



BCTF

British Columbia Teachers' Federation A Union of Professionals

100-550 West 6th Avenue, Vancouver, BC V5Z 4P2 bctf.ca

604-871-2283 1-800-663-9163 

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
2. 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
4. proof of contributory service in a province with a reciprocal agreement, if applicable, or
5. 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 end of the month in which you plan to retire.

Please note:

As per the *Salary Indemnity Plan—Regulation 21—Duration of benefits*, 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 end of the month in which you retire.
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 of 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 phone the Income Security Division at the BC Teachers' Federation. Please send your application to the Salary Indemnity Plan, BCTF via mail, fax, or e-mail.



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

Name _____ SIN _____

Birth date _____ School district _____ Local association _____
(year/month/day)

Home address _____

City _____ Postal code _____ Home phone no. _____

Regulation 1.3

member who has attained age 64, has reached the later of Factor 88 or age 60, has 34 years of contributory service or, who is in receipt of a retirement pension from the Pension Corporation (BC) may apply to withdraw from the long-term section of the plan. Application for withdrawal may be made during any school year in which one of the foregoing conditions has been met and upon the completion of the appropriate withdrawal form. Withdrawal will be effective, upon approval, in September for applications submitted in that month, and applications submitted later will be effective the month following approval of the application.

I wish to voluntarily withdraw from the long-term section of the Salary Indemnity Plan based on one of the following:

64 years old, as of _____

Reached *Factor 88*

In receipt of a retirement pension from Pension Corporation (BC)

34 years of contributory service

I understand that if I voluntarily withdraw from the SIP: Long-term, I will no longer be required to make contributions and I hereby release the BCTF SIP: Long-term, their officers, employees, and agents from any obligation for further claim or demand for monetary loss, or any further relief whatsoever under the BCTF SIP: Long-term plan. I consent to the BC Pension Corporation disclosing personal information about me to the BCTF respecting my participation in the Teachers' Pension Plan, including employer-reported information respecting service and salary. I understand that this information will be disclosed to the BCTF to allow the BCTF to assist determining eligibility for Salary Indemnity Plan: Long-term benefits or withdrawal from Salary Indemnity Plan: Long-term contributions. I understand that my contributory service in another teachers' pension plan is fully recognized by the Salary Indemnity Plan but if transferred to the BC Teachers' Pension Plan may be prorated.

Signature

Date

Note: The Plan requires a signed original application

Send to Salary Indemnity Plan, BCTF and enclose copies of:

1. birth certificate or government identification for proof of age
2. proof of contributory service in BC, such as a *Teachers' Pension Plan Member's Benefit Statement*
3. proof of current sick leave balance
4. proof of contributory service in a province with a reciprocal agreement, if applicable, or
5. proof of benefits from the Pension Corporation (BC), if applicable

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| Date received by BCTF Income Security |
|---------------------------------------|