



Request for an OMERS plan benefit

(This form is for employer use only)

Use this form when a member terminates employment, becomes disabled, retires or dies. Please see page 5 for more details.



Do your OMERS administration online!

- Use **e-access** for most of your OMERS administration, including **e-Form 143**. It's online, secure, and includes tips and validations that make your reporting quick and easy.

Important – Supplemental Plan!

If you are requesting a benefit for a Supplemental Plan member, you must use **e-Form 143** in **e-access**.

Complete Sections 1 to 3. **You must sign in Section 4** to authorize the request.

Send the completed and signed form to OMERS, by mail or fax (address and fax number on page 5)

If you fax it, do **not** also mail the original. Please write your group number and the member's social insurance number at the top of each page.

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.

Section 1 must be completed for all requests

1. MEMBER INFORMATION

Group number		Social insurance number		Birthdate (m/d/y)		Daytime telephone ()		
<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.	Last name	First name	Middle name			
<input type="checkbox"/> Other:			Address (street number and name)			City	Province	Postal code

2. REASON FOR REQUEST

Please choose one of the following options (in **bold**). Please see page 5 for more details.

Termination Choose this option if the member terminated employment.

Is the termination the result of a divestment? No Yes — If yes, complete *Form 182 – Divestment information, member*.

Disability Choose this option to request a disability benefit for a disabled member. Complete all applicable fields.

Please send *Form 147 – Certificate of total disability* or any other medical documents you may have with this form.

Annual rate of contributory earnings at date member last contributed (please see note on page 5)

\$

If the member's employment status was other-than-continuous full-time, enter % of full-time hours **OR** number of months member works each year. (Exclude period each year the member didn't work.)

% of full-time hours

%

or

Months worked per year

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

From (mm/dd)

To (mm/dd)

Has the member applied for a Workplace Safety and Insurance Board (WSIB) benefit?

Yes — What is the status of the claim? Approved Declined Under appeal Pending approval

Monthly benefit amount
\$

No — Please advise us if the member applies for a WSIB benefit in the future.

Has the member applied for long-term disability (LTD)?

Yes — Approved Declined Under appeal Pending approval

No

Did the member contribute to OMERS for the disability elimination period?

Yes — include elimination period contributions, earnings and service with data reported on page 3.

No

Retirement Choose this option if the member is retiring.

Tip! The member will receive a benefit more quickly by completing the *Advance Election Option* on page 4.

Group number (if faxing)	Social insurance number (if faxing)
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Death Choose this option if the member is deceased. Complete all applicable fields.

Date of death (m/d/y)

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Is there an eligible spouse? Yes No I don't know

Are there eligible children? Yes – Please provide each child's first and last name and date of birth (if known) on a separate page. No I don't know

Claimant or other person we can contact:

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other:	Last name	First name	Middle name
Address (street number and name)		City	Province Postal code
Daytime telephone ()	Fax ()	E-mail	

Relationship to member:

Spouse – Spouse's social insurance number (optional)

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Child Beneficiary

Other – Specify

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Section 3 is to be completed by the employer for all requests

3. EMPLOYMENT INFORMATION

Please see page 5 for more details.

Date employment ended (m/d/y)

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If this request is for a disability, indicate the last day the member worked.

If there is a difference between the date employment ended and the date contributions ended, please indicate:

Date contributions ended (m/d/y)

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and please provide a reason for difference: Sick pay Vacation pay Leave of absence Other –

Specify

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Employment status change:

Complete this section only if the member's employment status changed in the last 6 years and you have not reported it to OMERS.

Tip! If you're not sure whether the status change was reported to OMERS, use **e-access** to check the member's record.

Date status changed (m/d/y)

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New employment status: Continuous full-time Other-than-continuous full-time

Record what the member's contributory earnings, credited service and contributions were under each status during the year the employment status changed.

	Full-time	Other-than-continuous full-time
Contributory earnings		
Credited service (months)		
Contributions		

Group number (if faxing)	Social insurance number (if faxing)
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Reminder – Supplemental Plan

If you are requesting a benefit for a Supplemental Plan member, you must use **e-Form 143** in **e-access**.

Recent earnings and service information

Please complete the following information for this calendar year and last year. Do not record last year's information if you've already reported it through the Form 119 process. If you wish to revise previously reported information, please indicate above the column. Include any disability elimination period the member purchased but do not include any broken service or pregnancy/parental leave that was purchased.

This year (yy) _____

Last year (yy) _____

I am revising information that was previously reported through the Form 119 process.

Contributory earnings*		
Credited service (months)		
Pension adjustment (PA)		
Primary Plan RPP contributions		
Primary Plan RCA contributions		
Number of pay periods		

December event with carry-forward pay

* If the difference between this year's and last year's contributory earnings is more than 20%, what is the reason for the difference?

Retroactive pay (please complete the next section)

Other — Specify _____

Retroactive pay:

Complete this section only if the member received retroactive pay in the last 6 years and you have not reported it to OMERS.

Year retroactive payment was made

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Please provide the breakdown of the amount that was applied to each year:

Year	Amount
	\$
	\$
	\$
	\$
	\$
	\$
Total amount	\$

Section 4 must be completed by the employer for all requests

4. AUTHORIZATION

By signing below, I certify that all of the information in this form is true and accurate.

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 member.
Signature of authorized signing officer	Date (m/d/y)	

Group number (if faxing)	Social insurance number (if faxing)
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Advance Election Option (for normal or early retirement only)

This section is for members who are retiring and wish to receive their pension more quickly by waiving their right to pension information normally provided by OMERS before the pension starts.

Under the *Ontario Pension Benefits Act*, members have the right to receive certain information about their pensions and any other options they may have before OMERS processes their pensions. However, members can waive their rights to that information if they want to receive their pensions more quickly.

To take advantage of this option, the member must sign the waiver below and send the required documents with this form.

Documents required for advance election

1. A cheque marked "void" (or a photocopy) or the following bank deposit information:

Name and address of bank		
Bank number	Transit number	Bank account number
Bank telephone number		

2. Proof of age

We will accept a **legible** photocopy of any **one** of the following documents as proof of age:

- birth certificate
- Canadian passport
- baptismal papers
- Canadian citizenship papers
- adoption papers
- Indian status card
- Canadian registration of birth
- Canadian driver's licence

If the member doesn't have any of the documents listed above, please send a legible photocopy of any **two** of the following, as long as they state the member's date of birth:

- marriage records
- extract from a family Bible
- school records
- age of majority card
- military records
- statutory declaration
- foreign passports
- Canadian immigration papers

To avoid processing delays, please ensure the photocopy is legible.

3. Completed federal and provincial TD1 income tax forms (for Canadian residents only). If you do not submit completed TD1 forms, we will assume the basic personal amounts to calculate income tax.

Waiver for member to sign

By signing below, I acknowledge that I have decided to make this pension election in advance of receiving all of the information to which I may be entitled under the *Ontario Pension Benefits Act*, so that my application for a pension may be processed more quickly. I also understand that I will receive a *Pension confirmation form* giving the details of my pension benefit and a pension booklet once my pension has been processed. Finally, I understand that if I have a Supplemental Plan benefit with OMERS, this election and the banking information outlined above also apply to it.

Member's signature	Date (m/d/y)
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Tip! To avoid processing delays, ensure the required documents are returned to OMERS with the Advance Election.

Employer instructions

Reminder – Supplemental Plan

If you are requesting a benefit for a Supplemental Plan member, you must use **e-Form 143** in **e-access**.

Complete Form 143 for members who terminate employment, become disabled, retire or die.

- For retirements, the form can be submitted up to 60 days before the retirement date.
- Whenever possible, wait until you have final earnings and service information before submitting the form.
- Do not use this form for a member who is:
 - on a disability waiver of contribution; use *Form 158 – Employment relationship change notice and/or benefit request*;
 - terminating as the result of a divestment; use *Form 182 – Divestment information, member*;
 - grieving (appealing) the termination; see section 14.1.3 of our online *Employer Administration Manual*
- If you have not already done so, please notify us of any eligible service the member may have.
- If the member was on a pregnancy/parental leave or had broken service, include any outstanding leave period election forms.

PART 2: REASON FOR REQUEST

Disability

- In the **Annual rate of contributory earnings at date member last contributed** field, enter the actual contributory earnings salary rate immediately before the member became disabled. Do **not** annualize the salary for other-than continuous full-time (OTCFT) members.
- The contributory earnings salary rate of the member shall be deemed the annual rate of contributory earnings for which the member last made contributions.
- The credited service entered in **% of full-time hours** or **Months worked per year** field must correspond with the **Annual rate of contributory earnings** entered above. (This field applies to OTCFT members only.)

Example: Enter \$25,000 for 10.66 months worked per year or \$25,000 for 88.83% of full-time hours.

- If the member chooses the OMERS disability pension, it may reduce any LTD payment. If the member is also receiving WSIB payments, the OMERS disability pension may be reduced. Please see the Employer Administration Manual on our website for details.

Retirement

- If you choose this option for a member who is not yet eligible to receive a pension, we'll process the request as a termination. (The member will receive a benefit application form, and one of the options will be to take a pension at a later date once they become eligible.)

PART 3: EMPLOYMENT INFORMATION

Disability elimination period

- The disability elimination period information should be submitted with Form 143.

Contributory earnings

Include:

- deemed earnings for purchased disability elimination periods.
- retropayments. (Provide details of the retropayment in the next section.)

Do **not** include:

- annualized earnings (CFT or OTCFT members)
- deemed earnings for leave periods.

Credited service

- Enter credited service calculated to two decimal places.
- Include credited service for purchased disability elimination periods.
- Do **not** include credited service for purchased leave periods. Leave periods must be reported using *Form 165 – Leave period reporting/ election*.

Pension adjustment

- For PA purposes, assume the member will purchase a pregnancy/parental leave unless you have a signed election form declining the purchase.
- Do **not** include broken service (including emergency leaves) in the PA unless the member has elected to buy all or part of the leave.
- If the member reached 35 years of credited service in the year, calculate the PA based on service up to the date the member reached 420.00 months of credited service. If the member reached 35 years before the year you are reporting, the PA is zero.
- For a member who is on a disability waiver of contribution, report a PA only for the purchased elimination period and portions of the year that the member was actively working. Do **not** report a PA for the disability waiver period – OMERS reports the PA for this period.
- If the member is deceased, enter a zero amount in the year of death.

Contributions (Primary Plan RPP and RCA)

- Enter Registered pension plan (RPP) contributions in the **Primary Plan RPP** field and Retirement Compensation Arrangement contributions in the **Primary Plan RCA contributions** field.
- Include contributions for purchased disability elimination periods.
- Do **not** include contributions for purchased leaves (broken service and pregnancy/parental leaves).
- Include contributions deducted from retropayments. (Use the contribution rate for the year to which the retropayment applies.)

For December events with earnings paid in the following year (carry-forward), check the **December event with carry-forward pay** box. Also include on a separate page (or in the chart) a breakdown of contributory earnings and contributions paid each year.

Example: A member terminates on December 31, 2007, but is paid for the last week of December in 2008. Indicate the contributory earnings and contributions paid in 2007 and paid in 2008 separately.