



# Notice of LTD/WSIB

College Administrator: Complete Section A at the beginning of LTD/WSIB, keep a copy for your records and mail or fax a copy to the CAAT Plan. Once Member stops being on LTD/WSIB, retrieve from your records, complete Section B and mail or fax a copy to the CAAT Plan.

**Start** - Complete Section A, B

**Stop** - Complete Section B

This benefit is only available as a result of LTD or total disability under WSIB

Group Number \_\_\_\_\_

Note: Date format is dd-mmm-yyyy for all date fields.

## A LTD/WSIB Start - Notice of Disability Waiver of Contribution

The following Member is on LTD/WSIB, and is entitled to a waiver of pension contributions to the CAAT Plan

Last Name (Please print) \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Social Insurance Number \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_

Province \_\_\_\_\_ Country \_\_\_\_\_ Postal Code \_\_\_\_\_ Date of Birth (DMY) \_\_\_\_\_

Effective Date of LTD/WSIB (DMY) \_\_\_\_\_

### Contributions and Earnings

Current Year Previous Year (if not reported)  
Contributory Earnings \$ \_\_\_\_\_ \$ \_\_\_\_\_

Date Member stopped or will stop being eligible for payments from short term disability or sick leave plan. (DMY) \_\_\_\_\_

Basic Plan Contributions \$ \_\_\_\_\_ \$ \_\_\_\_\_

Months of Pensionable Service \_\_\_\_\_

Date Member last made regular contributions to the Plan (DMY) \_\_\_\_\_

Purchased Service Contributions \$ \_\_\_\_\_ \$ \_\_\_\_\_

Annual Salary \$ \_\_\_\_\_ \$ \_\_\_\_\_

Pension Adjustments (PA) \$ \_\_\_\_\_ \$ \_\_\_\_\_

I certify that the above information is true and correct.

Name of College \_\_\_\_\_ Signature of College Representative \_\_\_\_\_ Date (DMY) \_\_\_\_\_

## B LTD/WSIB Stop - Disability Waiver of Contribution has ceased

The above named Member is no longer receiving LTD or WSIB total disability benefits, and is therefore not entitled to a waiver of pension contribution to the CAAT Plan, effective the date shown and for the reason stated below.

Effective Date LTD/WSIB Stopped (DMY) \_\_\_\_\_ Member  
 Has returned to work  Is starting WSIB Partial Disability Benefit  
 Other (please explain): \_\_\_\_\_ Please also complete and submit **Form 023, Notice of WSIB Partial Disability Benefit**

I certify that the above information is true and correct.

Name of College \_\_\_\_\_ Signature of College Representative \_\_\_\_\_ Date (DMY) \_\_\_\_\_

### CAAT Plan Use Only

Date Stamp: Receipt of LTD/WSIB Start

Date Stamp: Receipt of LTD/WSIB Stop