

# Appeal to a Review Officer

TEACHER'S PENSION PLAN CORPORATION

Use this form to advise the Corporation that you object to a decision of the Administrator or the Administrator's staff concerning your pension benefit and would like the decision to be reviewed.

- Attach a copy of the communication you received from the Corporation regarding the decision and any other relevant materials.
- If you authorize a Third Party/Legal Representative to initiate or pursue a review, please attach the *Authorization to Disclose Information* form.
- Mail the completed and signed form the Teacher's Pension Plan Corporation, attn. Director of Finance and Pension Administration: 130 Kelsey Drive, Suite 101, St. John's, NL A1B 0T2 or submit by e-mail to [appeals@tppcnl.ca](mailto:appeals@tppcnl.ca)

**A. Member Information**

		Plan Member Number
Last Name	First Name	Initial
Date of Birth	Phone number	Email
Mailing Address		

**B. Objection to the Plan decision – provide a detailed explanation of your objections to the original decision by the TPPC Administrator or Administrator's staff (attach additional pages if needed)**

**C. Supporting Facts – provide a statement of facts supporting your request for review (attach any relevant supporting documents and additional pages if needed)**

**D. Requested resolution – provide a statement indicating your desired resolution or relief sought (attach additional pages if needed)**

**E. Signature**

I have read and understand the Teacher's Pension Plan Corporation Appeal Policy. The explanation I have provided here fully and accurately describes the situation with regard to my position concerning my pension benefit.

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Name (print)

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Signature

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Date

## ***Authorization to Discuss and Disclose Information***

To: Teachers' Pension Plan Corporation

Re: \_\_\_\_\_(member)

I, \_\_\_\_\_ (member), authorize \_\_\_\_\_  
(representative) to obtain information relating to my service with the Teachers' Pension Plan Corporation.

I authorize the Teachers' Pension Plan Corporation to disclose and discuss any and all personal information which relates to my pension entitlement with \_\_\_\_\_ (representative).

I agree that my pension and employment information may be discussed in confidence with my representative, but will otherwise remain private and confidential.

I understand that I will be bound by the actions of my representative, unless and until I revoke this authorization in writing.

I acknowledge that decisions and elections made with regard to my pension benefits will continue to remain solely my responsibility, and will require my signoff.

Date (d/m/y): \_\_\_\_\_

Print name: \_\_\_\_\_

Signature: \_\_\_\_\_

Print name of witness: \_\_\_\_\_

Signature of witness: \_\_\_\_\_