



À votre service...pour le soin de votre avenir.

THE RETIRED TEACHERS OF ONTARIO

LES ENSEIGNANTES ET ENSEIGNANTS
RETRAITÉS DE L'ONTARIO

Here for you now ... Here for your future.

Please complete this form by
choosing your District on the 2nd page
and signing the form >>>>>

2012 Application for Full or Associate Membership in RTO/ERO

GENDER M F MARITAL STATUS Married Partnered Single Widow(er) Separated Divorced

LAST NAME

FIRST NAME

ADDRESS - STREET/BOX/R.R.

APT. NO.

CITY

PROVINCE

POSTAL CODE

TELEPHONE

EMAIL

DATE OF BIRTH

DAY

MONTH

YEAR

SOCIAL INSURANCE NUMBER

DATE OF RETIREMENT

DAY

MONTH

YEAR

PENSION START DATE

DAY

MONTH

YEAR

If your preferred membership start date is not immediate upon application, please indicate:

PREFERRED MEMBERSHIP START DATE

DAY

MONTH

YEAR

Please indicate your status by checking the appropriate box:

FULL MEMBERSHIP

- Retired teacher/vice-principal/principal/superintendent/director receiving a pension from the Ontario Teachers' Pension Plan (OTPP)
- A retired teacher with a **minimum of 15 years** of credited service who opted for a commuted value** transfer from the Ontario Teachers' Pension Plan following the OTPP rules in place at the time of commutation – please indicate Years of Credited Service

OR

ASSOCIATE MEMBERSHIP

- Retired teacher receiving a pension from the OTPP, whose spouse is a Full member of RTO/ERO
- Retired teacher who opted for a deferred pension from the OTPP
- Retired teacher who opted for the commuted value** of his/her contributions to the OTPP (**less than 15 years** of credited service)
- Surviving spouse, of a **Full or Associate member**, who is not eligible to receive a teacher's pension
- Retired educator who is receiving a pension from the Ontario Public Service or the equivalent from a Canadian jurisdiction outside Ontario
- Retired educator receiving a pension from a University or College in Canada
- Retired teacher receiving a pension from a teacher's pension fund outside Ontario
- Retired teacher receiving a pension from a non-designated Ontario Private School
- Non-educator divorced spouse of a Full or Associate member
- Retired non-educator employee of an Ontario School Board or educational organization
- Job title:
- Individual, actively employed in education, who is not retired and will be eligible upon retirement to be a Full or Associate member
- The spouse of a member, where the former (ie: spouse) is not in receipt of a teacher's or survivor's pension.

FUTURE RETIREMENT DATE

DAY

MONTH

YEAR

** Commuted Value: Transferring a lump sum of your OTPP pension to a LIRA, Life Annuity or another pension.

Prior to retirement, I was a member of:

- AEFO CAUT CPCO CUPE ETFO OCSOA OECTA OMERS OPC OPSEU
- OPSOA OSSTF OTHER (please specify)

Please complete all pages of this form >>>>>

My spouse/partner is an RTO/ERO member YES NO If YES, please provide membership #

If YES, would you prefer one mailing to your household? YES NO

I would prefer to hear from RTO/ERO in ENGLISH FRENCH

I would prefer the Provincial magazine or newsletter from RTO/ERO in ELECTRONIC FORMAT **OR** HARD COPY MAILINGS

Please indicate how you heard about RTO/ERO (please check all that apply):

- Attended an RTO/ERO Retirement Planning Workshop Advertising in:
- From a retired colleague *Academic Matters* magazine Other (please specify)
- From my Affiliate/Association Affiliate/Association magazine
- From my School Board Online advertising
- From the OTPP *Professionally Speaking* magazine
- From the RTO/ERO magazine *Renaissance* *University Affairs* magazine

Check ONLY ONE of the following Districts or individual Units within a District, to which you wish to belong:

- | | | | |
|--|---|--|---|
| 1. <input type="checkbox"/> Rainy River
<input type="checkbox"/> Rainy River
<input type="checkbox"/> Atikokan | 13. <input type="checkbox"/> Hamilton-Wentworth, Haldimand
<input type="checkbox"/> Hamilton-Wentworth
<input type="checkbox"/> Haldimand | 22. <input type="checkbox"/> Etobicoke and York
(see also 16, 23, 24) | 37. <input type="checkbox"/> Oxford |
| 2. <input type="checkbox"/> Thunder Bay | 14. <input type="checkbox"/> Niagara | 23. <input type="checkbox"/> North York
(see also 16, 22, 24) | 38. <input type="checkbox"/> Lambton |
| 3. <input type="checkbox"/> Algoma | 15. <input type="checkbox"/> Halton | 24. <input type="checkbox"/> Scarborough and East York
(see also 16, 22, 23) | 39. <input type="checkbox"/> Peel |
| 4. <input type="checkbox"/> Sudbury/Manitoulin
<input type="checkbox"/> Sudbury
<input type="checkbox"/> Manitoulin/North Shore | 16. <input type="checkbox"/> City of Toronto
(see also 22, 23, 24) | 25. <input type="checkbox"/> Stormont, Dundas, Glengarry | 40. <input type="checkbox"/> Brant |
| 5. <input type="checkbox"/> Cochrane, Timiskaming
<input type="checkbox"/> Cochrane
<input type="checkbox"/> Timiskaming | 17. <input type="checkbox"/> Simcoe
<input type="checkbox"/> Barrie, Central Simcoe
<input type="checkbox"/> Orillia, North Simcoe
<input type="checkbox"/> Alliston, South Simcoe
<input type="checkbox"/> Collingwood, West Simcoe | 26. <input type="checkbox"/> Kenora | 41. <input type="checkbox"/> Elgin |
| 6. <input type="checkbox"/> Parry Sound
<input type="checkbox"/> Parry Sound East
<input type="checkbox"/> Parry Sound West | 18. <input type="checkbox"/> Haliburton, Kawartha Lakes
<input type="checkbox"/> Haliburton
<input type="checkbox"/> Kawartha Lakes | 27. <input type="checkbox"/> Ottawa-Carleton | 42. <input type="checkbox"/> Mainland British Columbia
(see also 47)
<input type="checkbox"/> BC Mainland/Sunshine Coast
<input type="checkbox"/> BC Interior |
| 7. <input type="checkbox"/> Windsor-Essex | 19. <input type="checkbox"/> Hastings and Prince Edward | 28. <input type="checkbox"/> Region of Durham | 43. <input type="checkbox"/> Nipissing
(see also 44) |
| 8. <input type="checkbox"/> London, Middlesex | 20. <input type="checkbox"/> Frontenac, Lennox & Addington
<input type="checkbox"/> Lennox & Addington
<input type="checkbox"/> Frontenac | 29. <input type="checkbox"/> Lanark | 44. <input type="checkbox"/> Région du ciel bleu
(Francophone District for #43 Nipissing) |
| 9. <input type="checkbox"/> Huron, Perth | 21. <input type="checkbox"/> Renfrew
<input type="checkbox"/> Renfrew – North
<input type="checkbox"/> Renfrew – South | 30. <input type="checkbox"/> Northumberland | 45. <input type="checkbox"/> EstaRiO (Francophone District for #32 Prescott-Russell) |
| 10. <input type="checkbox"/> Bruce/Grey, Dufferin
<input type="checkbox"/> Bruce/Grey
<input type="checkbox"/> Dufferin | | 31. <input type="checkbox"/> Wellington | 46. <input type="checkbox"/> Muskoka |
| 11. <input type="checkbox"/> Waterloo | | 32. <input type="checkbox"/> Prescott-Russell
(see also 45) | 47. <input type="checkbox"/> Vancouver Island
(see also 42)
<input type="checkbox"/> Victoria
<input type="checkbox"/> Mid/Upper Island |
| 12. <input type="checkbox"/> Norfolk | | 33. <input type="checkbox"/> Chatham-Kent | 48. <input type="checkbox"/> Leeds and Grenville |
| | | 34. <input type="checkbox"/> York Region | |
| | | 35. <input type="checkbox"/> Dryden
<input type="checkbox"/> Dryden
<input type="checkbox"/> Red Lake | |
| | | 36. <input type="checkbox"/> Peterborough | |

1. I hereby apply for membership in RTO/ERO.
2. I consent to the collection, use and disclosure of any information required to administer my membership in RTO/ERO including personal information such as my Social Insurance Number.
3. I hereby certify that I have completed this application so that all statements made herein are true and correct in all respects and may be relied upon by RTO/ERO without further inquiry.

DAY MONTH YEAR

DATE OF SIGNATURE

SIGNATURE

A self-addressed, stamped envelope is enclosed for this application. If you are applying for RTO/ERO Group Insurance Benefits at the same time, please complete and include both forms in the same envelope. This application is available on our website at: www.rto-ero.org



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FOR OFFICE USE ONLY

/ /

Please complete all pages of this form

Payment Information

1. (a) For FULL MEMBERS receiving an OTPP Pension:

I direct OTPP to deduct membership fees from my pension each January and remit the fees to RTO/ERO.

NAME (PLEASE PRINT)

SIGNATURE

Please note: Your annual deduction from the OTPP will begin in your SECOND calendar year of membership. In year of enrolment please remit your fee directly to RTO/ERO. See chart below for payment details.

(b) FOR ASSOCIATE and COMMUTED VALUE MEMBERS, I will remit my annual membership fee directly to RTO/ERO. In year of enrolment please see chart below for payment details.

(c) ASSOCIATE MEMBERS who are SURVIVING SPOUSES and those who are ACTIVELY EMPLOYED in education, please contact RTO/ERO at 1.800.361.9888 or info@rto-ero.org for your fee details, as the chart below DOES NOT apply to you.

2. Before we process your application for membership, we need to receive your initial pro-rated membership fee, based on your date of enrolment. (APPLIES ONLY TO APPLICANTS IN THE 1a AND 1b CATEGORIES ABOVE.)

PRO-RATED MEMBERSHIP FEES					
JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE
\$52	\$48	\$44	\$40	\$36	\$32
JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER
\$28	\$24	\$20	\$16	\$12	\$8

METHOD OF PAYMENT

Cheque enclosed

OR

Credit card

VISA MasterCard American Express

NAME ON CARD

CARD NUMBER

EXPIRY DATE

DAY

MONTH

YEAR

SECURITY CODE

SIGNATURE

DATE

DAY

MONTH

YEAR



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