

# SALARY INDEMNITY FUND



## ARE YOU AWARE ...

that as a member of the VSTA-SIF, after depletion of your sick leave, you may be eligible to a top-up payment to your BCTF salary indemnity which would then equal 65% of your gross salary?

See inside for regulations.

## - FEES -

1. Fees for the current year are as follows:

CONTINUING MEMBERS:	40.00
NEW MEMBERS:	80.00
(This includes the annual fee of \$40 plus an initiation fee of \$40)	
ASSOCIATE MEMBERS:	45.00
(This includes the annual fee of \$40 plus an associate membership fee of \$5)	
MEMBERS on LEAVE:	40.00

2. Cheques are payable to VSTA-SIF and must be submitted by OCTOBER 31<sup>st</sup>.

## - CLAIMS -

1. Claim forms are available from the VSTA office (604) 873-5570 or at [www.vstaweb.ca](http://www.vstaweb.ca)
2. All applications for claims must be on forms provided by the VSTA-SIF Committee.
3. Claims must be filed within 60 days of the expiration of sick leave.
4. Claims for SIF benefits will be considered by the SIF Committee upon receipt of the necessary documents.



Vancouver Secondary Teachers' Association

2915 Commercial Drive  
Vancouver, BC V5N 4C8  
Phone (604) 873-5570  
Fax (604) 873-3916  
Website: [www.vstaweb.ca](http://www.vstaweb.ca)

## SALARY INDEMNITY FUND – APPLICATION FORM

- I hereby apply for membership with the VSTA Salary Indemnity Fund.
- I began teaching on continuing contract in a Vancouver Secondary School on (month) \_\_\_\_\_, 20\_\_\_\_.
- I am now, and am usually in good health. I have not been advised that a surgical operation or absence from teaching duties is necessary, nor am I at present absent from duty on account of sickness or accident.

If you have a "pre-existing condition" (see benefits, #4) indicate its nature.

Date of birth: \_\_\_\_\_, 19\_\_\_\_ Signature \_\_\_\_\_

## Benefits

1. Benefits are payable to a maximum of 20 days for days of absence due to illness or accident after the expiration of sick leave.
2. Benefits for absences attributable to any one type of illness, even though the absences occur in more than one school year, shall be paid a maximum of 20 school days.
3. Benefits provide a daily benefit equal to 15% of the member's daily salary on the last day of sick leave.
4. **NO BENEFITS** are paid for absences due to ailments existing prior to or resulting from conditions existing prior to membership in the fund.
5. **NO BENEFITS** are paid for recurring or chronic ailments.
6. In case of recurring illness membership may be restricted or terminated.

## Terminology

BCTF – Short Term (mandatory – on pay slip)	50% gross salary
VSTA S.I.F. (optional)	15% gross salary
	65% gross salary

**This is approximately equal to the net take home**

## Membership Regulations

1. Any member of the VSTA on continuing contract may join the SIF if he/she applies before he/she has passed his/her 30<sup>th</sup> birthday or is new to VSTA and hired before October 31<sup>st</sup>.
2. Teachers employed on a regular part-time basis are eligible for membership in the fund.
3. New VSTA members age 30 or older may join the SIF during the first year of VSTA membership. Otherwise the Age Limit Clause will bar them from future membership. If a SIF member "drops out" of the SIF after his/her 30<sup>th</sup> birthday, he/she cannot rejoin the fund.
4. New applications for membership to VSTA SIF must be made within two months of continuing appointment with the Vancouver Board of Education in order to qualify for membership during the current year. If a VSTA member receives a contract after the October 31<sup>st</sup> deadline, **the member has the option of applying for membership either at that time or the following September.**
5. A new SIF member is covered by the SIF from the date his/her fee is received, provided he/she qualifies for membership.
6. Any former VSTA member may continue in or rejoin the SIF as an associate member if he/she remains in the employ of the Vancouver School Board and is either:
  - a. an affiliate administrative member of the BCTF, or
  - b. a member of VESTA
7. Continuing SIF members are covered by the SIF from the first school day in September each year provided fees are submitted by October 31<sup>st</sup> annually.



## SALARY INDEMNITY FUND MEMBERSHIP FORM

Salutation \_\_\_\_\_ DATE: \_\_\_\_\_ 20\_\_\_\_  
 First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 VSB Employee # \_\_\_\_\_ S.I.N. \_\_\_\_\_ School \_\_\_\_\_

Please indicate your status      
 \$80 New SIF Member \*     \$45 Associate SIF Member  
 \$40 Current SIF Member     \$40 on Leave\*\*  
 \_\_\_\_\_  
 Type of Leave

\* New members must provide a photocopy of their birth certificate. As well, please complete the reverse side of this form.  
 \*\* Current SIF Members who are on Leave may be eligible to have their fee waived. Please contact the VSTA office at 604-873-5570.

Please attach your cheque, payable to VSTA-SIF, to this form and return it to the VSTA Office (via VSB Blue Bag).