



Saskatchewan Government and General Employees' Union

LONG TERM DISABILITY

LTD DUES REBATE FORM

Important: The LTD Rebate has been removed from the SGEU Long-Term Disability Plan effective May 1st 2025.

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



Eligibility criteria for LTD dues rebate:

- (1) Upon retirement from employer (April 30, 2025 or earlier), or
- (2) Upon reaching the age of 65 years old (April 30, 2025 or earlier)

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.

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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Member Name: _____

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

Member Signature: _____ Date: _____

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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)

*Use banked sick leave hours as of retirement date, if retirement date is prior to age 65

Employer HR or payroll signature: _____ Date: _____

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