

**TEST  
DRIVE**  
Your 1st Year  
100% Free!

# *It's Your Time!*

*Your Chance to Receive Exclusive  
Member Travel and Lifestyle Benefits*



**BCRTA**  
BC Retired Teachers' Association



# BCRTA OFFERS A WORLD OF BENEFITS

## JOHNSON

A great range of options to choose from, including:

- **JOHNSON EHC WITH PRESTIGE TRAVEL INSURANCE**  
(Alternative to Green Shield Canada coverage)

- **80% coverage** for eligible expenses · \$250,000 lifetime maximum
- **Unlimited** number of 62 DAY out-of-province/ country trips with optional trip coverage **up to 212 days**
- **\$5 million in travel health coverage**
- Includes trip cancellation coverage
- No 90-day stability clause.
- Protects your EHC lifetime maximum



- **MEDOC - \$5 MILLION stand-alone travel coverage**

- **Unlimited** number of 17 or 35 day trips
- Includes trip cancellation, interruption and delay
- Protects your EHC lifetime maximum.
- Coverage regardless of age or health status

- **HOME INSURANCE**

- AirMiles
- **\$30,000 Identity Theft** included
- **50+ Benefits** – Nursing, legal, etc.
- First claim forgiveness



- **DENTAL**

- **LIFE**

- **TRIP CANCELLATION AND INTERRUPTION**

protection from unforeseen circumstances for one low price of \$87.99 annually



### MEMBERS' ADVANTAGE PROGRAMME

Explore a world of incentives and discounts on many goods and services, including:

- **major discounts** at leading retail chains including clothing and home goods
- **free evaluations and special offers from Hearing Life Canada**
- **save up to 50%** at popular theme parks, ski resorts and golf courses
- **car rental and hotel savings** up to 50%
- **park'n'fly** special rates
- **travel and learn** vacations, ocean and river **cruises**, escorted **tours**, **safaris** and worldwide adventure travel, all at preferred rates

### A VOICE ON ISSUES YOU CARE ABOUT



The BCRTA connects retired teachers and speaks up for member rights and the public interest concerning:

- **protection** of your pensions and benefits
- **advocating** for strong public education
- **representation** on the Teachers Pension Plan Board of Directors
- national and international **partnerships**
- an orientation for the protection of public health and social justice

### MEMBER PUBLICATIONS AND ACCESS TO SPECIAL BCRTA OFFERS



*PostScript*  
MAGAZINE

 **BCRTACONNECTIONS**



# MEMBERSHIP APPLICATION

## BRITISH COLUMBIA RETIRED TEACHERS' ASSOCIATION

100 - 550 WEST 6<sup>th</sup> AVENUE · VANCOUVER BC · V5Z 4P2

TEL 604.871.2260 OR TOLL FREE 1.877.683.2243

FAX 604.871.2265 office@bcрта.ca

REVISED 2019



Surname:   
Given Names:

Retired from SD #

### CONTACT INFORMATION

Unit and Street Number or P.O. Box		<input type="text"/>	
City	<input type="text"/>	Province	<input type="text"/>
Birthdate	<input type="text" value="DD/MM/YYYY"/>	Telephone	<input type="text"/>
		Postal Code	<input type="text"/>
		BC TPP Person ID*	<input type="text"/>
Email	<input type="text"/>		

\* The BC Teachers' Pension Plan Person ID as shown on TPP Member's Benefit Statement, Enrollment Statement or Pension Statement.

### ACTIVE MEMBERSHIP

(May vote and hold office in the BCRTA and/or its Branches, and access all benefits. Choose ONE below.)

I receive a pension from the **BC Teachers' Pension Plan**, or

I am the spouse of a deceased Active/Life member

I receive a pension from the Teachers Pension Plan of \_\_\_\_\_ (province)

### ASSOCIATE MEMBERSHIP

(Access to benefit and affinity plans, but may not vote or hold office in the BCRTA and/or its Branches. Choose ONE below.)

I am the spouse/partner of an Active, Life, or Associate BCRTA MEMBER

MEMBER'S NAME \_\_\_\_\_ MEMBERSHIP # \_\_\_\_\_

I am a retired

faculty member of

university

college

other post-secondary

educator at

independent

private school

certified pre-school

I retired from the non-educator staff of:

BCTF

a BCTF local

BCSSA

BCPVPA

TQS

I retired from employment in a K-12 school system or a post-secondary institution

Position: \_\_\_\_\_ Institution: \_\_\_\_\_

I am currently employed in education, and when I retire I will qualify for one of the categories above. Until then I wish to have access to BCRTA member benefits.

Position and where employed: \_\_\_\_\_

## POSTSCRIPT MAGAZINE & BCRTA CONNECTIONS NEWSLETTER

POSTSCRIPT: Email

Print version (*Canada Post*)

My spouse is a BCRTA member and we prefer one printed copy.

Spouse/partner's name or membership number \_\_\_\_\_

CONNECTIONS E-NEWSLETTER

### MEMBERSHIP FEES AND BENEFITS

- receive BCRTA publications
- join a local BCRTA branch
- access Members Advantage program offers\*
- enroll in BCRTA insurance and benefits programs, including:
  - extended health and dental
  - travel insurance at preferred rates
  - home insurance plans

\* You will have the ability to manage your mailing lists.

### THE RR SMITH MEMORIAL FUND

is a separate body, founded by the BCRTA, which works alongside BCRTA in advocacy and philanthropic efforts in Canada and around the world. Membership in the RR Smith Memorial Fund has a nominal **annual fee of \$2**. Your first year is free.

**YES**, I want to also join the RR Smith Memorial Fund, with no fee for the first year.

### AUTHORIZATION

I understand that upon joining the BCRTA I am authorizing the Association to use my name and contact information for purposes related to the administration of the BCRTA and its member benefit programs, including the RR Smith Memorial Fund Foundation and that the **BCRTA will not share this information** with other persons or organizations without my consent.

Commencing Sept 1st of the second year of my membership, unless I have contacted the office to cancel my membership, I will remit fees annually. Fees will be paid by a pre-authorized deduction from a BC Teachers' Pension Plan payment, or alternately can be paid annually by credit card or cheque. (Members who pay by cheque or credit card will receive notice of billing from the BCRTA.)

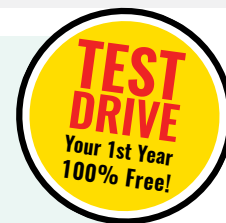
### ACCEPT THE SPECIAL OFFER

## SAVE \$40+

**YES**, I want to join BCRTA with **no membership fees** for the first year!

As a BCRTA member, I would like to join Branch(es) \_\_\_\_\_ with **no membership fees** for the first year. (*Branch membership is optional. See branches and future fees below.*)

ABBOTSFORD	\$5	CRANBROOK	\$10	MISSION	\$5	QUESNEL	\$5
ALBERNI	\$5	CRESTON	\$10	NANAIMO/LADYSMITH	\$10	RICHMOND	\$10
BOUNDARY AREA	\$5	DELTA	\$8	NEW WESTMINSTER	\$10	RIDGE MEADOWS	\$8
BULKLEY VALLEY	\$5	ELK VALLEY	\$5	NICOLA VALLEY	\$10	SEA TO SKY	\$5
BURNABY	\$10	GULF ISLANDS	\$5	NORTH COAST	\$5	SHUSWAP & DIST	\$5
CAMPBELL RIVER	\$5	KAMLOOPS/THOMPSON	\$5	NORTH SHORE	\$10	SOUTH OKANAGAN	\$5
CARIBOO/CHILCOTIN	\$7.50	KIMBERLEY	\$8	PARKSVILLE/QUALICUM	\$10	SUNSHINE COAST	\$10
CENTRAL OKANAGAN	\$5	KITIMAT	\$5	PEACE RIVER N.	\$5	SURREY	\$10
CHILLIWACK	\$10	KOOTENAY/COL.	\$5	PEACE RIVER S.	\$5	VANCOUVER	\$12
COLUMBIA VALLEY	\$10	KOOTENAY LAKE W	\$10	POWELL RIVER	\$10	VAN ISLAND NORTH	\$5
COMOX	\$5	LANGLEY	\$10	PRINCE GEORGE	\$10	VERNON	\$5
COQUITLAM	\$5	LOWER VAN ISLAND	\$10	PRINCE RUPERT	\$5	WINE COUNTRY	\$5
COWICHAN VALLEY	\$5						



\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

If you submit this form electronically, you may be asked to confirm details by email or telephone. You may also print out and mail or fax the form.