

**APPLICATION FOR GROUP INSURANCE TRANSFER
TO TEACHERS PENSION GROUP**

Please complete and forward this form to the appropriate School District. The School District will then forward it to Vestcor prior to the employee going on pension.

TO BE COMPLETED BY TEACHER

Name of Teacher _____ School District # _____

Address _____ Payroll # _____

_____ Social Insurance # _____

Present Coverage to be Transferred:

- N.B.T.F. Group Insurance
 Medavie Blue Cross Health Insurance (Single _____ Family _____) (ID # _____)

NOTE: The N.B.T.F. Group Insurance will automatically transfer all benefits with the exception of the Medavie Blue Cross Health Insurance. It is the teachers responsibility to inform the N.B.T.F. Group Insurance office if they wish to cancel any benefits other than Medavie Blue Cross Health Insurance.

DATED _____ SIGNATURE _____

TO BE COMPLETED BY SCHOOL DISTRICT

The final payroll deduction in School District Number _____ will be made on _____
(pay date)

Copy sent to Vestcor:

DATED _____ SIGNATURE _____
(payroll officer)

TO BE COMPLETED BY VESTCOR

Pension Dept: _____ Vote Code: _____

Pension Effective: _____ Applied to _____ payroll
(month)

Copy sent to N.B.T.F. Group Insurance:

DATED _____ SIGNATURE _____