

ALGOMA DISTRICT SCHOOL BOARD

RETIREMENT INFORMATION PACKAGE

Ontario Teachers' Pension Plan: Please visit the Ontario Teachers' Pension Plan website at otpp.com in order to apply for your pension.

Extended Health and Dental Coverage: Your current coverage in the Board's active employee benefit plan terminates on «ret_date». As a retiree you may transfer your current coverage to the Board's Retiree Plan. If this coverage is to continue, you must forward a copy of the enclosed "Continuation of Benefits Form" and a blank cheque marked "void" to the Benefits Department prior to your retirement date. Benefit premiums will be deducted from your bank account the middle of each month and will include a monthly service fee of \$0.70. New benefit cards, when issued, will be mailed directly to your home address, therefore this department needs to be advised of address changes. Coverage under this plan terminates at the end of the month you are 65 years of age.

Life Insurance and AD&D: There is a conversion clause in the Board's life insurance contracts that allows employees to convert up to \$200,000 of their Group Life and A.D.&D. Insurance Coverage as long as it is done within 31 days of retirement. To take advantage of this opportunity please refer to the attached forms and call Sun Life Financial at 1-877-893-9893.

Request for Issuance of Retirement Gratuity: Please complete the attached forms to request issuance of your retirement gratuity. Proof from TPP of the finalized calculation of your pension must accompany this application. Please contact the Payroll Administrator, Don Graham, at (705) 945-7111 extension 10241, who will explain the various options open to you in receiving this benefit.

Canada Pension Plan: You can apply for and receive full CPP retirement pension at age 65 or receive it as early as age 60 with a reduction, or as late as age 70 with an increase. You must apply in order to receive it. Please visit the Service Canada website at servicecanada.gc.ca for additional information.

Old Age Security: The Old Age Security (OAS) is a monthly payment available to most Canadians 65 years of age who meet the Canadian legal status and residence requirements. You must apply to receive it. Please visit the Service Canada website at servicecanada.gc.ca for additional information.

Ontario Drug Benefit (ODB) Program: The Ontario Drug Benefit (ODB) Program is available to Ontario residents 65 years of age or older. If you require further information regarding the ODB Program please call the Ministry Infoline at 1-866-532-3161.

ALGOMA DISTRICT SCHOOL BOARD
REQUEST FOR ISSUANCE OF RETIREMENT GRATUITY

NAME: _____ DATE: _____

I.D. # _____ SCHOOL: _____

1.0 This is to certify that I am planning to:

Retire with a TPP Pension as of: _____
Date

Resign and take a Commuted Value as of: _____
Date

2.0 On June 30, 1998 I was employed in the geographical area known as:

(Insert name of predecessor Board: Central Algoma, Chapleau, Hornepayne, Michipicoten, North Shore, Sault Ste. Marie)

3.0 I have met the requirements of the appropriate clause in the collective agreement for the predecessor Board named above.

Date of Hire
To this Board _____

Number of Years
at this Board _____

Date of Birth

Signature

Manager of Human Resources

Superintendent of Business

Date

Date

For Board Use ONLY:

Recommended Date of Payment: _____

c: Payroll Administrator
Personnel File
Employee Copy

ALGOMA DISTRICT SCHOOL BOARD
RETIREMENT GRATUITY PAYMENT DIRECTIVE FORM

NAME: _____
(Please Print)

ID#: _____

Please pay my Retirement Gratuity as follows:

- In a lump sum
- Into an R.R.S.P. (Direct Transfer Form completed and attached)
- Partial lump sum in the amount of \$ _____ (taxed at source) and the remainder into an R.R.S.P. (Direct Transfer Form completed and attached).

Signature

Date

**ALGOMA DISTRICT SCHOOL BOARD
DIRECT TRANSFER OF AN ELIGIBLE RETIRING ALLOWANCE**

Normally, if an employer pays a retiring allowance, the employer must deduct income tax from any part paid directly to the employee or former employee. However, an employer does not have to deduct income tax on the eligible amount of the allowance that is directly transferred to the recipient's RRSP/RPP. The amount transferred, as well as any other retiring allowance amounts paid to you, will be reported by the employer on a T4A Supplementary.

Transferring a retiring allowance to an RRSP/RPP - eligible amount

An individual can transfer all or part of a retiring allowance payment to an RRSP/RPP. The amount eligible for transfer is limited to:

- \$2,000 for each year or part of a year before 1996 that the person worked for the employer;
plus
- \$1,500 for each year or part of a year before 1989 of that employment in which none of the employer's contributions to the Registered Pension Plan had vested in the employee's name when the employer pays the retiring allowance.

Note: You can no longer transfer \$2,000 per year of service to an RRSP/RPP for 1996 and following years.

Details Of The Transfer:

Eligible amount \$ _____
Last name (please print) _____
Usual first name and initials: _____
Social Insurance Number: _____
Address: _____
_____ Postal Code _____

Transfer Funds To:

The cheque is to be made to the following institution

The cheque is to be sent to: (Name of Financial Institution if different from above)

Address: _____
_____ Postal Code _____
Contract or Account Number: _____

Certification:

I certify that the issuer of the receiving plan has advised me that the plan is registered, or that the issuer of the recipient retirement savings plan will apply to register the plan under the Income Tax Act.

Date

Individual's Signature

I certify that the transfer of the amount stated will be made directly to the issuer of the receiving plan, and that the amount transferred will be reported on a T4A Supplementary.

Date

Employer's Signature

RETIREE BENEFIT PLAN

Dental and Extended Health Coverages

Dental:

Preventative Services (includes examinations, x-rays, fillings, extractions, oral surgery, polishing, scaling, fluoride treatments, periodontal treatment, endodontics, denture relines and repairs, space maintainers, pit and fissure sealants). There is no deductible. No calendar year maximum. The Fee Guide is based on 1998 O.D.A. rates. Recall frequency is 9 months for adults and 6 months for children (18 and under).

Extended Health:

All members pay a \$5.00 dispensing fee. Pay direct drugs covered including those legally requiring a written prescription and certain life sustaining medication. Generic Substitution applies unless physician indicated "no substitution".

- ✓ Smoking cessation is a \$500.00 life-time maximum.
- ✓ Fertility Drug is a \$2500.00 life-time maximum.
- ✓ Vision Care is \$175.00 per 24-month period.
- ✓ Hearing Aids are \$500.00 per 48-month period.
- ✓ Paramedical practitioners (Chiropractor, Physiotherapist, Podiatrist, Naturopath, Speech Therapist, Masseur, Psychologist) limited to \$20.00 per visit and \$500.00 per benefit year (September 1st to August 31st).
- ✓ Semi-Private Hospital Accommodation, capped at \$140.00 per day.
- ✓ Private Duty Nursing is \$5000.00 per twelve-month period.
- ✓ Out of Country Referral Medical - \$10,000 lifetime maximum for services not available in Canada and with prior approval of Insurance Company.
- ✓ Sixty Day Out of Country Emergency Medical – reasonable and customary expenses.

All Extended Health coverage assumes that OHIP has paid its annual maximum benefit first.

These benefits are offered through Sun Life of Canada. Your Group Plan number is 56789 and your Sun Life number is your Algoma District School Board employee identification number.

For inquiries pertaining to coverages and claims please contact Sun Life either at 1-800-361-6212 or by e-mail at askus@sunlife.com

ALGOMA DISTRICT SCHOOL BOARD

CONTINUATION OF BENEFITS FORM

(ALL RATES ARE SUBJECT TO ANNUAL RATE INCREASES)

Current Extended Health and Dental Benefit Costs:

(Please indicate which coverage you would like)

_____ Single = \$1,086.96/month (void cheque attached)

_____ Family = \$2,175.64/month (void cheque attached)

PLEASE RETURN A COPY OF THIS FORM INDICATING:

YES _____, I wish to continue my coverage.

NO _____, I do not wish coverage. (Please destroy cards upon retirement).

(NAME - PLEASE PRINT)

SIGNATURE

DATE



Algoma District School Board

644 Albert St. East
Sault Ste. Marie
ON P6A 2K7
Telephone: (705) 945-7111
FAX: (705) 945-7374
www.adsb.on.ca

CHAIR
Jennifer Sarlo

DIRECTOR OF EDUCATION
Lucia Reece

Basic Group Life Insurance Conversion

Employee

«surname» Surname	«first_name» First name
----------------------	----------------------------

Basic Group Life Insurance through Sun Life Financial:

Policy: 056789

Employee was insured for: \$ «gp_life» Basic Group Life Insurance

A conversion clause in the Algoma District School Board's Sun Life insurance policy allows you to convert up to \$200,000.00 of your basic group life insurance coverage if done so within 31 days of your retirement and/or termination date of «ret_date». This clause does not provide you with group insurance rates, but enables you to continue insurance coverage at private insurance rates without evidence of insurability.

To discuss the conversion of your basic group life insurance please contact Sun Life Financial at 1-877-893-9893.

Eva Aceti
Supervisor Employee Benefits
Algoma District School Board

Date

Application for Conversion to Individual Policy of Accidental Death and Dismemberment Insurance

This part of the Application to be Completed by Employer

Master Policy or Reference Number: **AB 10214301 AND OE 10214301**

Name of Insured Employee: «first_name» «surname»

On «ret_date» the above person terminated employment or otherwise became ineligible for coverage under the Group Accidental Death and Dismemberment policy underwritten by ACE INA Insurance.

Prior to that date the above individual was insured for: \$ (amount of A.D.&D. coverage)

The individual's dependent family members:

Were included Were not included

Family Plan (Insert Percentage if applicable)

Employee	100% of Principal Sum;
Spouse	% of Principal Sum (if NO children); % of Principal Sum (if children)
Each child	% of Principal Sum % of Principal Sum (if NO spouse).

Signed: _____ Date: _____

Title: Supervisor Employee Benefits

For: Algoma District School Board
644 Albert Street East
Sault Ste. Marie, ON
P6A 2K7