

Standard Life Policy 12590

Request to Discontinue Short and Long Term Disability Insurance  
90 Days Prior to Retirement Date

School District: \_\_\_\_\_

Name: \_\_\_\_\_ Employee Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Pensionable Years of Service: \_\_\_\_\_

My intended retirement date is: \_\_\_\_\_

My accumulated sick leave credit balance is: \_\_\_\_\_

I have accumulated a sufficient number of sick days to provide salary continuation should I become ill for the 90 days prior to my intended retirement date and I elect to discontinue my Short and Long Term Disability insurance.

I acknowledge and agree that this decision is irrevocable, not retroactive, and subject to all terms, conditions, limitations and requirements of the contracts and agreements with and between the School District and the applicable benefit carrier(s).

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Payroll Signature to verify number of accumulated sick days:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

A copy of this document must be forwarded to the Human Resources Department in your district for placement in your personnel file.

The effective date of the change will always occur on the 1<sup>st</sup> of the month and cannot be retroactive. Credits are not given for partial months.

Termination of STD and LTD is not recommended for those who have not earned their full, unreduced pension, as they could use their LTD coverage to the point of full unreduced pension or to age 65 in the event of disability, even with a stated retirement date.

If after STD and LTD coverage has been terminated, you postpone your retirement date, you may not be reinstated for STD and LTD coverage unless the insurer medically approves you.

Any questions about your obligations and options for benefit coverage should be directed to your Human Resources Department.