



CLAIMING FOR INTERMITTENT ABSENCES

– Maximum of five (5) per school year

If you have exhausted all your available sick leave from your school board and have the occasional or intermittent absence(s) (up to five per school year) for which you have not been paid by your school board, you may be eligible to claim for benefits from the Salary Indemnity Plan (SIP).

Intermittent absences are defined as absences which occur at irregular intervals.

Absences beyond these five days will require an SIP: Short-term (*ST*) *Certificate of attending physician* form to be completed by your physician and submitted along with your completed *ST Declaration of claimant* form. Forms can be found at:

www.bctf.ca/services-guidance/benefits/salary-indemnity-plan/apply-for-salary-indemnity-plan

Here are a few things you should be aware of:

- To claim for intermittent absences, you must qualify in the usual manner as per SIP Regulations 1 and 9. For a copy of the September 1, 2021, SIP Regulations go to:
www.bctf.ca/services-guidance/benefits/salary-indemnity-plan/document---salary-indemnity-plan-regulations
- Each claim requires a completed *ST Declaration of claimant* form; this is your application for benefits: www.bctf.ca/docs/default-source/services-guidance/sip-application-form.pdf?
- Your claim must be for dates that have already occurred.
- Once you have been issued a benefit for the dates you claimed and have returned to work, your claim will be closed, and you must re-apply for any additional absences with a whole new set of forms.
- You may choose to apply after each absence, once a month, or save them up and apply once or twice yearly.
- The grid on the following page may be used to report your absences that you would like covered by SIP. You are not required to have a *ST Certificate of attending physician* form completed for SIP: Short-term coverage for up to five intermittent absences per school year.
- Please note, for intermittent absences claims, you must indicate a **specific** medical condition and/or treatment for **each specific date** (e.g., “off for illness/injury in June” is too generic and will not be accepted).



INTERMITTENT ABSENCES

Medical update form

I hereby certify that I was prevented, due to illness or injury on the following dates, from performing my normal employment duties and that I was not paid by my school district for these absences.

Date(s)	Medical Condition/Treatment

Signature of member
*Note: Type name if completing online for authorization purposes.

Date

Name (please print)

Street

City/province/postal code

Phone number

This form must be fully completed before benefits can be issued from the BCTF Salary Indemnity Plan.

Please return form via:

Email: *benefits@bctf.ca*

Fax: 1-604-871-2287

Mail: 100-550 W 6th Ave
Vancouver, BC V5Z 4P2