

Personal Information

ATRF ID Number	Date of Birth	
Last Name	Middle Name	First Name
Address		
City	Province	Postal Code
Telephone - Home	Telephone - Work	
Telephone -Cell	Personal Email	

Information Required

PLEASE ANSWER THE FOLLOWING QUESTIONS

1. Are you currently on short-term disability? Yes ___ No ___
2. If yes to #1, did you apply for long-term (extended) disability benefits through your employer's provider? Yes ___ No ___
3. If yes to #2, what was the start date of your long-term (extended) disability _____
4. Will you have a teaching contract while you are on long-term (extended) disability? Yes ___ No ___
5. Which school board do you work for? _____

Documents Required

1. If you have received a letter from your insurance provider approving you for long-term (extended) disability benefits, please send the insurance letter with this application form.
2. If you have not received a letter from your insurance provider with the status of your long-term (extended) disability benefits coverage, please send this application form alone, **OR** We will hold your application until we received the long-term (extended) disability benefits approval letter from your insurance provider.
3. If you do not qualify to receive long-term (extended) disability benefits through your employer's provider, please send us:
 - a. supporting documents on your situation, **and**
 - b. the reason(s) why you did not apply or qualify for long-term (extended) disability benefits.

Applicant's Signature

Signature	Date
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Personal information on this form is collected under the authority of section 25 of the *Alberta Teachers' Pension Plans Act* and sections 33(a) and 33(c) of the *Alberta Freedom of Information and Protection of Privacy Act* for the purpose of administering benefits under the Teachers' and Private School Teachers' Pension Plans. If you have any questions regarding the collection of this information, contact ATRF at 1-800-661-9582 or by mail at 600 Barnett House, 11010 142 Street NW, Edmonton, AB, T5N 2R1