

Disability Pension Application

For members and former members

Public Service Pension Plan (PSPP)

To provide information about your disability and how it affects your employment.

OPB client number

OPB client information

OPB client last name (please print)		OPB client first name		Initials
<input type="text"/>		<input type="text"/>		<input type="text"/>
Apt. number	Street address			
<input type="text"/>	<input type="text"/>			
City	Province	Postal code	Birth date	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

1. Work and disability history (attach additional page if needed)

Employer name		OPB client position	
<input type="text"/>		<input type="text"/>	
a) Have you resigned from employment?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, last date worked (YYYYMMDD)		If no, explain why not	
<input type="text"/>		<input type="text"/>	
b) What is/was your period of employment in your last position?			
From (YYYYMMDD)		To (YYYYMMDD)	
<input type="text"/>		<input type="text"/>	
c) Describe your job position, in your own words. Please include the following in your answer:			
Complexity	<input type="text"/>		
Skill required	<input type="text"/>		
Responsibility	<input type="text"/>		
d) When did your medical condition begin?		Date (YYYYMMDD)	
		<input type="text"/>	
e) Describe your current medical condition, in your own words.			
<input type="text"/>			



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1. Work and disability history (continued)

f) How has your condition affected your regular:

Hours of work	<input type="text"/>
Job duties	<input type="text"/>
Job performance	<input type="text"/>
Job satisfaction	<input type="text"/>

h) Are you able to perform the duties of a similar position in the same class and grade? Yes No

i) Have you been offered alternate employment by your employer? Yes No
If yes, give details

j) How has your employer offered to modify your current position to accommodate your condition?

k) Have you sought assistance from employee counselling services? Yes No
If so, what has been the outcome?

Name of counsellor	Contact telephone number
<input type="text"/>	<input type="text"/>

l) Do you expect to return to active employment? Yes No

m) What alternative work do you feel you are capable of performing?

2. Status

a) Are you still a member of the PSPP? Yes No If no, Termination date (YYYYMMDD)

b) Are you on a leave of absence (LOA) with pay? Yes No If yes, LOA start date (YYYYMMDD)

c) Are you on a LOA without pay? Yes No If yes, LOA start date (YYYYMMDD)



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3. Other disability benefits

a) Have you applied for Long Term Income Protection (LTIP) benefits? [] Yes [] No

b) Was your LTIP benefits application: [] Approved [] Denied Effective date, if approved (YYYYMMDD) []

c) What kind of LTIP benefits are you receiving? [] Stage 1 (up to 2 years) [] Stage 2 (over 2 years)

d) Have you made a claim under one of the following plans?

Workers Compensation: [] Yes [] No Granted? [] Yes [] No Effective date (YYYYMMDD) []

Canada Pension Plan: [] Yes [] No Granted? [] Yes [] No Effective date (YYYYMMDD) []

State reason if no application was made, or claim was disallowed

[]

e) If you have supporting medical information regarding these benefits, please list below and attach.

[]

Sign and date - it is a serious offence to make a false declaration

I declare that my statements on this form are true and complete to the best of my knowledge.

I authorize OPB to release my medical information to OPB's medical consultants, solely for the purpose of evaluating my claim for disability benefits and to document/process disability applications or reviews.

For this purpose, I also authorize medical consultants and my physician to release my medical information to OPB.

Date signed (YYYYMMDD)

Contact telephone

[]

[]

OPB client signature

The personal information on this form is collected under the authority of the Public Service Pension Act and will be used only to administer pension benefits. For more information or if you have any questions, contact Client Services or our Privacy Officer at:

Telephone: 416-364-5035 or toll-free 1-800-668-6203 (Canada & USA) | Fax: 416-364-7578 | OPB.ca