

**VSTA SALARY INDEMNITY FUND  
SICKNESS OR ACCIDENT CLAIM FORM**

**DECLARATION OF CLAIMANT**

Name \_\_\_\_\_ Home/Cell No \_\_\_\_\_  
Address \_\_\_\_\_  
Postal Code \_\_\_\_\_ VSB Employee No \_\_\_\_\_  
Email \_\_\_\_\_

**Due to illness/accident I was absent from teaching from:**

\_\_\_\_\_ to \_\_\_\_\_ (inclusive).  
DD/MM/YYYY DD/MM/YYYY

This is a total of \_\_\_\_\_ days absence (school days only).

My absence from teaching duty was/is:

a) Terminated on \_\_\_\_\_  
DD/MM/YYYY

b) Still continuing ☐ YES ☐ NO

**In making this application for benefits, I hereby authorize the BC Teachers' Federation Salary Indemnity Plan to release to the VSTA-SIF Committee information regarding my gross annual salary, claim status, and start and end dates of my BCTF Salary Indemnity Plan claim. This authorization is valid for two years.**

\_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
School

\_\_\_\_\_  
Date

*Please send this completed form to **the VSTA SIF Committee** at #505 – 63 West 6<sup>th</sup> Avenue, Vancouver, BC V5Y 1K2.*

Note – application for BCTF SIF benefits must be made directly to the BCTF – call Income Security at 604-871-2283