



Additional information for a disability benefit review

Please complete all of the information on this form. We will need this information to verify that you still qualify to receive a disability benefit.

If you fax the forms, be sure to include your social insurance number at the top of each page and **do not** mail the originals.

Once you have completed this form, send it along with the *Form 147 – Certificate of total disability* to **OMERS, One University Avenue, Suite 700, Toronto, ON M5J 2P1** or fax: **416-369-9704**, toll-free fax: **1-877-369-9704**.

This form is to be completed by the OMERS member

1. MEMBER INFORMATION

Social insurance number		Birth date (yy/mm/dd)		OMERS membership number	
<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 ()					

2. OTHER DISABILITY BENEFITS

Have you applied for a Workplace Safety and Insurance Board (WSIB) benefit?

Yes — Please complete the following:

<input type="checkbox"/> Approved	Monthly benefit amount \$	<input type="checkbox"/> Total/full	<input type="checkbox"/> Partial	<input type="checkbox"/> Temporary	Temporary benefit end date (yy/mm/dd)
<input type="checkbox"/> Declined	<input type="checkbox"/> Under appeal	<input type="checkbox"/> Pending approval			

No — Please advise OMERS in writing if you are approved for a WSIB benefit in the future.

Have you applied for a benefit under your employer's long-term disability (LTD) plan?

Yes — Please complete the following:

<input type="checkbox"/> Approved	<input type="checkbox"/> Receiving benefit	<input type="checkbox"/> Benefit stopped as of	Date (yy/mm/dd)
<input type="checkbox"/> Declined	<input type="checkbox"/> Under appeal	<input type="checkbox"/> Pending approval	

No — Please advise OMERS in writing if you are approved for an LTD benefit in the future.

Important note: Your LTD amount may be affected if you choose to receive a disability pension from OMERS. Please contact your employer for more details.

3. CURRENT WORK STATUS

What was your occupation immediately prior to your disability?

Occupation

Has your employment ended with the employer where you became disabled?

- Yes
 No

Have you returned to work in any capacity (e.g. rehabilitative work, etc.)?

- Yes — Please contact OMERS Client Services or your employer for more details.
 No

Social insurance number (if faxing)

4. WORK EXPERIENCE

Please indicate what types of work you've done in the past 10 years. This information will be useful for determining your continuing eligibility for the disability benefit.

5. EDUCATION

Please indicate the programs or courses you have taken, and the diploma or degree you received from each one.

	Program or courses	Diploma/Degree
High school		
Vocational or trade courses		
College		
University		
Other		
Other		
Other		

6. MEMBER'S SIGNATURE

Member's signature	Date (yy/mm/dd)
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