



The Teachers' Superannuation Commission
APPLICATION FOR DISABILITY – To be completed by the Applicant

Please answer all questions and return the completed form to:

Teachers' Superannuation Commission
Room 129 – 3085 Albert Street
REGINA, SK S4S 0B1

Telephone: 787-9194 or Toll Free: 1-877-364-8202 or Fax: 787-1939

I do solemnly declare that the following information is true, knowing that it is of the same force and effect as if made under oath and by virtue of the "Canada Evidence Act".

Declared before me at the _____

of _____ in the Province

of _____ this _____ day

of _____, A.D. 20 _____.

Signed: _____

J.P., N.P., Solicitor or Commissioner for Oaths in
and for the Province of: _____

My Commission expires: _____

Applicant's Signature

Address

City or Town

Province

Postal Code

Telephone

Applicant's Statement – To be completed by the Applicant

I, _____ SIN _____
hereby make application for a disability benefit under the provisions of *The Teachers Superannuation and Disability Benefits Act*.

1. Date of Birth: _____

2. Marital status: _____
(a legal spouse takes precedence over any common-law arrangement)

3. Spouse's Name: _____ 4. Spouse's Birth Date: _____

5 Last employed by: _____

6. Nature of disability: _____

7. From what date have you been disabled for teaching? _____

8. Are you confined to bed? _____ What are your present activities and mode of living?

9. Name of your attending physician? _____

10. Have you recently been hospitalized? Yes No

A. Name of Hospital: _____

B. Date of Admission: _____ Date of Discharge: _____

11. Have you done any work since you ceased teaching? Yes No

12. Do you believe that you are disabled for teaching part-time or on a substitute basis?

Yes No

13. Do you believe that you are totally disabled for any other gainful employment?

Yes No

14. Can you do light work such as light clerical work, shop work, light housework, outdoor work, etc.?

Yes No