



# Waiver of OMERS membership (new or amalgamating employers)

Complete this form for a continuous full-time or other-than-continuous full-time employee who is eligible to enroll in OMERS at the employer's participation or amalgamation date, but declines to enroll. Complete section one and have the employee complete and sign section two.

Send a copy of the completed form to **OMERS, One University Avenue, Suite 700, Toronto, Ontario M5J 2P1** or fax it to us at **416-369-9704**. If you fax it, do not mail the original. Keep a copy for your records.

## 1. EMPLOYER INFORMATION (to be completed by the employer)

Name of employer		Group number	
Contact (please print)		Title	
Address (street number and name)		City	Province Postal code
Telephone number ( )	Fax number ( )	By providing my e-mail address below, I authorize OMERS to contact me by e-mail to clarify information.	
Signature of authorized signing officer	Date (yy/mm/dd)	Contact's e-mail address	
Employer participation or amalgamation date	Date (yy/mm/dd)		

### Employee's employment status

Continuous full-time

Other-than-continuous full-time

% of full-time hours, excluding period each year member didn't work  
Example: Put 50% for a 10-month employee who works five months. Put 100% for a contract employee who works full-time or a 10-month employee who works 10 months.

Period each year the member didn't work (generally applies to school boards)

From (mm/dd)	To (mm/dd)
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## 2. EMPLOYEE INFORMATION (to be completed by the employee)

Last name	First name	Middle name
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By signing below, I confirm that I have been given information about the OMERS pension plan and I understand that I have the right to become a member. I do not wish to become a member. I further understand that if I apply to become a member at a later date, my membership will be effective from the date I elect to join.

Signature	Date (yy/mm/dd)
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