equal to 45%  Teachers' Long-Term Disability Plan members
Part-time teachers teaching less than 45%
Please ensure:  • All remittances of STF membership fees, LTD premiums, STRP contributions and donations to the McDowell Foundation by payroll deduction should be remitted to:
Saskatchewan Teachers' Federation
c/o Accounting Department 2317 Arlington Avenue
Saskatoon SK S7J 2H8
<ul> <li>The total of all remittances may be submitted on one cheque made payable to the STF or by EFT.</li> <li>The STF Remittance Summary Sheet is completed and accompanies all supporting documentation.</li> </ul>
A separate cheque is issued to pay invoices, professional growth network memberships, or registrations.



### **EXTENDED COVERAGE APPLICATION**

Please answer ALL questions and return completed form to:

Teachers' Long-Term Disability Plan

2317 Arlington Avenue, Saskatoon SK S7J 2H8

Confidential LTD Fax: 306-373-5235 Email: disability@stf.sk.ca

Please return this completed form together with the necessary supporting documentation no later than 30 days after the date on which coverage would otherwise terminate.

### Part I: Member Information

Last Name	First Name	Initial Date of Birth (DD MMM YYYY)
Home Mailing Address	City/Town	Province Postal Code
<b>3</b>		
Preferred Telephone # Non-Er	nployer Email Address	
( ), , , , , , , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Teacher's Certificate Number		
art II: Employment Information		
Name of Employer		
2. Last day taught (DD MMM YYYY)	Class, Step at last day taught	Salary at last day taught \$
3. Type of Leave: □Paid □ Unpaid		
. Reason for Leave (Please include copy of employer letter	er of approval)	
☐ Education ☐ Maternity ☐ Paternity	☐ Adoption ☐ Other	
5. Period of Absence: From (DD MMM YYYY)	to (DD MMM YYYY)	
Please describe activities to be undertaken during perior	d of leave.	
Signature X	Date Signed (DD	D MMM YYYY)
or Office Use Only		
Date Application received (DD MMM YYYY)		
2. ☐ Eligible ☐ Ineligible		
Calculation of Premiums		
Calculation of Fremiums		
Authorized by	Date Signed (DD	D MMM YYYY)
Applicant Informed (DD MMM YYYY)	Date Premiums Received (DE	
Receipt Number:	Coverage Effective (DD	D MMM YYYY)

## Instructions for Completion of Application for Extended Coverage

Coverage under the Teachers' Long-Term Disability Plan shall terminate on the date which is the earlier of:

- (a) the Member's 65th birthday.
- (b) the last day of coverage for which a premium on behalf of the Member has been paid, provided that a Member to whom Article 4.6 applies shall have coverage through a period of 30 days referred to in that Article and that a Member's coverage shall continue while he/she is eligible to receive benefits under the Plan
- (c) August 31 for teachers who have terminated their contracts the previous June 30 and have not returned to teach and are not covered under the provisions of Article 4.

Coverage can be continued by submitting an application to the Saskatchewan Teachers' Federation for extended coverage and paying the required premiums for those:

- · On sabbatical leave.
- · On other types of leave with pay.
- · Who are on unpaid leave, including parenting leaves.
- · Who have had their reasons approved by the Federation.

Application must be received by the Teachers' Long-Term Disability Plan (2317 Arlington Avenue, Saskatoon, Saskatchewan S7J 2H8) no later than 30 days after the date on which coverage would otherwise terminate. The Plan will advise you, in writing, if your application has been approved and the amount of the premium for the period of absence.

A copy of a letter from your employer must be submitted with your application detailing:

- · The leave of absence has been approved.
- · The term of the absence.
- · The purpose of the absence.

If the purpose of the leave is to return to university, please submit a copy of your registration or any other evidence to establish eligibility.

An excerpt from the Text of the Teachers' Long-Term Disability Plan pertaining to Extended Coverage follows.

### **Article 4 - Extended Coverage**

- 4.1 A Member to whom this Article IV (Extended Coverage) applies shall not be eligible for Partial Disability benefits pursuant to Article VII (Partial Disability).
- 4.2 A Member of the Plan who is on an employer approved total or partial paid leave of absence shall be eligible for continued coverage under the Plan, subject to payment of the required premium based on the annual rate of salary the Member was entitled to receive immediately prior to the date the leave of absence commenced.
- 4.3 A Member of the Plan who is on an employer approved total or partial unpaid leave of absence for reasons approved by the Board of Directors shall be eligible for continued coverage under this Plan, subject to payment of the required premium based on the annual rate of salary the Member was entitled to receive immediately prior to the date the leave of absence commenced.
- 4.4 A Member of the Plan who is absent from active service while on a maternity or parental leave shall be eligible for continued coverage under this Plan, subject to payment of the required premium based on the annual rate of salary the Member was entitled to receive immediately prior to the date the leave of absence commenced. No benefits shall be payable for that period of time for which the Member is entitled to receive benefits provided by Service Canada for maternity or parental leave, nor shall the Member be considered to be Totally Disabled under articles of the Plan for that period of time. Coverage will not be extended beyond one year for leave of absence for reason of maternity or parental leave.
- 4.5 A Member who is on a leave of absence from active service and who becomes Totally Disabled shall not be entitled to receive any benefits under this Plan for a period of disability of less than 60 consecutive calendar days. Following 60 consecutive calendar days of a period of Total Disability, benefits shall be payable, retroactive to the first calendar day of the period of Total Disability.
- 4.6 In order to have coverage through a period of a leave of absence from active service, a Member must:
  - (a) Not later than 30 days after the date on which the Member's coverage under the Plan would otherwise terminate, make application to the Federation for approval of the continued coverage, and
  - (b) Pay the full premium for one year or such shorter period of leave of absence by the date specified by Plan staff.
- 4.7 A Member wishing to have coverage for a leave of absence from active service for a period extending beyond one year must apply annually to the Federation for such coverage. In no event shall approval be granted by the Federation for such coverage for more than five successive years.
- 4.8 Should a Member become Totally Disabled while absent from active service and benefits become payable under this Plan, such payment of benefits shall be suspended for any period during which the Member receives sick leave pay from the Member's employer and resumed after expiry of such sick leave pay if the Member is still Totally Disabled.
- 4.9 To meet the definition of Total Disability for own occupation, a Member on leave would have to provide medical evidence of disability to the extent that the Member cannot carry out activities for which the leave was taken, nor the activities pertaining to the Member's own occupation from which the Member took the leave of absence.





Member Signature

Instructions: The Enrolment form must be completed and signed by your school board(s) each time you sign a contract of employment or the first occasion of substitute teaching in Saskatchewan. If you have a change in your personal information, contract status and/or dependant information, please complete a Change of Information form, which is available at www.stf.sk.ca.

Return completed form to: Saskatchewan Teachers' Federation 2317 Arlington Avenue Saskatoon SK S7J 2H8 Email: stf@stf.sk.ca

To Be Completed By School Division						
Pension Plan Membership: ☐ STRP ☐ STSP ☐ Retired ☐ ATRP	Contract Status -			Contract		
School Division Name	Check (✓) all that apply	Contract Commencement Date (DD MMM YYYY)	Er	M YYYY)		
Cabast Division Name	☐ Continuing			Not applicab	le	
School Division Name	☐ Temporary			1 1 1		
X  Date teacher meets plan eligibility requirements	- Devlessment					
20th Teaching Occurrence (DD MMM YYYY)	Replacement					
	Substitute	Not applicable	Not applicable			
Member Information (Must have valid provincial health plan cove	rage.)					
	Legal First Name	Initial F	Preferred Name			
Gender Date of Birth (DD MMM YYYY) Social Insurance	Number	Teacher's Certificate Number	_			
Home Mailing Address		Preferred Non-Employer Email Address				
City/Town	Pı	rovince Postal Code Hor	ne Phone			
			)			
School Name		Mol	oile Phone			
			)			
Dependant Information (All eligible dependants must have valid To be completed by teachers on a continuing, temporary or replacement Spouse Information  Last Name Legal First Name	t contract to enrol el		Gender  Male  Female	he Teachers' [	Dental Plan.	
If your spouse is a teacher, please provide their teaching certificate number						
Children Information				Full-Time	Disabled	
Last Name Legal First Name	[	Date of Birth (DD MMM YYYY)	Gender	Student?*	Dependant?	
			☐ Male ☐ Female	Yes	☐Yes	
			☐ Male ☐ Female	☐ Yes	□Yes	
			☐ Male	□Yes	□Yes	
			☐ Female ☐ Male	_	_	
			Female	☐ Yes	☐Yes	
*If dependent child is age 21 or older, attach verification of full-time status at education	ational institution.					
Member Authorization						
I confirm that the foregoing information is true, complete and accurate as of this using any personal information, including personal health information, about me from, to or with others, including the STF's affiliates, service suppliers, success between us or between the STF and such person, or as may be necessary to any similar service supplied to me or my dependants by the STF, its affiliates o services to me and my dependants and that, if such consent is revoked or with notify the STF in writing of any change to the above-listed Personal Information	e or my dependants (" ors, assigns and othe determine my or my d r service suppliers. I a drawn, the STF will no	'Personal Information"), in accordance with the S r persons, but only for the purpose of furthering ependants' entitlement to health, dental, disability agree that my consent to the foregoing is a funda	STF's Privacy N or maintaining a ty, pension and amental condition	otice and policie a current or futur group insurance on of the STF pr	s, at any time, e relationship benefits or oviding certain	

Date Signed (DD MMM YYYY)

Consent for Internal Data Use for Research and Statistical Purposes
I understand that the STF will obtain, retain, disclose, exchange and use Personal Information for the purposes of statistical analysis and research. I understand and agree that any Personal Information collected will be de-identified and aggregated with the personal information of others for use of research and statistical purposes to ensure the protection of the privacy of me and my dependants. I understand that providing my consent to the STF obtaining, retaining, disclosing, exchanging and using Personal Information in connection with research and statistical purposes is optional, but if I choose not to provide this consent, this will negatively impact the accuracy, reliability and quality of the STF's statistical analysis and research.
Please check one of the following:
☐ I consent to the STF obtaining, retaining, disclosing, exchanging and using Personal Information for the research and statistical purposes described above in accordance with the STF's Privacy Notice and policies.
☐ I do not consent to the STF obtaining, retaining, disclosing, exchanging and using Personal Information for the research and statistical purposes described above.

The information you provide to us will be used to provide services to you and to determine your entitlement for health, dental, disability, pension and group insurance benefits. Please direct your inquiries as follows:

### Dental

 Saskatchewan Teachers' Superannuation Commission Toll free 1-877-364-8202 or 306-787-8814 in Regina

### Disability

- Teachers' Long-Term Disability Plan
   Saskatchewan Teachers' Federation
   Toll free 1-800-667-7762 or 306-373-1660 in Saskatoon
- Saskatchewan Teachers' Disability Benefits Plan Teachers' Superannuation Commission Toll free 1-877-364-8202 or 306-787-6440 in Regina

### Health

STF Members' Health Plan
 Saskatchewan Teachers' Federation
 Toll free 1-800-667-7762 or 306-373-1660 in Saskatoon

### Pension

- Saskatchewan Teachers' Retirement Plan
   Saskatchewan Teachers' Federation
   Toll free 1-800-667-7762 or 306-373-1660 in Saskatoon
- Saskatchewan Teachers' Superannuation Plan Teachers' Superannuation Commission Toll free 1-877-364-8202 or 306-787-6440 in Regina

### Dependant Information for the Health and Dental Plan

For purposes of the health and dental plan:

- · Spouse means your legal spouse, or the person who has been living with you in a spousal relationship for at least 12 consecutive months.
- · Dependant means your natural, adopted or stepchild who is:
  - Under 21 years of age, unmarried, and solely dependent upon you for support. (Children under age 21 are not covered if they are working more than 30 hours per week, unless they are full-time students.)
  - Age 21 or older but under age 26, unmarried, dependent upon you for support and in full-time attendance at an accredited post-secondary educational institution.
  - Age 21 or older and is incapable of supporting his or herself because of a physical or mental disability, provided the disabling condition began before age 21, or before age 26 while a full-time student, and the disability has been continuous since then.

### **Preferred Non-Employer Email Address**

Your preferred email address is used to provide you with electronic communications from the Federation. Members must provide a preferred email address, as all communications from the Federation, including information on provincial collective bargaining, will be sent to this email address. Your preferred email address also provides access to the MySTF section of the Federation's website, which contains your personalized pension and benefit information.

### It's Important to Keep Your Records Up-To-Date

Changes to your name, mailing address, preferred email address, school name, or health and dental plan spouse or dependant information can be updated online in the MySTF section of the Federation website, www.stf.sk.ca. However, a Change of Information form must be used to notify the Federation of changes to your employment status.



### **CHANGE OF INFORMATION**

FOR TEACHERS ON CONTRACT

Instructions: Complete this form when there is a change in your personal information or circumstances, including termination of your contract or retirement. If you are new to teaching in Saskatchewan or have signed a new contract of employment, you must complete an **Enrolment form**, which is available from your employing school board or at www.stf.sk.ca.

Please complete the General Information section below and the section(s) applicable to your change of information.

Return completed form to: Saskatchewan Teachers' Federation 2317 Arlington Avenue Saskatoon SK S7J 2H8

Teacher's Certificate Number	General Information (Must have valid provincial health plan of	overage.)
School Name  Member's Date of Birth (DD MMM YYYY)  Performed Name  Employment Status  Retire Termination date of Contract (DD MMM YYYY)  On Leave Date of leave from (DD MMM YYYY)  Name/Address/Email Member Name Change From/To  Preferred Non-Employer Email Address  Home Phone  City/Toen  Province Postal Code  Michie Phone  City/Toen  Cendor  Code  Children Information ("If dependent child is aged 21-25, attach verification further  Children Information ("If dependent child is aged 21-25, attach verification further  Children Information ("If dependent child is aged 21-25, attach verification of full lime student studen		
Refere   Termination date of Contract (DD MMM YYYY)		
Retire Termination date of Contract (DO MMM YYYY)    Left Employ Termination date of Contract (DO MMM YYYY)   Do Leave Date of leave from (DD MMM YYYY)   Do Leave Date of leave from (DD MMM YYYY)   Do Leave Date of leave from (DD MMM YYYY)   Sample Address   Female Address   Home Phone	School Name	Member's Date of Birth (DD MMM YYYY)  Preferred Name
Retire Termination date of Contract (DD MMM YYYY)    Left Employ Termination date of Contract (DD MMM YYYY)   Do Leave Date of leave from (DD MMM YYYY)   Do Leave Date of leave from (DD MMM YYYY)   Do Leave Date of leave from (DD MMM YYYY)   Same/Address   Frender Non-Employer Email Address		
Left Employ Termination date of Contract (DD MMM YYYY)   to (DD MMM YYYY)	Employment Status	
Left Employ Termination date of Contract (DD MMM YYYY)    On Leave   Date of Server from (DD MMM YYYY)		
On Leave   Date of leave from (DD MMM YYYY)   Do (DD MMM YYYY)		
Name/Address/Email  Member Name Change From/To  Preferred Non-Employer Email Address  Home Phone	, , ,	
Member Name Change From/To		to (DD MMM YYYY)
Home Mailing Address		
City/Town	Member Name Change From/To	Preferred Non-Employer Email Address
City/Town	Home Mailing Address	Home Phone
Dependant Information (All eligible dependants must have valid provincial health plan coverage.)  Effective Date of Change (DD MMM YYYY) Reason  Spouse Information  Add Change Remove Last Name	Tione maining radioss	
Effective Date of Change (DD MMM YYYY) Reason    Spouse Information	City/Town	Province Postal Code Mobile Phone
Effective Date of Change (DD MMM YYYY) Reason    Spouse Information		
Spouse Information  Add Change Remove Last Name	Dependant Information (All eligible dependants must have	valid provincial health plan coverage.)
Add Change Remove Last Name Legal First Name Date of Birth (DD MMM YYYY) Gender Student's Name Date of Birth (DD MMM YYYY) Gender Student's Name Date of Birth (DD MMM YYYY) Gender Student's Date of Birth (DD MMM YYYY) Gender Gender Student's Date of Birth (DD MMM YYYY) Gender Gende	Effective Date of Change (DD MMM YYYY) Reason	
Add Change Remove Last Name Legal First Name Date of Birth (DD MMM YYYY) Gender Student's Name Date of Birth (DD MMM YYYY) Gender Student's Name Date of Birth (DD MMM YYYY) Gender Student's Date of Birth (DD MMM YYYY) Gender Gender Student's Date of Birth (DD MMM YYYY) Gender Gende		
If your spouse is a teacher, please provide their teaching certificate number	Spouse Information	
Gender   Gender   Children Information (*If dependent child is aged 21-25, attach verification of full-time student status from educational institution.)    Add Change Remove Last Name   Legal First Name   Date of Birth (DD MMM YYYY)   Gender   Student?* Dependant?*		
Children Information (*If dependent child is aged 21-25, attach verification of full-time student status from educational institution.)  Add Change Remove Last Name Legal First Name Date of Birth (DD MMM YYYY)    Male   Yes   Yes     Gender Student?* Dependant?   Male   Yes   Yes     Gender Student?* Dependant?   Gender Gend		
Add Change Remove Last Name	If your spouse is a teacher, please provide their teaching certificate number	
Add Change Remove Last Name Legal First Name Date of Birth (DD MMM YYYYY)  Gender Student?* Dependant?  Wale  Yes  Yes  Male  Female  Yes  Yes  Yes  Confirm that the foregoing information is true, complete and accurate as of this date. I consent to the Saskatchewan Teachers' Federation ("STF") obtaining, retaining, disclosing, exchanging and using any personal information, including personal health information, about me or my dependants ("Personal Information"), in accordance with the STF's Privacy Notice and policies, at any time,	Children Information (*If dependent child is aged 21-25, attach verification	n of full-time student status from educational institution.)
		Legal First Name Date of Birth (DD MMM YYYY) Gender Student?* Dependant?
Gemale   Yes   Y		
Male   Yes   Yes   Member Authorization		
Member Authorization  I confirm that the foregoing information is true, complete and accurate as of this date. I consent to the Saskatchewan Teachers' Federation ("STF") obtaining, retaining, disclosing, exchanging and using any personal information, including personal health information, about me or my dependants ("Personal Information"), in accordance with the STF's Privacy Notice and policies, at any time,		Male Vas Vas
Member Authorization  I confirm that the foregoing information is true, complete and accurate as of this date. I consent to the Saskatchewan Teachers' Federation ("STF") obtaining, retaining, disclosing, exchanging and using any personal information, including personal health information, about me or my dependants ("Personal Information"), in accordance with the STF's Privacy Notice and policies, at any time,		
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using any personal information, including personal health information, about me or my dependants ("Personal Information"), in accordance with the STF's Privacy Notice and policies, at any time,		of this data. Leaguest to the Contestable year Teachers' Enderation ("CTT") obtaining retaining disclosing and the contestable of the contestable
	using any personal information, including personal health information, about	ut me or my dependants ("Personal Information"), in accordance with the STF's Privacy Notice and policies, at any time,
between us or between the STF and such person, or as may be necessary to determine my or my dependants' entitlement to health, dental, disability, pension and group insurance benefits or	between us or between the STF and such person, or as may be necessary	y to determine my or my dependants' entitlement to health, dental, disability, pension and group insurance benefits or
any similar service supplied to me or my dependants by the STF, its affiliates or service suppliers. I agree that my consent to the foregoing is a fundamental condition of the STF providing certain services to me and my dependants and that, if such consent is revoked or withdrawn, the STF will no longer be able to provide those services to me and my dependants. I agree to immediately	services to me and my dependants and that, if such consent is revoked or	withdrawn, the STF will no longer be able to provide those services to me and my dependants. I agree to immediately
notify the STF in writing of any change to the above-listed Personal Information.  Member Signature Date Signed (DD MMM YYYY)	I DOUTY THE SIF IN WRITING OF ANY CHANGE TO THE ABOVE-LISTED PERSONAL INFORM	at'a a
	, , ,	
	Member Signature	

Consent for Internal Data Use for Research and Statistical Purposes	
I understand that the STF will obtain, retain, disclose, exchange and use Personal Information for the purposes of statistical analysis and research. I understand and agree that any Personal Information collected will be de-identified and aggregated with the personal information of others for use of research and statistical purposes to ensure the protection of the privacy of me and my dependant understand that providing my consent to the STF obtaining, retaining, disclosing, exchanging and using Personal Information in connection with research and statistical purposes is optional, but if I cho not to provide this consent, this will negatively impact the accuracy, reliability and quality of the STF's statistical analysis and research.	ts.
Please check one of the following:	
☐ I consent to the STF obtaining, retaining, disclosing, exchanging and using Personal Information for the research and statistical purposes described above in accordance with the STF's Privacy Notice and policies.	
☐ I do not consent to the STF obtaining, retaining, disclosing, exchanging and using Personal Information for the research and statistical purposes described above.	

### How Your Information is Used

It's critical that we have accurate and current information for you and your dependants. The information you provide to the Saskatchewan Teachers' Federation is used to ensure you have access to all of the services offered by the Federation, and to determine your entitlements for health, dental, disability, pension and group insurance benefits.

### **Preferred Non-Employer Email Address**

Your preferred email address is used to provide you with electronic communications from the Federation. Members are encouraged to provide a preferred email address as all communications from the Federation, including information on provincial collective bargaining, will be sent to this email address.

### Dependant Information for the Health and Dental Plan

In order to be eligible, your spouse and/or dependant children must have valid provincial health plan coverage and have residence status in their home province. For purposes of the health and dental plan:

- Spouse means your legal spouse, or the person who has been living with you in a spousal relationship for at least 12 consecutive months.
- Dependant means your natural, adopted or stepchild who is:
  - Under 21 years of age, unmarried, living with you and solely dependent upon you for support. (Children under age 21 are not covered if they are working more than 30 hours per week, unless they are full-time students.)
  - Age 21 or older but under age 26, unmarried, dependent upon you for support and in full-time attendance at an accredited post-secondary educational
    institution.
  - Age 21 or older and is incapable of supporting his or herself because of a physical or mental disability, provided the disabling condition began before age 21, or before age 26 while a full-time student, and the disability has been continuous since then.

### Make Your Changes Online – It's Quick and Easy!

Changes to your name, mailing address, preferred email address, school name, or health and dental plan spouse or dependant information can be updated online in the MySTF section of the Federation website, www.stf.sk.ca. However, this Change of Information form must be used to notify the Federation of changes to your employment status.



INSTRUCTIONS:

# **TEACHER CHANGE REPORTING**

Please upload this form to the Members' Health Plan via the secure messaging feature in the Web Remittance System (WRS). Choose MHP in the drop down menu. A copy of the form will be forwarded to the Teachers' Superannuation Commission.

# Year Dis = Disability Date Report Completed Month S = Sick Leave **P** = Personal School Division Number Sab = Sabbatical 0 = Other R = Replacement Par = Parental Res = Resignation Mat = Matemity T = Temporary **D** = Deceased C = ContinuingEd = EducationRet = Retired Contract Status: Type of Leave: School Division Name Termination: Key: insurance premium remittance summary and monthly remittance information, no later than the 10th calendar day of each month. Report new teachers, change in contract status, leave of absence and termination information. Complete this form and return, along with your group

								STF	-00139 / 2021	10622 / 7080-	-50
TERMINATION	Date DD/MM/YYYY										
	Ret, D, Res, O										
TYPE OF LEAVE	Length of Leave DD/MM/YYYY to DD/MM/YYYYY	Q	ę	ą	Q	Ð	Ð	ą	Q	ę	đ
-	Ed, Mat, Par, Sab, P, S, Dis										
	Date Teacher Eligible for Benefits										
CONTRACT STATUS	End Date DD/MM/YYYY										
CONTRA	Start Date DD/MM/YYYY										
	C, T, R										
	Social Insurance Number										
	Certificate Number										
	Name of School										
	Address										
	Name of Teacher										



### **CURRENT SCHOOL YEAR CONTRIBUTIONS**

SASKATCHEWAN TEACHERS' RETIREMENT PLAN

2317 Arlington Avenue, Saskatoon SK, Canada S7J 2H8

Adjustment

Unpaid Leave

Phone: 306-373-1660 Toll Free: 1-800-667-7762 Fax: 306-955-1157

### Cheques should be made payable to: Saskatchewan Teachers' Federation

- Orloques sriould													
School Division	n Name							Pay Period					
								Mand	e of				
			Mont	n	Yea								
Office Use	Cahaal	Scho	اما	Mai	nth		Data	Dagaiyad		Do	to Droop	and a	
Only	School Division #	Year		Moi	nın		Date	Received		Da	te Proces	ssea	
Ciny	Biviolott "	1001											
Social Insurance	Employee Name				Record	Emi	oloyment	CPP	Salary Earne based on 10	d	Days	Contributions	
Number	Surname First, Give	n Name	N	lonth	Type	Тур		Code	month pay pe	eriod	Taught	Deducted	
			-+			$\vdash$							
								-					
								1					
Number of Entries	RECORD TYPE	EMPLOYMEN <sup>*</sup>	Г ТҮРЕ	Π	CI	PP CC	DE	<u> </u>	Total Sala	ıry	Total Days	Total Contributions	
			TOTALS					TOTALS					
	10 - Regular Contribution	F - Full-time			INTEGRAT							<u> </u>	
	Contribution	P - Part-time		0 - F	Regular Te	acher							
	20 - Current	S - Substitute		1 - 8	Superannu	ate							
	School Year X - Full-time,				Sabbatical								

5 - Deferral Period6 - Not Contributing to CPP7 - Maternity SEB Plan8 - Deferred Leave Period

1000



### PREVIOUS SCHOOL YEARS CONTRIBUTIONS

SASKATCHEWAN TEACHERS' RETIREMENT PLAN

2317 Arlington Avenue, Saskatoon SK, Canada S7J 2H8 Phone: 306-373-1660 Toll Free: 1-800-667-7762 Fax: 306-955-1157 Cheques should be made payable to: Saskatchewan Teachers' Federation School Division Name Pay Period Page \_\_\_ of \_\_\_ Month Year Date Received Date Processed Office Use School School Month Only Division # Year Salary Earned Employee Name CPP Insurance Record School Employment based on 10 Days Contributions Number Surname First, Given Name Month Туре Year Type Code month pay period Taught Deducted 30 30 30 30 30 30 30 30 30 30 30 30 30 30 30 30 30 30 Number of Entries Total Days Total Contributions **Total Salary** RECORD TYPE EMPLOYMENT TYPE CPP CODE TOTALS TOTALS 30 - Previous Year F - Full-time CPP INTEGRATED P - Part-time 0 - Regular Teacher

1 - Superannuate

5 - Deferral Period6 - Not Contributing to CPP7 - Maternity SEB Plan8 - Deferred Leave Period

4 - Sabbatical

S - Substitute

X - Full-time,

Unpaid Leave

STF-353B / 29112019 / 817



# AUTHORIZATION FOR VOLUNTARY CONTRIBUTIONS THROUGH PAYROLL DEDUCTIONS

SASKATCHEWAN TEACHERS' RETIREMENT PLAN

2317 Arlington Avenue, Saskatoon SK, Canada S7J 2H8	Phone: 306-373-1660	Toll Free: 1-800-667-7762
First Name Last Name		,
request that the Name of Employer	remit \$	per month to the
Saskatchewan Teachers' Retirement Plan to be credited to my voluntary contribution	account (based on a 10	-month school year).
My Social Insurance Number is		
I understand that the following rules will apply:		
I cannot withdraw my voluntary contributions until:  a) I have retired under the STRP, or  b) After a four-month waiting period from the latter of the date;  i) I last taught (including substitute service), was under contract or was receiving  ii) have terminated from the Plan.	LTD benefits, or	
Voluntary contributions cannot exceed the maximum which is deductible from taxable inco	me under the Income Tax A	ct.
The deadline for making contributions is December 31 of the taxation year.		
4. I understand that I must provide at least 30 days notice in writing to my employer should I wish	n to stop making voluntary pa	ayments.
Teacher's Signature	Date (DD MMM YYYY	0
Teacher's Mailing Address City/Town		Province Postal Code
Teacher's Telephone Number		



### **VOLUNTARY CONTRIBUTIONS** THROUGH PAYROLL DEDUCTION

SASKATCHEWAN TEACHERS' RETIREMENT PLAN

2317 Arlington Avenue, Saskatoon SK, Canada S7J 2H8 Phone: 306-373-1660 Toll Free: 1-800-667-7762 Fax: 306-955-1157 Cheques should be made payable to: Saskatchewan Teachers' Federation

School Division Name							Pay Period				o of
							Mor	ıth	Year	.   Pag	e of
										_	
Office Use Only	School Division #		School 'ear			Date	Date Received		Date Process		ssed
			<u>'</u>								
Social Insurance Number	Employee Nai Surname First	me t, Given Name			Mont	Recor	d Emplo	yment	CPP Code		Contributions Deducted
						80					
						80					
						80					
						80					
						80					
						80					
						80					
						80					
						80					
						80					
						80					
						80					
						80					
						80					
						80					
						80					
						80					
						80					
Number of Entries		RECORD TYPE	EMPLOYM	IENT TYPE	:	C	PP CODE				Total Voluntary Contributions
				TOTA	_			TOTALS			Continuutions
	,	80 - Non-Locked In Voluntary	F - Full-time	$\perp$	CPP INTEGE						

4 - Sabbatical 5 - Deferral Period 6 - Not Contributing to CPP

0 - Regular Teacher

7 - Maternity SEB Plan

8 - Deferred Leave Period

Voluntary contributions can only be made on behalf of teachers who are actively teaching under a continuous, temporary or replacement contract and have not superannuated.

Contributions

P - Part-time



# **Payroll Deduction**

Donor Information
School Division
Name of Donor
Address
My total gift to support research into teaching and learning is \$
I authorize my school division to deduct:
one-time deduction in
\$ per pay period beginning in         and ending in
(Month/Year, e.g., JAN 2020) (Month/Year, e.g., JAN 2021)
per pay period until further notice
☐ \$ annually in for years
(Month e.g., JAN)
Designate Donation*
☐ General
□ Endowment
Special Instructions
☐ I wish my donation to remain anonymous ☐ I wish only the amount of my donation to remain anonymous
Signature
x
Date
* For more information, please contact the McDowell Foundation at mcdowell@stf.sk.ca or visit the website at mcdowellfoundation.ca/donations.
Please note: Official tax receipts will be issued in January or February by the McDowell Foundation.

STF-00679 / 20210615 / MCD00



# Monthly Record of Donations by Payroll Deduction

Daman Information	
Donor Information	
Name of School Division	
Donations For	
(Month/Year, e.g., JAN 2020)	
Name of Donor	Amount Donated



### **Termination of Deductions**

Donor Information
Name of School Division
Name of Donor
Date Deductions Stopped
Reason for Termination
□ Donor is re-pledging
□ Donor has cancelled the pledge
□ Donor is no longer employed by this school division
Name of new division (if applicable and known):
□ Other reason (please specify, if known)

STF-00689	/	20200004



# SUBSTITUTE TEACHER CHANGE REPORTING

Phone: 306-373-1660 Toll Free: 1-800-667-7762 Fax: 306-955-1157

Please click below to email this form to the Saskatchewan Teachers' Federation:

Date Report Completed Month

School Division Number

2317 Arlington Avenue, Saskatoon SK, Canada S7J 2H8

and remove from the substitute leacher list. The information provided will be used to maintain accurate and current records for substitute teachers. Complete this form and return no later than the 1s calendar day of each month. Report teachers to a INSTRUCTIONS:

	School Division Name
st	
add	

**Key:** R = Remove A = Add

	Remove/Add	
	Certificate Number	
	Email Address (Personal)	
	Cell Phone Number	
7	Home Phone Number	
	Address	
	Name of Teacher	

				STF-0068	9 / 20200904	
Remove/Add						
Certificate Number						
Emall Address (Personal)						
Cell Phone Number						
Home Phone Number						
Address						
Ame of Teacher						