

# APPEAL TO THE APPEALS COMMITTEE

**Following an appeal by a Review Officer, use this form to advise the Corporation that you wish to appeal a decision of the Administrator concerning your pension benefit to the Appeals Committee.**

- Submit this form to the Appeals Committee, Teachers' Pension Plan Corporation within 60 days of the date of the written decision following your Request for Review.
- Attach a copy of the decision you received from the Review Officer and any relevant documents not previously provided to the Teachers' Pension Plan Corporation.
- 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 to the Teacher's Pension Plan Corporation, attn. Chief Executive Officer: 130 Kelsey Drive, Suite 101, St. John's, NL A1B 0T2 or submit by e-mail to [appeals@tpcni.ca](mailto:appeals@tpcni.ca)

## A. MEMBER INFORMATION

LAST NAME	FIRST NAME	MIDDLE INITIAL
PENSION ID	HOME MAILING ADDRESS	
DATE OF BIRTH		
PHONE NUMBER	EMAIL ADDRESS	

## B. OBJECTION TO THE PLAN DECISION

Provide a detailed explanation of your objections to the decision and your basis of appeal (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**

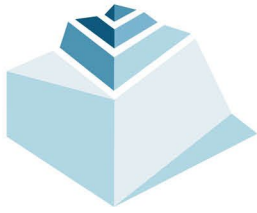
Provide a statement indicating your desired resolution or relief sought (attach additional pages if needed).

\*\*\* If you wish to make in-person submissions at the hearing of the appeal, please notify the Administrator at least 30 days prior to the hearing date

**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.**

NAME (PRINT)	SIGNATURE	DATE SIGNED
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**TEACHERS'  
PENSION PLAN  
CORPORATION**  
NEWFOUNDLAND  
& LABRADOR

## **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.

\_\_\_\_\_  
Member Name (Printed)

\_\_\_\_\_  
Signature of Plan Member

\_\_\_\_\_  
Date (DD/MM/YYYY)

\_\_\_\_\_  
Witness Name (Printed)

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date (DD/MM/YYYY)