



Saskatchewan Government and General Employees' Union

LONG TERM DISABILITY

LTD DUES REBATE FORM

Eligibility criteria for LTD dues rebate:

- (1) Upon retirement from employer, or
- (2) Upon reaching the age of 65 years old

This form must be received by SGEU within one (1) calendar year of eligibility date

Notes for completion and submission of form:

The LTD Dues rebate is a **portion of dues paid on unused sick time**. The formula used to calculate the rebate is a portion of the LTD dues rate times the gross hourly pay times unused sick hours times 1.25% = LTD Dues Rebate.

1011 Devonshire Drive North,
Regina, SK S4X 2X4
(p) 522.8571
1.800.667.5221
(t) 775.5775
(e) ltd@sgeu.org



Member Information (Completed by member):

Name: _____

Address: _____

City: _____ PR: _____ Postal Code: _____

Email Address: _____

Date of Birth: _____ Retirement Date: _____
(DD/MM/YYYY) (DD/MM/YYYY)

Employer Name: _____

I authorize my employer to provide salary and sick leave information to SGEU for this refund.

Member Signature: _____ Date: _____

SGEU Office Use Only:

UW# _____

MIN: _____

Please send this form and banking information to SGEU LTD Office at LTD@sgeu.org or by mail to 1011 Devonshire Dr N Regina SK S4X 2X4



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All refund and rebate payments from SGEU will be made electronically to your bank account.

A non-negotiable copy of your pay advice will be delivered on or shortly after the day the funds have been deposited into your account.

Member signature authorizes SGEU to deposit payment directly into member account.

Forms must include electronic banking information for processing. Please attach a void cheque OR an authorization for Direct Deposit from your financial institution OR have your local branch complete the box below to authorize SGEU to issue payment.

SGEU Direct Deposit Information (Electronic Funds Transfer)

VERIFICATION BY FINANCIAL INSTITUTION

Member name: _____

Name of Financial Institution: _____

Institution Number (3 digits): _____

Branch or Transit Routing Number (5 digits): _____

Account Number: _____

Signature of Branch Officer: _____

OR: Branch Stamp

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Human Resources/Payroll Area to complete following information:

Employer: _____

Payroll/HR Contact Name: _____

Telephone: _____ Email: _____

Member's original date of hire with employer: _____ (DD/MM/YYYY)

Member's date of birth: _____ (DD/MM/YYYY)

Retirement Date (if applicable): _____ (DD/MM/YYYY)

Date LTD dues were last deducted? _____ (DD/MM/YYYY)

If LTD dues stop being deducted prior to retirement date, please provide reason:

Banked sick leave hours **as of age 65**: _____ (DD/MM/YYYY)

Gross Hourly Salary **as of age 65**: _____ (DD/MM/YYYY)

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