



WORKING
TOGETHER FOR
SASKATCHEWAN

LONG TERM DISABILITY

Rebate of LTD Dues

Member Information:

Name: _____

Address: _____

City: _____ PR: _____ Postal Code: _____

E-Mail Address: _____

Date of Birth: _____ Retirement Date: _____
(DD/MMM/YY) (DD/MMM/YY)

*Member Signature: _____ *Date: _____

** Signature & Date are REQUIRED fields*

I authorize my employer to provide salary and sick leave information to SGEU for this refund. Effective July 1, 2019; all payments from SGEU will be made electronically to your bank. You must complete the information on page 2 of this form to receive your rebate.

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

www.sgeu.org
 @sgeu.sk
 @sgeu
 @sgeunion

Gov of Sask Members:

Please send the form directly to SGEU LTD Office.

We will get the employer data on your behalf.

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

Employer Name: _____

Human Resources/Payroll Area to complete following information:

What was the original date of hire? _____
(DD/MMM/YY)

In what pay period were LTD dues last deducted? _____
(DD/MMM/YY)

If the LTD Dues stopped prior to retirement date, please give reason:

On the date of the LAST LTD dues deduction:

What was the number of Sick Leave **Hours** remaining: _____?

How much was the Gross **Hourly** Pay: \$ _____

Contact Name: _____ Telephone: _____

SGEU Office Use Only:

UW #: _____

MIN: _____

Rcvd: _____

Form must be received by SGEU within one (1) year of retirement date

