



# ENHANCED 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 prior to the beginning of your leave.**

## 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"/>	
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: Leave of Absence 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"/> Parental <input type="checkbox"/> Adoption <input type="checkbox"/> Other <input type="text"/>		
5. Period of Absence: From (DD MMM YYYY) <input type="text"/> to (DD MMM YYYY) <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"/>

## 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"/>
Applicant Informed (DD MMM YYYY) <input type="text"/>	Date Premiums Received (DD MMM YYYY) <input type="text"/>
Receipt Number <input type="text"/>	Coverage Effective (DD MMM YYYY) <input type="text"/>

# Instructions for Completion of Enhanced Coverage Application

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

- (a) The Member's 65 birthday,
- (b) The last day of coverage for which a premium on behalf of the Member has been paid.

Coverage can be continued during a leave of absence approved by the Board of Directors by submitting an application to the Saskatchewan Teachers' Federation for enhanced coverage and paying the required premiums.

Application must be received by the Teachers' Long-Term Disability Plan no later than 30 days prior to the beginning of the leave. The Plan will advise you, in writing if your application has been approved and the amount of the premium to be paid for the period of absence. Payment must be received by the LTD office prior to the first day of the leave period.

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

- The leave of absence has been approved by your employer.
- The beginning and end dates of the leave of absence approved by your employer.
- The reason for the leave of absence.

If the purpose is for educational reasons, please submit a copy of your program registration.