



**GROUP DISABILITY
PLAN APPLICATION**
(for Public Service Pension Plan)

ORG ID	
Policy Branch Public Service Pension Plan Pension Corporation PO Box 9460 Victoria BC V8W 9V8 Web pspp.pensionsbc.ca	
Phone	250-387-8297
Fax	250-953-0424
Email	Policy@pensionsbc.ca

INSTRUCTIONS

- Complete this form to request approval of:
 - a new long-term disability (LTD) plan, or
 - a change of LTD policy carrier, or
 - an amendment to an LTD plan (for example, the employee classes covered by the LTD plan or the LTD benefits have changed).
- Attach the relevant pages of the LTD plan** (see below for details).

EMPLOYER NAME			EMPLOYER NO.
EMPLOYER ADDRESS (include unit/suite #, if applicable)	CITY	PROVINCE	POSTAL CODE
PREVIOUS CARRIER NAME (not applicable if no previous LTD plan was approved)			PREVIOUS POLICY NO.
EMPLOYEE CLASSES COVERED BY PREVIOUS LTD PLAN (use LTD plan wording)			DATE POLICY TERMINATED YYYY-MM-DD
NEW CARRIER NAME (include name of third-party administrator, if applicable)			NEW POLICY NO.
EMPLOYEE CLASSES COVERED BY NEW LTD PLAN (use LTD plan wording)			DATE POLICY OR AMENDMENT EFFECTIVE YYYY-MM-DD
Gross monthly salary of highest paid plan member covered by LTD plan			\$

GROUP DISABILITY PLAN

The *Public Service Pension Plan Rules* provide that a long-term disability (LTD) plan may be approved as a group disability plan.

By having an LTD plan approved as a group disability plan, any period during which a member receives a monthly benefit under the LTD plan is considered pensionable service and no contributions are required from the member or employer.

To be approved as a group disability plan, the LTD plan must:

- provide for continuous coverage during the period the member is disabled until one of the following events occurs:
 - the member attains normal retirement age (65/60);
 - the member accrues 35 years of pensionable service; or
 - the member returns to active employment; and

- at a minimum, provide a monthly benefit that is the lesser of:
 - 50 per cent of the monthly salary the member earned during employment immediately prior to the disability period, and
 - \$3,000; and

- include a definition of disability which takes into consideration the member's vocation, training, education and experience.

Include with this application the pages from the LTD plan that provide the name of the carrier, policy number, effective date of the LTD plan (or amendment to the LTD plan), description of eligible employees, definition of "disability" or "disabled", and the benefit schedule.

EMPLOYER CONTACT (print name)	POSITION / DEPARTMENT	PHONE (include ten digits)
EMPLOYER CONTACT SIGNATURE	DATE SIGNED YYYY-MM-DD	EMAIL

TO BE COMPLETED BY POLICY BRANCH				
<input type="checkbox"/> NEW APPLICATION	<input type="checkbox"/> CHANGE OF CARRIER	<input type="checkbox"/> AMENDMENT	REVIEWED BY (print name)	DATE REVIEWED YYYY-MM-DD
DATE EFFECTIVE YYYY-MM-DD	APPROVED BY (print name)	APPROVED BY (signature)	DATE SIGNED YYYY-MM-DD	

Freedom of Information and Protection of Privacy Act—The personal information on this form is collected under the authority of the *Public Sector Pension Plans Act* and will be used by the Pension Corporation to administer a plan member's pension and other non-pension benefits. If you have any questions about the collection and use of this information, contact the Privacy Officer at 2995 Jutland Road, Victoria BC V8T 5J9 or by telephone at 250-387-1002.