Teachers Annuity and Aid Association of the District of Columbia

BENEFIT APPLICATION FOR CALENDAR YEAR 2014

Instructions: Please complete this Application in full and sign and date where indicated. Return the Application along with the required documentation to Dorothy Egbufor, Washington Teachers Union, 1239 Pennsylvania Ave SE, Washington, DC 20003.

To be eligible for a Benefit from the Teachers Annuity and Aid Association of the District of Columbia, you must have been a "Teacher" during calendar year 2014 as defined in the collective bargaining agreement between the WTU and DCPS.

You must also have met ONE of the following requirements during calendar year 2014:

- You were approved for disability retirement from your Washington, D.C. public school and ceased working due to a disability (submit your disability retirement approval letter with this Application), or
- You received or were approved to receive Long-Term Disability (LTD) Benefits under your Washington, D.C. public school employer's Long-Term Disability Plan (submit substantiation of your entitlement to LTD Benefit with this Application), or
- You were approved by your Washington, D.C. public school employer for a leave of absence due to your own medical condition and exhausted all applicable paid leave balances during your leave of absence, and you did not return to work during the 7-day period following your exhaustion of your paid leave balance (submit substantiation of your exhaustion of your paid leave balance).

1. Name:_____
   First Last Middle Initial

2. Street Address: _____

3. E-mail Address: _____

4. Home Phone No.: ( )_____ 5. Cell No.: ( )_____

5. Employee Identification No.: _____

6. Name of the school you were assigned to during the most recent school year:

   _____

CERTIFICATION

I, _____, hereby swear or affirm
(First name) (Last name)
that the information contained in my Teachers Annuity and Aid Association of the District of Columbia Benefit Application ("Application") is true and correct to the best of my knowledge and belief. I understand that providing false or misleading information in my Application may result in immediate denial of my Application and benefit payment.

I further understand that by signing this Application, I hereby grant permission to Board of Trustees of the Teachers Annuity and Aid Association of the District of Columbia or their designee to request and receive all information and documentation from my current or former Washington, D.C. public school employer(s) pertinent to my eligibility for a Benefit from the Teachers Annuity and Aid Association of the District of Columbia including, but not limited to, information and documentation concerning my disability retirement, Long-Term Disability Benefits or paid leave balance exhaustion and whether I returned to work during the 7-day period following the exhaustion of my paid leave balance.

_____ _____
Signature Date

Appeals: If your application for a Benefit from the Teachers Annuity and Aid Association of the District of Columbia is denied, you will be provided with information about requesting a review of your application by the Board of Trustees.