

# LONG TERM DISABILITY MEMBER INFORMATION



## Section 1 - Employee Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Vestcor Reference Number: \_\_\_\_\_ OR Employee ID Number: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Day Month Year

Correspondence Requested In:  English  French

Mailing Address: \_\_\_\_\_

## Section 2 - Employer Information

Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Pension Plan Name: \_\_\_\_\_

Date of Employment: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Day Month Year

Last Day of Work Prior to Disability: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Day Month Year

Monthly Salary: \$ \_\_\_\_\_  
(Salary paid to employee on last day worked prior to disability.)

Disability Start Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Day Month Year

Position Status:  Full-Time Regular  Part-Time Regular  Other, describe: \_\_\_\_\_

Hours worked in a week (weekly average shift work): \_\_\_\_\_

Waiver Start Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Day Month Year

Waiver End Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Day Month Year

*Date Insurance Company states LTD benefits will commence. Attach a copy of the approval letter ( delete any personal information ie., medical information, Dr.'s names, etc.)*

*Complete and return to this office only when LTD benefits cease*

## Section 3 - Authorization

**PRIVACY CONSENT:** *The personal information collected on this form will be used by Vestcor to: identify the member for whom the request applies; determine language preference of the member, assist in determining eligibility to pensionable service accrual under the New Brunswick Public Service Pension Plan for the member for the period that they are in receipt of long-term disability benefits, contact the employer as necessary; and ultimately ensure that the pension plan is administered in accordance with the pension plan's governing documents and applicable legislation. If you have any questions about the collection and use of this information, contact Vestcor's Member Services team, by mail at P.O. Box 6000, Fredericton, NB, E3B 5H1, by phone at (506) 453-2296 or 1-800-561-4012, or by email at [info@vestcor.org](mailto:info@vestcor.org). In addition, please note that Vestcor's Privacy Statement is available at [www.vestcor.org/privacy](http://www.vestcor.org/privacy).*

**Authorization:** *I certify that the information above is accurate.*

Employer Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Day Month Year

Please return completed form as soon as possible to:  
Vestcor  
P.O. Box 6000, Fredericton, NB E3B 5H1  
Fax: 506-457-7388

For more information, please contact Vestcor at:  
Telephone: 506-453-2296 or 1-800-561-4012 (toll free)  
Email: [info@vestcor.org](mailto:info@vestcor.org)  
Website: [vestcor.org](http://vestcor.org)

**IMPORTANT:** Information submitted via email is not considered secure unless encrypted. If you would like to submit this form via email and do not have a method to encrypt it, please contact our office in order to submit this form electronically in a secure format.