



MEDICAL DISABILITY PENSION APPLICATION

Please complete this form and return it to the Teachers' Pension Plan Corporation along with the following completed documents:

- Consent for Release of Medical Information
- Assessment for Medical Disability Pension

Once completed; the documents can be returned by either uploading them to your myPENSION portal by clicking on Documents and Info > Upload Documents or they can be returned to the Teachers' Pension Plan Corporation at the address below.

Section I – MEMBER INFORMATION

PLAN MEMBER'S LAST NAME	FIRST NAME	MIDDLE INITIAL
SOCIAL INSURANCE NUMBER	HOME MAILING ADDRESS	
DATE OF BIRTH		
PHONE NUMBER	PERSONAL EMAIL ADDRESS	
MARITAL STATUS	OCCUPATION	

Section II – SPOUSE INFORMATION

SPOUSE'S LAST NAME	FIRST NAME	MIDDLE INITIAL
SOCIAL INSURANCE NUMBER	DATE OF BIRTH	

Section III – DECLARATION

I, _____, hereby apply for a medical disability retirement pension in accordance with the terms and conditions of the **Newfoundland and Labrador Teachers' Pension Plan Plan Text ("Plan Text")**. I understand/acknowledge that by applying for disability pension, I am applying to retire under the terms of Plan Text. If approved for disability pension, I understand I shall be retired and placed on pension and once approved for disability pension, the termination options under Section 6.2(2) of the Plan Text will no longer be available.

Section IV – AUTHORIZATION

APPLICANT SIGNATURE	DATE SIGNED
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