



# Changing member information

Use this form to change a member's information. Complete Section 1. **Complete only the member's information that has changed in Sections 2 through 4.** You must sign in Section 5 to authorize the Primary Plan changes.

If you need further information, please see the *Changing member information* section in your *Administration Manual*.

## Supplemental Plan coverage:

- Complete Sections 6 to 8 if you are initiating Supplemental Plan coverage for an existing Primary Plan member.
- Don't use this form for an existing Supplemental Plan member who changes their Supplemental Plan class. Instead, please use Form 143.

Once you have completed and signed this form, send it to OMERS, One University Avenue, Suite 700, Toronto, ON M5J 2P1 or fax: 416-369-9704, toll-free fax: 1-877-369-9704.

If you fax it, be sure to write the member's group number and social insurance number or employee number at the top of each following page and do **not** mail the original.

**Personal information is collected for administration purposes under the authority of Section 35 of the *OMERS Act, 2006*.**



## Complete this form online!

Use the e-Form 106 available on e-access to change member information quickly and easily.

## Sections 1 to 3 to be completed by the employer

### 1. MEMBER'S CURRENT INFORMATION (mandatory)

Group number	Employee number	Social insurance number	
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other:	Last name	First name	Middle name
Language preference: <input type="checkbox"/> English <input type="checkbox"/> French			Department ID

### 2. MEMBER'S NEW INFORMATION (if applicable)

Employee number	Social insurance number	Birth date (m/d/y)	Department ID
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other:	Last name	First name	Middle name

### 3. NEW EMPLOYMENT INFORMATION (if applicable)

Normal retirement age:  60  65

Occupation:  Council member  Fire\*  Police\*  Other\*

\* For fire/police civilians and paramedics, check "Other," then check the appropriate "Member's affiliation" code below.

#### Employment status

Effective date (m/d/y)

- Continuous full-time  
 Other-than-continuous full-time

#### Member's affiliation (please check one)

Union/association – you must indicate the name of the recognized union or association below. For a list of recognized unions and associations, please refer to our website at [www.omers.com](http://www.omers.com).

Name of union or association (please print)

- |  |   |
|--|---|
| <input type="checkbox"/> Management/union exempt/non-union – non fire, police or paramedic | <input type="checkbox"/> Management/union exempt/non-union – fire   |
| <input type="checkbox"/> Management/union exempt/non-union – paramedic                     | <input type="checkbox"/> Management/union exempt/non-union – police |
| <input type="checkbox"/> Elected official – council member or mayor                        |   |

#### FOR OMERS USE ONLY

OMERS membership number

Group number (if faxing)	Member's social insurance number or employee number (if faxing)
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### Section 4 to be completed by the member (if applicable)

#### 4. MEMBER'S NEW BENEFICIARY DESIGNATION – PRIMARY PLAN

Survivor benefits are a key feature of the OMERS pension plan. Your eligible spouse and/or eligible dependent children are first in line to receive any benefits payable. The next in line in the OMERS order of entitlement, is your beneficiary(ies), and then your estate.

You may designate a person, institution or your estate as your Primary Plan beneficiary for this membership. You may name more than one beneficiary (attach and sign a separate page if necessary). Please specify the percentage you would like each to receive, or OMERS will split the refund equally. If one of the beneficiaries is deceased, their share would be divided equally among the remaining beneficiaries.

Beneficiary (first, middle, and last name, or institution) – please print	Relationship to you	% of benefit
Total:		100%

**Notes:**

- Your beneficiary is only entitled to a death refund if you have no eligible spouse and/or eligible dependent children.
- Your beneficiary designation applies to benefits payable under the Primary Plan's Registered Pension Plan (RPP) and the Retirement Compensation Arrangement (RCA).
- This designation revokes any previous Primary Plan beneficiary designation you may have had on file with OMERS for this membership.

Member's signature – Primary Plan beneficiary	Date (m/d/y)
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### Section 5 to be completed by the employer

#### 5. EMPLOYER AUTHORIZATION – PRIMARY PLAN

By signing below, you agree that all of the information on this form is correct.

Employer name	Contact (please print)	Title
Telephone number (     )	Fax number (     )	By providing the contact's e-mail address, I authorize OMERS to e-mail this person to clarify information about this member.
Signature of authorized signing officer	Date (m/d/y)	

### Supplemental Plan information (if applicable)

- Complete Sections 6 to 8 if the Primary Plan member becomes covered under a Supplemental Plan for the first time (the employer must have a Supplemental Plan Agreement in place to provide this coverage).
- Complete Sections 7 to 8 to notify OMERS when an existing Supplemental Plan member changes their beneficiary.

**Note:** Supplemental Plan coverage provides for optional increases in benefits for members of OMERS Primary Pension Plan who are employed as police (including civilians), firefighters or paramedics. An employer may consent to provide Supplemental Plan coverage to a class of members by entering into a Supplemental Plan Agreement with OMERS Administration Corporation.

### Section 6 to be completed by the employer (if applicable)

#### 6. MEMBER'S SUPPLEMENTAL PLAN DETAILS

**Supplemental Plan class**

Please indicate below the name of the Supplemental Plan class the member belongs to – the name of the class must be the same as the *Class of Employees* identified in your Supplemental Plan Agreement.

Supplemental Plan class name as indicated in the employer's Supplemental Plan Agreement
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**Member's annual contributory earnings**

Please indicate the member's current annual rate of contributory earnings (please annualize the figure if the member works less than 12 months in a year).

Current annualized contributory earnings
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Group number (if faxing)	Member's social insurance number or employee number (if faxing)
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## Section 7 to be completed by the employer and member (not mandatory)

### 7. MEMBER'S BENEFICIARY DESIGNATION – SUPPLEMENTAL PLAN

#### Employer

Is the member designating a Supplemental Plan beneficiary at this time?

- Yes – as indicated below (requires member's signature).
- No – do not delay enrolment in the Supplemental Plan if the member is not available to complete this section. If a beneficiary is not designated, OMERS will record the member's estate as the beneficiary until such time as the member designates a beneficiary for the Supplemental Plan.

#### Member

The Supplemental Plan is a stand-alone pension plan. This means that entitlement to survivor benefits, including the beneficiary designation, is treated separately from the Primary Plan. Your eligible spouse and/or eligible dependent children are first in line to receive any benefits payable. The next in line in the OMERS order of entitlement, is your beneficiary(ies) named below, and then your estate.

You may designate a person, institution or your estate as your Supplemental Plan beneficiary for this membership. You may name more than one beneficiary (attach and sign a separate page if necessary). Please specify the percentage you would like each to receive, or OMERS will split the refund equally. If one of the beneficiaries is deceased, their share would be divided equally among the remaining beneficiaries.

Beneficiary (first, middle, and last name, or institution) – please print	Relationship to you	% of benefit
Total:		100%

- Notes:**
- Your beneficiary is only entitled to a death refund if you have no eligible spouse and/or eligible dependent children.
  - This designation revokes any previous Supplemental Plan beneficiary designation you may have had on file with OMERS for this membership.

Member's signature – Supplemental Plan beneficiary	Date (m/d/y)
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## Section 8 to be completed by the employer

### 8. EMPLOYER AUTHORIZATION – SUPPLEMENTAL PLAN

Signature of authorized signing officer	Date (m/d/y)
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Is the contact information the same as the Primary Plan's contact information?

- Yes – as in Section 5.
- No – complete contact information below.

Contact (please print)	Telephone number (       )	By providing the contact's e-mail address, I authorize OMERS to e-mail this person to clarify information about this member.
Title	Fax number (       )	