

**Application Form**  
**Long Term Disability Advisory Work Group**

The LTD Advisory Work Group will advise the Provincial Executive on any matters related to the Provincial OSSTF/FEESO LTD Plan and such other matters as may be referred to it by the Provincial Executive.

**Name and District:**

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**A. Expertise – Please list examples below of experience and demonstrated knowledge that would benefit the work group**

Demonstrated Knowledge

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**B. Experience**

Working with others in a collaborative manner – Please provide examples below

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Task Specific Experience – Please list any work groups/committees worked on

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**C. Representativeness of Membership – Describe below how you are representative of the membership**

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