

Appeal to the Appeals Committee

TEACHER'S PENSION
PLAN CORPORATION

Following an appeal by a Review Officer, use this form to advise the Corporation that you wish to appeal a decision of the Administrator concerning your pension benefit to the Appeals Committee.

- Submit this form to the Appeals Committee, Teachers' Pension Plan Corporation within 60 days of the date of the written decision following your *Request for Review*.
- Attach a copy of the decision you received from the Review Officer and any relevant documents not previously provided to the Teachers' Pension Plan Corporation.
- If you authorize a Third Party/Legal Representative to initiate or pursue an appeal, please attach the *Authorization to Disclose Information* form.
- Mail the completed and signed form the Teacher's Pension Plan Corporation, attn. Chief Executive Officer: 130 Kelsey Drive, Suite 101, St. John's, NL A1B 0T2 or submit by e-mail to appeals@tppcnl.ca

A. Member Information

		Plan Member Number
_____	_____	_____
Last Name	First Name	Initial
_____	_____	_____
Date of Birth	Phone number	Email
_____	_____	_____
Mailing Address		

B. Objection to the Plan decision – provide a detailed explanation of your objections to the decision and your basis of appeal (attach additional pages if needed)

C. Supporting Facts – provide a statement of facts supporting your request for review (attach any relevant supporting documents and additional pages if needed)

D. Requested resolution – provide a statement indicating your desired resolution or relief sought (attach additional pages if needed)

*** If you wish to make in-person submissions at the hearing of the appeal, please notify the Administrator at least 30 days prior to the hearing date

E. Signature

I have read and understand the Teacher's Pension Plan Corporation Appeal Policy. The explanation I have provided here fully and accurately describes the situation with regard to my position concerning my pension benefit.

Name (print)

Signature

Date

Authorization to Discuss and Disclose Information

To: Teachers' Pension Plan Corporation

Re: _____(member)

I, _____ (member), authorize _____
(representative) to obtain information relating to my service with the Teachers' Pension Plan Corporation.

I authorize the Teachers' Pension Plan Corporation to disclose and discuss any and all personal information which relates to my pension entitlement with _____ (representative).

I agree that my pension and employment information may be discussed in confidence with my representative, but will otherwise remain private and confidential.

I understand that I will be bound by the actions of my representative, unless and until I revoke this authorization in writing.

I acknowledge that decisions and elections made with regard to my pension benefits will continue to remain solely my responsibility, and will require my signoff.

Date (d/m/y): _____

Print name: _____

Signature: _____

Print name of witness: _____

Signature of witness: _____