



Request for a supplementary agreement or amendment

Use this form if you want Type 1, Optional Service or Type 3-Permanent Partial Disability coverage. You can also use this form to change an existing agreement.

Please refer to the *Supplementary Benefits* section in your *Administration Manual* for more information.

Once you have completed the form, send it to **OMERS, One University Avenue, Suite 1000, Toronto, Ontario M5J 2P1** or fax it to us at **416-369-9704**. If you fax it, be sure to write your group number at the top of the second page and do **not** mail the original.

New agreement Change to an existing agreement

Group number

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1. TYPE 1 COVERAGE – PAST SERVICE

Indicate the classes of employees you want this agreement to cover, the date you'd like the coverage to start, and the Normal Retirement Age (NRA) of the employee class.

Employee class	Start date (yy/mm/dd)	NRA
		<input type="checkbox"/> 60 <input type="checkbox"/> 65
		<input type="checkbox"/> 60 <input type="checkbox"/> 65
		<input type="checkbox"/> 60 <input type="checkbox"/> 65

What type of coverage do you want? Full Partial —

Are you requesting extended service? Yes — All Limited
 No

What is the cost sharing arrangement?

Member *The maximum a member can contribute is 50% of the cost.*

Employer

How will you be paying? (You can choose either option or a combination of the two.)

Lump sum – If less than the total cost, indicate
 \$

Amortized – Specify number of months, up to 180

Group number (if faxing)

2. OPTIONAL SERVICE COVERAGE (with Type 1 – Full coverage only)

Indicate the classes of employees you want this agreement to cover, the date you'd like the coverage to start, and the Normal Retirement Age (NRA) of the employee class.

Employee class	Start date (yy/mm/dd)	NRA
		<input type="checkbox"/> 60 <input type="checkbox"/> 65
		<input type="checkbox"/> 60 <input type="checkbox"/> 65
		<input type="checkbox"/> 60 <input type="checkbox"/> 65

What type of coverage do you want?

War and government service

War service only

Government service only — Full Limited

Specify

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The cost sharing arrangement will be determined once the member makes an election.

3. TYPE 3 – PERMANENT PARTIAL DISABILITY COVERAGE

Indicate the classes of employees you want this agreement to cover, the date you'd like the coverage to start, and the Normal Retirement Age (NRA) of the employee class.

Employee class	Start date (yy/mm/dd)	NRA
		<input type="checkbox"/> 60 <input type="checkbox"/> 65
		<input type="checkbox"/> 60 <input type="checkbox"/> 65
		<input type="checkbox"/> 60 <input type="checkbox"/> 65

The employer must pay the full cost for Type 3 coverage. When a member retires under this unreduced early retirement provision, OMERS will determine the cost and the payment must be made by lump sum.

4. AUTHORIZATION

Employer name		Contact (please print)	Title
Telephone number ()	Fax number ()	By providing my e-mail address below, I authorize OMERS to contact me by e-mail to clarify information about this request.	
Signature of authorized signing officer		Date (yy/mm/dd)	Contact's e-mail address