



**GROUP DISABILITY
PLAN APPLICATION**
(for Municipal Pension Plan)

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

INSTRUCTIONS

- Complete this form to request approval of:
 - a long term disability (LTD) plan new to the work place, or
 - a change of LTD policy carrier, or
 - an amendment to an LTD plan (for example, the employee classes covered by the LTD plan have changed or the benefits have altered).
- **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 – (if applicable)		PREVIOUS CONTRACT NO.	
EMPLOYEE CLASSES COVERED BY PREVIOUS LTD PLAN		DATE CONTRACT TERMINATED YYYY-MM-DD	
NEW CARRIER NAME – (include name of third-party administrator, if applicable)		NEW CONTRACT NO.	
EMPLOYEE CLASSES COVERED BY LTD PLAN		DATE EFFECTIVE YYYY-MM-DD	
Gross monthly salary of highest paid employee covered by LTD plan		\$	

GROUP DISABILITY PLAN

The *Municipal 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:

1. provide for continuous coverage to the member until one of the following events occurs: the member attains normal retirement age, the member accrues 35 years of service, or the member returns to active employment;
2. provide that the gross benefits paid during the period of disability will replace at least 50 per cent of the gross salary the member earned during employment immediately prior to the disability period; and

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

Where the benefits payable under the LTD plan are subject to a non-evidence limit, the LTD plan may still be approved if that limit is at least \$2,500 per month, or if none of the covered employees earn in excess of double the limit. Where there is no non-evidence limit but there is a maximum amount that the LTD plan will pay, the LTD plan may still be approved if that amount is at least \$2,500 per month or none of the covered employees earn in excess of double the amount.

Attach to this application the pages from the LTD plan that provide the name of the carrier, contract 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	FAX – (include ten digits)

TO BE COMPLETED BY POLICY BRANCH			
PROCEED FOR <input type="checkbox"/> CHANGE OF CARRIER <input type="checkbox"/> NEW APPLICATION <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.