



DISABILITY SERVICE ACCRUAL APPLICATION

Please refer to the Eligibility Requirements on page 3 of this information kit before you complete this application and forward it to ATRF. Information provided on this application will be used under the provisions of the *Teachers' Pension Plans Act*.

Personal Information

Please use ink and print clearly

ATRF ID Number	
Name Last	First Initial
Previous Last Name (if applicable)	Date of Birth yyyy mm dd
Address Street	City Prov. Postal Code
Telephone Home	Telephone Work
Telephone Cell	Personal Email

Required Documents

Required documents which ***must*** accompany this completed application form

- A copy of a letter from your insurance company, ***if you received Extended Disability Benefits Insurance (EDBI) through your employer***, stating
 - When you began receiving EDBI, and
 - That you are currently in receipt of EDBI, or
 - Verification of the exact date that your EDBI terminated

OR

- A written explanation of why EDBI did not apply to you, ***if you did not receive EDBI for any period during your disability***.

Teaching Status

PLEASE ANSWER THE FOLLOWING QUESTIONS (circle your answer):

Have you terminated your teaching contract? **YES** or **NO**

Are you currently disabled from teaching? **YES** or **NO**

In which **SCHOOL YEAR** did you become disabled? _____

Applicant's Signature

Signature	Date yyyy mm dd
-----------	--------------------

Send your application and required documents to:

Alberta Teachers' Retirement Fund Board

600 Barnett House, 11010 142 ST NW, Edmonton AB T5N 2R1

Tel. 780 451-4166 Fax 780 452-3547 Toll Free 800 661-9582 www.atrf.com