



Forfeiting rights to disability benefits

Use this form if you want to give up your rights to an OMERS disability benefit.

Once you have completed and signed this 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, please do **not** mail the original.

If you want to receive another OMERS benefit, you must also send the enclosed election form. We cannot take any action until we receive both forms from you.

1. MEMBER INFORMATION

Group number	Social Insurance Number	Birth date (yy/mm/dd)	
<input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Other:	Last name	First name	Middle name
Name of present employer			

Indicate the date of your disability (the last day you worked)

Date (yy/mm/dd)

2. DISABILITY WAIVER

If you are on a disability waiver of contribution, indicate when you wish your waiver to end.

Date (yy/mm/dd)

3. AUTHORIZATION TO FORFEIT A DISABILITY BENEFIT

I understand that I may choose to receive a disability benefit from OMERS as long as I am totally disabled.

However, I choose to withdraw my application for this benefit, or cancel my existing disability benefit. I understand that I am giving up the right to receive a disability pension or a disability waiver of contribution from OMERS now, or in the future, for the period of disability starting on the date shown in section one.

Member's signature	Date (yy/mm/dd)
Signature of witness	Date (yy/mm/dd)

FOR OMERS USE ONLY

OMERS membership number