OTIP RAEO

ONTARIO TEACHERS INSURANCE PLAN
125 Northfield Drive West
PO Box 218
Waterloo ON N2J 3Z9
519.888.9683
1.800.267.6847

FULL-TIME LEAVE
ALL BENEFITS

Dear Member:

Your plan allows for the continuation of protection for the duration of your leave of absence. **Whether you choose to maintain your coverage or discontinue it, we require that the following information be completed for your protection.**

I will be on a leave of absence from _____ / _____ / _____ to _____ / _____ / _____ .
MM DD YYYY MM DD YYYY

I am currently insured for the following coverage(s) through OTIP and while on leave of absence elect the following:

Basic Life	☐ Maintain	☐ Discontinue	**Dependent Group Life**	☐ Maintain	☐ Discontinue
AD&D	☐ Maintain	☐ Discontinue	**Extended Health Care**	☐ Maintain	☐ Discontinue
Optional Life	☐ Maintain	☐ Discontinue	**Dental**	☐ Maintain	☐ Discontinue
Spousal Life	☐ Maintain	☐ Discontinue	**Long Term Disability**	☐ Maintain	☐ Discontinue

I understand that if I elect to **discontinue** coverage at the commencement of my leave of absence, I will have **31 days** upon my return to work to re-apply for coverage and no medical evidence will be required, however where applicable, the pre-existing conditions will apply.

PERSONAL INFORMATION

During my leave of absence, my contact information is:

NAME _____ (LAST) _____ (FIRST) _____ (MIDDLE)

ADDRESS _____ POSTAL CODE _____

CITY _____ PROVINCE _____

TELEPHONE HOME ___ ___ – ___ ___ OTHER ___ ___ – ___ ___

SALARY $ _____ .00

EMPLOYEE NUMBER _____

BOARD NAME _____

EMPLOYEE TYPE (CHECK ONE)

INDICATE MEMBERSHIP OF:

OECTA	ELEM ☐	ADMINISTRATION	☐
	SEC ☐	CLERICAL	☐
ETFO	☐	TRADESPERSON	☐
OSSTF TEACHER	☐	OTHER _____	
AEFO	☐		

Signature X _____ **Date** _____