



# Contribution remittance summary

(This form is for employer use only)

Use this form to make your contributions to OMERS.



**Do your OMERS administration online!**

Use e-access for most of your OMERS administration, including e-Form 105. It's online, secure, and includes tips and validations that make your reporting quick and easy.

**Important – Supplemental Plan!**

If you are reporting contributions for your Supplemental Plan, you must use e-Form 105 in e-access.

Complete Sections 1 and 2. For more information, please see the "Contributions" section in our online *Employer Administration Manual* at [www.omers.com](http://www.omers.com).

Send the completed and signed form to OMERS, by mail or fax (address and fax number on page 2). If you fax it, do not also mail the original.

Personal information is collected for pension administration purposes by OMERS under the authority of section 35 of the *OMERS Act, 2006*. OMERS does not share personal information with any other person for any purpose other than pension plan administration.

Any questions regarding the collection of personal information should be directed to OMERS Client Services at 1-800-387-0813.

## 1. EMPLOYER IDENTIFICATION

Employer name		Group number
Completed by	Telephone (     )	Fax (     )

**DIRECT DEPOSIT PAYMENT ONLY**

Form month	Company	Location Number	Fax date (m/d/y)	Bank payment date (m/d/y)	Confirmation number
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Fax this form to OMERS at 416-361-9809 one day BEFORE making bank payment (the date you process the payment). Please remember to complete the "Bank payment date."

## 2. CONTRIBUTIONS

**Reminder – Supplemental Plan**

If you are reporting contributions for your Supplemental Plan, you must use e-Form 105 in e-access.

	Month	Member	Employer
Primary Plan RPP		\$	\$
Primary Plan RCA		\$	\$
Supplementary – Type 1    Total payment		\$	\$
Optional service            Total payment		\$	Contributions are reported as Type 1

**Other contributions:** Type 3, NRA Conversion, Section 32, broken service, pregnancy/parental leave, buy-back, omission period, etc. Enter contribution type and members' names (separate list if necessary). Remember to attach appropriate member election forms where applicable.

	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
<b>Total payment</b>	\$	\$

# Contribution remittance summary instructions

## DEADLINE FOR CONTRIBUTION REMITTANCES

All monthly Primary Plan contributions must be received by OMERS on or before the last day of the month following the month for which the contributions are made.

### Late remittances

The interest penalty for late remittances is prime rate plus 1.5% per month on the unpaid contributions, calculated for the days the remittance is late. There is no authority for the Board of the OMERS Administration Corporation to waive this penalty.

### "Payment schedule" remittances

For employers with payment schedules; Type 1, optional service, Section 32, and NRA conversion payments must be received by OMERS on or before the due date shown on the payment schedule.

The interest penalty for late remittances is prime rate plus 1.5% per month on the unpaid contributions, calculated for the days the remittance is late.

### Employer identification

Please complete the employer identification information.

If you are using direct deposit, please follow the "Direct deposit payment" instructions (below) to complete the "DIRECT DEPOSIT PAYMENT ONLY" part of the form.

## DIRECT DEPOSIT PAYMENT

If you wish to use an electronic service to deposit your contribution payments, please call the OMERS Pension Accounting Department at 416-369-2400 to request enrolment information.

If you are using direct deposit, you must fax your *Contribution remittance summary* to OMERS (at 416-361-9809) by 3:00 p.m. of the day before you make your bank payment.

Please enter your location number, the date you fax your *Contribution remittance summary* to OMERS and the date you will make your payment to the bank.

Once you have completed your deposit, enter the confirmation number on your copy of this form and keep the information for your records.

## ELECTRONIC FUNDS TRANSFER (EFT)

If your Accounts Payable system uses electronic funds transfer (EFT) to make payments to your vendors, you can also use this utility to remit contributions to OMERS.

To do so, please send your contact information by e-mail to [penacc@omers.com](mailto:penacc@omers.com). We will send you our bank account and other pertinent information so that you begin using EFT.

## CONTRIBUTIONS

### Primary Plan RPP and RCA

Enter both the member and employer Primary Plan (including any disability elimination period contributions), and any Primary Plan RCA contributions. Print the three-letter abbreviation for the month for which contributions are being remitted.

### Supplementary agreement & other remittances

The required payments, usually matching your payment schedule, are preprinted for most Type 1, optional service, Section 32 amortized payments, and NRA conversion employer payments. If you must change or manually complete payment amounts, please provide documentation showing the calculation details.

If there is more than one payment schedule for your group, the total amounts for the required payments will be shown and details will be provided in a separate report.

Print the three-letter abbreviation for the month for which contributions are being remitted. The month is preprinted if you have a payment schedule.

- **Type 1** supplementary and optional service – The principal and interest total payments for each of member and/or employer contributions are preprinted to match your payment schedule. Employer optional service payments are included in Type 1 supplementary employer payment.

## OTHER CONTRIBUTIONS

Identify the contribution type in the space provided.

- Provide a list of the members whose contributions you are remitting, with the members' full names, membership numbers and the contribution amounts, where applicable.
- Enter the total member and/or employer contribution amounts. Send the members' signed election form(s) and any other required documents with this form.
- **Omission period** – Remember to include the investment interest charge in the employer contribution amount.

Detail any funds remitted for payments not specified on this form. Please provide supporting documents.

OMERS may preprint details of other required payments.

### Total payment

Write the total amount of the payment. This amount must agree with the total of the member and employer contributions shown on the form.

### Payment envelopes (attached)

If you remit payment by cheque, please return your remittance cheque with this form in one of the specially marked remittance envelopes provided by OMERS.

### Reminder – Supplemental Plan

If you are reporting contributions for your Supplemental Plan, you must use **e-Form 105** in e-access.