



# Application for a shortened life expectancy benefit

Use this form to withdraw the cash value of your pension if your life expectancy is less than two years, due to an illness or condition.

Your doctor must complete Section 2. Your spouse must complete Section 4, consenting to the withdrawal of funds.

Send the completed and signed form to OMERS by mail or fax. If you fax it, write your OMERS membership number or social insurance number at the top of each page, and do not also mail the original.

Once you receive the shortened life expectancy benefit, you will not receive any further benefit from OMERS. For more information, please contact OMERS Client Services.

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 your 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 signed by the member and a witness

### 1. MEMBER INFORMATION

OMERS membership/reference number		Social insurance number		Birthdate (m/d/y)	
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. Member's last name <input type="checkbox"/> Other:		First name		Middle name	
Address (street number and name)			City	Province	Postal code
Telephone (      )					

#### a. Eligible spouse information

- I do **not** have an eligible spouse as defined on page 4 of this form.  
 I **have** an eligible spouse as defined on page 4 of this form.

Spouse's last name	First name	Middle name	Birthdate (m/d/y)
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If you are retired, was this person your spouse on the date you retired?  Yes  No

#### b. Eligible dependent child information

- I do **not** have any eligible dependent children as defined on page 5 of this form.  
 I **have** eligible dependent children. Give the name and date of birth of each eligible child:

Child's last name	First name	Middle name	Birthdate (m/d/y)
Child's last name	First name	Middle name	Birthdate (m/d/y)

#### c. Signature: member and witness

By signing and dating this form in the presence of a witness, you agree that all information on this form is true, complete and correct. The witness cannot be related to the member who is applying for the shortened life expectancy benefit.

I understand that there will be no further benefits payable to me, my spouse, my children, my beneficiaries, or my estate from the OMERS plan whether or not I outlive the medical expectations.

It is a criminal offence to knowingly make or use a false document with the intent that it is to be acted on as genuine.

I further understand and agree to discharge, waive and forever relinquish any and all actions or causes of action that I may have or have had, whether past, present or future, whether known or unknown and whether anticipated or unanticipated by me. This waiver will be binding on me, my spouse, my heirs, my personal representatives, my assignees, my children and any guardian of said children.

Member's signature	Date (m/d/y)	Signature of witness	Date (m/d/y)
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#### d. Witness information (please print)

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. Witness's last name <input type="checkbox"/> Other:		First name		Middle name	
Address (street number and name)			City	Province	Postal code

OMERS membership/reference or social insurance number (if faxing)

Section 2 is to be completed by the member'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 member resides.

OMERS will also accept copies of medical forms or reports about the member's condition that the member's doctor has completed for other benefits, if these documents include a statement about the member's life expectancy. In that case, the doctor does not need to complete this section.

Please provide the following details on the nature of the member's condition (print clearly).

Diagnosis

Two empty lines for diagnosis text.

Subjective symptoms

Two empty lines for subjective symptoms text.

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

Two empty lines for objective findings text.

Prognosis

One empty line for prognosis text.

Other pertinent information

Two empty lines for other pertinent information text.

Shortened life expectancy definition

To qualify for a shortened life expectancy benefit, the member must have a life expectancy of less than 24 months.

Does the member meet this definition?  Yes -   No

Form fields for doctor's name, telephone number, address, city, province, postal code, signature, and date.

Section 3 is to be completed by a doctor appointed by OMERS

3. MEDICAL CERTIFICATION

Based on the information provided, and according to the OMERS Act, 2006, I certify that the shortened life expectancy benefit is:

Approved  Declined

Additional comments

Two empty lines for additional comments text.

Form fields for doctor's signature and date.

OMERS membership/reference or social insurance number (if faxing)
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**Section 4 is to be completed by the spouse identified in Section 1**

**4. SPOUSE'S CONSENT**

As the spouse of the OMERS member who is applying for a shortened life expectancy benefit, you are not obligated to sign this application. **You should seek advice from a lawyer about your rights and the legal consequences of signing the consent.**

If you agree to sign this form, and after reading the consent below you are satisfied that it correctly describes your situation, then, in the presence of a witness, please sign and date this form. Your consent is valid for 60 days from signing. After the 60-day period, OMERS cannot process this application.

Have your witness sign and date this form, and complete their information.

**Important note:** the witness cannot be the OMERS member who is applying for the shortened life expectancy benefit.

**a. Spousal consent**

I am the spouse of the member identified in Section 1 of this form.

I understand that:

- the member is applying for a shortened life expectancy benefit from OMERS;
- the member cannot receive the payment without my consent;
- I am not required to give my consent;
- as long as the funds are kept in OMERS, I may have a right to a spousal pension if our relationship ends or if the member dies;
- if funds are withdrawn from the OMERS Plan through the shortened life expectancy provision:
  - I will lose any right I have to a spousal pension or any other benefits from the OMERS Plan, whether or not the member outlives the medical expectations; and
  - any other beneficiaries, including eligible children, will lose any right to any OMERS Plan benefits, whether or not the member outlives the medical expectations.

By signing and dating this form in the presence of a witness, I consent to the member's application for payment of a shortened life expectancy benefit.

I further understand and agree to discharge, waive and forever relinquish any and all actions or causes of action that I may have or have had, whether past, present or future, whether known or unknown and whether anticipated or unanticipated by me. This waiver will be binding on me, my heirs, my personal representatives, my assignees, my children and any guardian of said children.

Spouse's signature	Date (m/d/y)	Signature of witness	Date (m/d/y)
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**b. Witness information (please print)**

<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

## SHORTENED LIFE EXPECTANCY BENEFIT

You may be able to move the commuted value of your benefit to an RRSP. If you choose this option, please complete a form *T2151 – Direct transfer of a single amount* available on our website or from your financial institution.

You can also take your benefit in cash subject to Canada Revenue Agency regulations. Please contact OMERS Client Services for more information.

OMERS needs official notice from your former employer that you have terminated your employment. If you are retired, OMERS will most likely already have this proof.

OMERS requires proof of your age. A document submitted as proof of age must include your date of birth. We will accept a legible photocopy of **one** of the following documents:

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

If none of the above documents are available, we need legible photocopies of **two** of the following documents:

- marriage records
- school records
- military records
- foreign passport
- Age of Majority card
- statutory declaration
- Canadian immigration papers

## DEFINITIONS

### Legal spouse

OMERS considers a legal spouse to be one who is legally married to the member.

### Common-law spouse

OMERS considers a common-law spouse to be one who has lived together with the member in a conjugal relationship:

- continuously for a period of not less than three years; or
- in a relationship of some permanence if they are the natural or adoptive parents of a child, both as defined in the *Family Law Act (Ontario)*.

On or after April 23, 1998: OMERS considers a same-sex spouse to be eligible if the common-law or legal spouse criteria are met.

## PRE-RETIREMENT – ELIGIBLE SPOUSE DEFINITION

OMERS considers the legal or common-law spouse of a member to be the eligible spouse if:

- the member and the spouse were not living separate and apart\* at the date of this application; and
- the spouse did not waive rights to survivor benefits from the plan (see page 3).

## POST-RETIREMENT – ELIGIBLE SPOUSE DEFINITION

Determining the eligible spouse of a retired member is more complex. The following outlines the order of entitlement for members whose pension started on or after January 1, 1988. (For retirements before this date, please contact OMERS Client Services for more information.)

### Retirement-date spouse

If the member had a legal or common-law spouse before retirement, OMERS considers the legal or common-law spouse at the date of retirement (i.e., retirement-date spouse) to be the eligible spouse if:

- he or she was not living separate and apart\* from the member on the date of retirement; and
- he or she has not waived rights to survivor benefits from the plan.

If after the member retires there is a separation or divorce, the retirement-date spouse would still qualify as the eligible spouse if he or she was not living separate and apart\* from the member on the date of retirement, and he or she has not waived rights to survivor benefits from the plan.

If the retirement-date spouse and the member were living separate and apart\* at the date of retirement, the retirement-date spouse may still qualify as an eligible spouse if he or she and the member were not divorced at the date of this application, and there is no eligible common-law spouse at the date of this application.

\* "Living separate and apart" is a question of both fact and law, and must be determined on a case-by-case basis. For more information, please contact OMERS Client Services.

### Post-retirement-date spouse

If the member married, remarried, or entered into a common-law relationship after retirement, OMERS considers the legal or common-law spouse at the date of this application (i.e., post-retirement-date spouse) to be the eligible spouse if:

- there was no eligible retirement-date spouse; and
- the post-retirement-date spouse and the member were not legally divorced at the date of this application; and
- the post-retirement-date spouse has not waived rights to survivor benefits from the plan (see page 3).

## ELIGIBLE DEPENDENT CHILD

OMERS considers an eligible child to be:

- a natural child; or
- a legally adopted child; or
- a person whom a member has demonstrated a settled intention to treat as a child of his or her family (except under an arrangement where the child is placed for valuable consideration in a foster home by a person having lawful custody).

At the time of the member's death the eligible child must be dependent on the member for support and:

- 18 years or younger in the year of the member's death; or
- under age 25\* and a full-time student; or
- totally disabled as described below.

An eligible dependent child will receive a pension:

- up to the end of the calendar year in which they turn 18; or
- up to the month they turn 25\* if they are a full-time student (OMERS requires that they complete a Form 155 – *Declaration of full-time attendance at an educational institute*); or
- as long as they are totally disabled.

## 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 (except for an OMERS-approved rehabilitation or workshop program); and
- 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.