

**APPLICATION FORM FOR REIMBURSEMENT OF LTD PREMIUMS PAID AFTER
REACHING 85 POINTS (MINIMUM AGE 55 AND 25 YEARS' SERVICE)**

Ms. Lynn Cross
Canadian Benefits Consulting Group
2300 Yonge Street, Suite 3000, PO Box 2426
Toronto, ON M4P 1E4

Date: _____

Dear Ms. Cross:

I wish to make application for the reimbursement of LTD premiums paid by me immediately after reaching 85 Points (minimum age 55 – and 25-years' service). I have indicated below the date I was eligible for an unreduced pension, I understand it will be verified.

I was advised to make application to your office and that you would forward to the Board of Trustees for their decision.

Thank you.

Yours truly,

(Signature)

Name: _____

Employee #: _____

Address:

Date reached 85 Points _____