

SASKATCHEWAN TEACHERS' FEDERATION  
**REMITTANCE FORMS**

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



SASKATCHEWAN  
**TEACHERS'**  
FEDERATION



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

## Statement Information

Statement of

School Division

Board Number

for the month of

Date (YY MM DD)

WRS Batch #

## 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

### 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
- The total of all remittances may be submitted on one cheque made payable to the STF or by EFT.
- The STF Remittance Summary Sheet is completed and accompanies all supporting documentation.
- 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)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Mailing Address		City/Town	Province	Postal Code
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Preferred Telephone #	Non-Employer Email Address			
<input type="text"/>	<input type="text"/>			
Teacher's Certificate Number	<input type="text"/>			

## Part II: Employment Information

1. Name of Employer		<input type="text"/>
2. Last day taught (DD MMM YYYY)	Class, Step at last day taught	Salary at last day taught \$
<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Type of Leave: <input type="checkbox"/> Paid <input type="checkbox"/> Unpaid		
4. Reason for Leave (Please include copy of employer letter of approval)		
<input type="checkbox"/> Education <input type="checkbox"/> Maternity <input type="checkbox"/> Paternity <input type="checkbox"/> Adoption <input type="checkbox"/> Other <input type="text"/>		
5. Period of Absence: From (DD MMM YYYY)	to (DD MMM YYYY)	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
6. Please describe activities to be undertaken during period of leave.		
<input type="text"/>		
Signature	<input checked="" type="checkbox"/>	Date Signed (DD MMM YYYY)
<input type="text"/>		<input type="text"/>

## For Office Use Only

1. Date Application received (DD MMM YYYY)		<input type="text"/>
2. <input type="checkbox"/> Eligible <input type="checkbox"/> Ineligible		<input type="text"/>
Calculation of Premiums		<input type="text"/>
Authorized by	<input checked="" type="checkbox"/>	Date Signed (DD MMM YYYY)
<input type="text"/>		<input type="text"/>
Applicant Informed (DD MMM YYYY)	<input type="text"/>	Date Premiums Received (DD MMM YYYY)
<input type="text"/>		<input type="text"/>
Receipt Number:	<input type="text"/>	Coverage Effective (DD MMM YYYY)
		<input type="text"/>

# 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.

**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](http://www.stf.sk.ca).

**Return completed form to:**  
Saskatchewan Teachers' Federation  
2317 Arlington Avenue  
Saskatoon SK S7J 2H8  
Email: [stf@stf.sk.ca](mailto:stf@stf.sk.ca)

## To Be Completed By School Division

Pension Plan Membership:  STRP  STSP  Retired  ATRP

School Division Name

School Division Name

**Date teacher meets plan eligibility requirements**

20th Teaching Occurrence (DD MMM YYYY)

**Contract Status –  
Check (✓)  
all that apply**

Continuing

Temporary

Replacement

Substitute

**Contract  
Commencement Date (DD MMM YYYY)**





**Contract  
End Date (DD MMM YYYY)**





## Member Information (Must have valid provincial health plan coverage.)

Last Name

Legal First Name

Initial

Preferred Name

Gender

Male

Female

Date of Birth (DD MMM YYYY)

Social Insurance Number

Teacher's Certificate Number

Home Mailing Address

Preferred Non-Employer Email Address

City/Town

Province

Postal Code

Home Phone

School Name

Mobile Phone

## Dependant Information (All eligible dependants must have valid provincial health plan coverage.)

To be completed by teachers on a continuing, temporary or replacement contract to enrol eligible dependants in the STF Members' Health Plan and the Teachers' Dental Plan.

### Spouse Information

Last Name

Legal First Name

Date of Birth (DD MMM YYYY)

Gender

Male

Female

If your spouse is a teacher, please provide their teaching certificate number

### Children Information

Last Name

Legal First Name

Date of Birth (DD MMM YYYY)

Gender

Male

Female

Full-Time  
Student?\*

Yes

No

Disabled  
Dependant?

Yes

No




Male

Female

Yes

No

Yes

No




Male

Female

Yes

No

Yes

No




Male

Female

Yes

No

Yes

No

\*If dependent child is age 21 or older, attach verification of full-time status at educational institution.

## 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, from, to or with others, including the STF's affiliates, service suppliers, successors, assigns and other persons, but only for the purpose of furthering or maintaining a current or future relationship 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 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 notify the STF in writing of any change to the above-listed Personal Information.

Member Signature

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](http://www.stf.sk.ca). However, a Change of Information form must be used to notify the Federation of changes to your employment status.



**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](http://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

### General Information (Must have valid provincial health plan coverage.)

Teacher's Certificate Number	Last Name	Legal First Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
School Name	Member's Date of Birth (DD MMM YYYY)	Preferred Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

### Employment Status

Retire      Termination date of Contract (DD MMM YYYY)

Left Employ      Termination date of Contract (DD MMM YYYY)

On Leave      Date of leave from (DD MMM YYYY)  to (DD MMM YYYY)

### Name/Address/Email

Member Name Change From/To	Preferred Non-Employer Email Address		
<input type="text"/>	<input type="text"/>		
Home Mailing Address	Home Phone		
<input type="text"/>	( <input type="text"/> ) <input type="text"/>		
City/Town	Province	Postal Code	Mobile Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	( <input type="text"/> ) <input type="text"/>

### Dependant Information (All eligible dependants must have valid provincial health plan coverage.)

Effective Date of Change (DD MMM YYYY)	Reason
<input type="text"/>	<input type="text"/>

### Spouse Information

Add	Change	Remove	Last Name	Legal First Name	Date of Birth (DD MMM YYYY)	Gender
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female

If your spouse is a teacher, please provide their teaching certificate number

### 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	Full-Time Student?*	Disabled Dependant?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

### 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, from, to or with others, including the STF's affiliates, service suppliers, successors, assigns and other persons, but only for the purpose of furthering or maintaining a current or future relationship 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 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 notify the STF in writing of any change to the above-listed Personal Information.

Member Signature	Date Signed (DD MMM YYYY)
<input type="text"/>	<input type="text"/>

Consent required on the reverse >

## 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.

## 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](http://www.stf.sk.ca). However, this Change of Information form must be used to notify the Federation of changes to your employment status.









# 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 Fax: 306-955-1157

I,

request that the  remit \$  per month to the

**Saskatchewan Teachers' Retirement Plan to be credited to my voluntary contribution account (based on a 10-month school year).**

- 1. My Social Insurance Number is
- 2. My valid Saskatchewan Teacher's Certificate Number is

3. 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 LTD benefits, or
  - ii) have terminated from the Plan.

Voluntary contributions cannot exceed the maximum which is deductible from taxable income under the *Income Tax Act*.

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 to stop making voluntary payments.

Teacher's Signature   Date (DD MMM YYYY)

Teacher's Mailing Address  City/Town  Province  Postal Code

Teacher's Telephone Number

STF-351 / 29112019 / 7080-50



## 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   
(Month/Year, e.g., JAN 2020)

\$  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

Date  
  
(Day/Month/Year, e.g., 31 JAN 2020)

\* For more information, please contact the McDowell Foundation at [mcdowell@stf.sk.ca](mailto:mcdowell@stf.sk.ca) or visit the website at [mcdowellfoundation.ca/donations](http://mcdowellfoundation.ca/donations).

Please note: Official tax receipts will be issued in January or February by the McDowell Foundation.





## Donor Information

Name of School Division

Name of Donor

Date Deductions Stopped

--	--	--	--	--	--	--	--

(Month/Year, e.g., JAN 2020)

### 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)

