



HUMAN RESOURCES DEPARTMENT
225 Central Avenue West
Brockville, ON, K6V 5X1
askuchr@ucdsb.on.ca

Long Term Disability Selection Form

CUPE Members and Board Administration Staff

Completion of this Selection Form is required to make a choice of the level of benefit you wish to be enrolled in for Long Term Disability with Great West Life.

In order to provide employees with a choice of premium rates and coverage levels that can accommodate individual needs, we have established two levels of coverage with Great West Life. You have a choice of selecting Level A or Level B by marking an **X** in the selection box.

<u>Level A:</u> will provide benefits upon disability of: 66.67% for the first \$2,500 of monthly earnings 50% of the next \$2,000 of monthly earnings 45% of the remainder of monthly earnings	I Select <input type="checkbox"/>
<u>Level B:</u> will provide benefits upon disability of: 50% of your monthly earnings	I Select <input type="checkbox"/>
<u>If you choose Level B, and in the future decide to change your coverage to Level A, evidence of insurability will be required at this time. An application of Proof of Good Health must be submitted and approved by Great West Life prior to any coverage changes.</u>	
Forms received after 30 days from the date sent by HR (stamped on the Enrolment Form), will have coverage for Level B begin the first day of the following month in which it is received.	

I hereby apply for coverage under the Upper Canada District School Board Employee Benefits Program for Long Term Disability. I authorize the deduction from my pay of any contributions I must make towards the cost of this benefit. My signature below endorses the selection made on this form.

If the original selection form is not returned your Long Term Disability will remain at Level A.

Return the completed form to the attention of the HR Officer responsible for you group at the Board Office. Please note that incomplete forms will not be processed and will be returned to you for completion.

Employee Name: _____
(Please Print)

Employee I.D. #: _____

Employee's Work Location: _

Job Title: _____

Employee Signature: _____

Date: _____

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LEVEL A - EXAMPLE		
Monthly Premiums =	$\frac{\text{Annual Salary} \times 1.862\%}{12}$	
Monthly Benefits =	$\frac{\text{Annual Salary} \times 66.7\% \text{ of first } \$2,500}{12}$ Plus 50% of next \$2,000 Plus 45% of excess	
\$20,000 Annual Salary	Premium Calculation	$\frac{\$20,000 \times 1.862\%}{12} = \$31.03 \text{ monthly premium}$
	Level of Benefit	$\frac{\$20,000 \times 66.67\%}{12} = \$1,111.17 \text{ monthly benefit}$
\$30,000 Annual Salary	Premium Calculation	$\frac{\$30,000 \times 1.862\%}{12} = \$46.55 \text{ monthly premium}$
	Level of Benefit	$\frac{\$30,000 \times 66.67\%}{12} = \$1,666.75 \text{ monthly benefit}$
\$40,000 Annual Salary	Premium Calculation	$\frac{\$40,000 \times 1.862\%}{12} = \$62.06 \text{ monthly premium}$
	Level of Benefit	$\frac{\$40,000 \times 66.67\%}{12} = \$2,222.33 \text{ monthly benefit}$
		$\$2,500 \times 66.67\% = \$1,666.75$ $\$277.92 \times 50\% = \138.96 Monthly Benefit \$1,805.71

Rates effective: September 1 2021

LEVEL B - EXAMPLE		
Monthly Premiums =	$\frac{\text{Annual Salary} \times 1.197\%}{12}$	
Monthly Benefits =	$\frac{\text{Annual Salary} \times 50\%}{12}$	
\$20,000 Annual Salary	Premium Calculation	$\frac{\$20,000 \times 1.197\%}{12} = \$19.95 \text{ monthly premium}$
	Level of Benefit	$\frac{\$20,000 \times 50\%}{12} = \$833.33 \text{ monthly benefit}$
\$30,000 Annual Salary	Premium Calculation	$\frac{\$30,000 \times 1.197\%}{12} = \$29.92 \text{ monthly premium}$
	Level of Benefit	$\frac{\$30,000 \times 50\%}{12} = \$1,250.00 \text{ monthly benefit}$
\$40,000 Annual Salary	Premium Calculation	$\frac{\$40,000 \times 1.197\%}{12} = \$39.90 \text{ monthly premium}$
	Level of Benefit	$\frac{\$40,000 \times 50\%}{12} = \$1,666.66 \text{ monthly benefit}$

Rates effective: September 1 2021

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