



LANGLEY TEACHERS' ASSOCIATION

of the British Columbia Teachers' Federation

LTA Remedy Lump Sum Claim Form

Return completed form to: mail@langleyteachers.com

Name:	Retired from SD#35 Date:
Personal email:(non school district)	Left SD#35 Date:
Personal Mailing Address:	Social Insurance Number:
	Date of Birth:

FOR OFFICE USE ONLY

Approved:	Balance:
Reported to Payworks:	Date Paid: