



Certificate of child's total disability

This form is to help OMERS determine that a deceased member's dependent child qualifies for an OMERS benefit under the definition of "totally disabled child."

Send the completed form to **OMERS, One University Avenue, Suite 700, Toronto, ON M5J 2P1** or fax: **416-369-9704**, toll-free fax: **1-877-369-9704**.

If faxing, write the member's social insurance number or OMERS reference number at the top of the second page, and **do not** mail the original.

OMERS will also accept copies of medical forms or reports about the child's condition that the child's doctor has completed for other benefits. In that case, the doctor does not need to complete Section 2 of this form.

Section 1 is to be completed by the child, parent or guardian

1. DECEASED MEMBER'S INFORMATION

Member's social insurance number		OMERS membership/reference number (if known)		Birthdate (yy/mm/dd)	Date of death (yy/mm/dd)
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Member's last name	First name		Middle name	
<input type="checkbox"/> Other:					

CHILD'S INFORMATION

Child's social insurance number		Birthdate (yy/mm/dd)			
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Child's last name	First name		Middle name	
<input type="checkbox"/> Other:					
Address (street number and name)			City	Province	Postal code

Personal information is collected for pension administration purposes under the authority of section 35 of the *OMERS Act, 2006*. If you have questions, please contact OMERS Client Services.

Section 2 is to be completed by the child's doctor

2. MEDICAL INFORMATION

This section is to be completed by a medical doctor licensed to practice under the laws of a province of Canada or the place where the child resides.

OMERS will also accept copies of medical forms or reports about the child's condition that the child's doctor has completed for other benefits. In that case, the doctor does not need to complete this section.

Please provide the following details on the nature of the child's disability (print clearly).

Date the total disability commenced	Date (yy/mm/dd)
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Diagnosis

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Subjective symptoms

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Objective findings (results of x-rays or other tests, physical exam findings)

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Prognosis

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Member's social insurance number (if faxing)

OR

OMERS membership/reference number (if faxing)

Other pertinent information

Blank space for other pertinent information

Totally disabled child

OMERS considers a totally disabled child to be someone whose physical or mental disability:

- occurred before age 21 or occurred before age 25* while a full-time student; and
• whose condition prevents self-support or doing any work for compensation or profit
• did not become disabled from a willfully self-inflicted injury, committing (or attempting to commit) an offence under the Criminal Code, or working in an unlawful occupation.

* If the member died before January 1, 2005, the eligibility period ends at age 21.

Do you consider the child to be totally disabled as defined above? Yes No

Form for doctor's information including name, address, telephone number, and signature.

Sections 3 and 4 are to be completed by OMERS

3. TO BE COMPLETED BY A DOCTOR APPOINTED BY OMERS

From the information submitted to me, I certify that the child named in Section 1,

was was not totally disabled on Date (yy/mm/dd)

Is there a need for a further examination? Yes No Next examination date (yy/mm/dd)

Additional comments

Blank space for additional comments

Form for doctor's signature, date, and disability code

4. APPROVAL

Based on the information provided and according to the OMERS Act, 2006, the child identified in Section 1:

Is totally disabled Is not totally disabled

Form for signature of authorized OMERS staff and date