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## Keep your options open

It's a good idea to find out whether your medical condition meets the requirements of the plan for a full or partial disability pension before you apply for benefits. Medical pre-approval is important because you must give up your LTIP or WSIB loss of earnings benefits and sever your employment relationship before you start a disability pension.

Pre-approval also allows you to keep your pension options open. For example, once you apply and are approved for a disability pension, you no longer qualify to transfer the commuted value of your pension to another retirement savings vehicle. The commuted value of your pension is the lump sum you would need today to replace your future pension.

If you're trying to decide what is best for you, ask us to generate estimates of your options.

You may want to skip the pre-approval stage and apply for a disability pension right away if you're not receiving LTIP benefits or Workers' Safety Insurance Board loss of earnings benefits.

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## Pre-approval application process

- Both you and your doctor must complete the *Medical Report – Disability Pension*.
- Submit the completed and signed form to us, along with a full and complete set of supporting medical reports from your doctor or specialist, as soon as you can. Any costs associated with doing this are your responsibility.
- Our independent medical referee will conduct a comprehensive review of the *Medical Report* to assess whether you qualify for a full or partial disability pension.
- The medical referee's decision will be provided to you as soon as possible.

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## Pre-approval deadlines

Once you're medically pre-approved for a disability pension, you have one year to formally apply for the pension, provided you're still within the two-year window of your resignation date. If your one-year period has expired and you're still within your two-year window, you must seek pre-approval again or you may choose to submit your pension application without medical pre-approval.

Late applications will be accepted only if a late diagnosis or your disability prohibited you from applying on time. Keep in mind, however, that eligibility for disability benefits is established as of the date you terminated employment in education. Any worsening of your medical condition since that time is not taken into account.

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## If you aren't pre-approved

If you aren't medically pre-approved for a disability pension, ask us what other pension options are available to you.

Please complete Part 1, answering all questions and typing or printing clearly. Have your doctor complete Part 2. Sign and complete Part 3, and send all reports to the Ontario Teachers' Pension Plan.

### PART 1 To be completed by the Applicant

#### Personal information

Name <i>last</i>	<i>first</i>	<i>initial</i>						
Date of birth ( <i>dd/mm/yyyy</i> )								
Address <i>street</i>	<i>city</i>							
<i>province</i>	<i>postal code</i>							
Telephone <i>home</i>	Last day of employment in education							
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#### Physicians

List your family physician and any other doctors you have consulted about this disability.

Name	Address	Date consulted						
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<i>yyyy</i>	<i>mm</i>	<i>dd</i>						

#### Medical history

List any significant illnesses or medical treatment you have had in the last three years.

Illness or treatment (include date, duration, and treatment received)	Name of doctor or hospital

**Description of disability**

Describe the symptoms of your medical condition and how it affects your ability to work

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Describe your daily routine

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When did your disability begin?

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Do you expect your medical condition to improve with appropriate medical care?  Yes  No

*Depending on the extent of your disability, you may be entitled to a partial or full disability pension.*

To what extent are you disabled now?

- Partially (unable to work in education but other employment is possible, or there is a possibility your health will improve)
- Fully (unable to work at any job at this time)

Are you confined?  No  Yes  If yes, confined to:

- Bed
- Hospital or institution
- House
- Other \_\_\_\_\_

Date confinement began 

yyyy				mm		dd			

Have you done any type of work since your last day of employment in education?  Yes  No

If yes, please specify the following:

Dates of employment	Type of work	Income earned?																				
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yyyy				mm		dd																

Are you able to do any type of work now?  Yes  No

If no, do you expect you will ever recover sufficiently to work again?  Yes  No

If yes, please specify the following:

Date able to start 

yyyy				mm		dd			

 Type of work

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**PART 2** To be completed by the **Medical Examiner**

*Any fees associated with the examination and the completion of this report are the responsibility of the patient.*

Your patient is applying for an Ontario Teachers' Pension Plan benefit. Eligibility for disability pensions is based on the **patient's condition when he or she resigns from employment**.

Please include as much detail as possible about the patient's condition at resignation. If unable to do so, please indicate why.

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**Examination**

Examination 

	yyyy		mm		dd		

Onset of illness 

	yyyy		mm		dd		

Onset of disability 

	yyyy		mm		dd		

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood pressure \_\_\_\_\_

Relevant previous medical history (especially at resignation from employment)

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Significant abnormalities

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Diagnosis (If more than one, list in order of significance regarding current disability)

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**Conclusion and recommendation**

Has the patient made reasonable efforts towards recovery or rehabilitation?  Yes  No  
Please explain.

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**Conclusion and recommendation (cont'd)**

Is the patient able to teach or perform duties of the employment in which he or she was engaged immediately prior to the period of disability?  Yes  No

If no, do you have any suggestions for rehabilitation?  Yes  No  
If yes, please explain.

Will the patient ever recover sufficiently to resume part-time or full-time employment in education?  Yes  No

If yes, please indicate approximately when.

Is the patient able to work in some other capacity?  Yes  No

If yes, please explain.

If no, will the patient ever recover sufficiently to work at all?  Yes  No  
If yes, approximately when?

Is further investigation needed before a pension is awarded?  Yes  No

If yes, please explain.

Summary, recommendation and any additional information

*Please include copies of any documents and reports from other doctors or specialists.*

Would access to this information prejudice the patient's health?  Yes  No

**Signature of medical examiner**

Name

Professional qualification

Address *street*

*city*

*province*

*postal code*

Signature

Date

yy	yy	mm	dd
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**PART 3** To be completed by the **Applicant**

**Applicant's  
authorization  
and signature**

I, \_\_\_\_\_, certify that the information I have provided on this form is true and complete.

I authorize the Ontario Teachers' Pension Plan (Ontario Teachers') to collect, use, maintain, transfer and disclose my personal information to the extent reasonably necessary for the purposes of the assessment, investigation, administration and adjudication of my claim for Ontario Teachers' Disability Pension (the "Benefit Purposes"). I authorize any physician or other health care professional or provider, health care facility, or any other person with information relevant to the Benefit Purposes to disclose such information to Ontario Teachers', its medical referee(s) or authorized contractors for the Benefit Purposes.

Signature

Date

yyy

mm

dd