



Declaration of full-time attendance at an educational institute

To receive a child's survivor pension, children between 18 and 25* years of age must be in full-time attendance at an educational institution.

Use this form to confirm that you are between 18 and 25* years of age and that you are in full-time attendance at an educational institution. Each year, we will send you a new form to be completed and returned to OMERS, in order to continue your OMERS pension.

* Note: if the member died before January 1, 2005, the eligibility for this benefit ends at age 21.

Complete Sections 1, 2 and 3, then have your educational institution complete Section 4.

Send the completed and signed form to **OMERS, One University Avenue, Suite 700, Toronto, ON M5J 2P1** or fax it to us at **416-369-9704**, toll-free fax **1-877-369-9704**. If you fax it, be sure to write your social insurance number at the top of the second page and do **not** mail the original.

Sections 1, 2, and 3 are to be completed by the student

1. STUDENT INFORMATION

Social insurance number		Birth date (yy/mm/dd)			
Last name		First name		Middle name	
Address (street number and name)			City	Province	Postal code
Daytime telephone ()		Name of educational institution			

Type of enrolment

Full-time

Evening Other *If evening or other please explain:*

Specify

What are you taking?

Indicate course, grade or faculty

Indicate the start and end date of your current attendance

Start date (yy/mm/dd)

End date (yy/mm/dd)

Please give duration and reasons for any absence(s) during your current and past academic year.

Student's signature	Date (yy/mm/dd)
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2. GUARDIAN INFORMATION

Last name	First name	Middle name
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Is your guardian receiving an OMERS pension?

No

Yes – Please indicate your guardian's OMERS reference number and social insurance number

OMERS reference number

Social insurance number

FOR OMERS USE ONLY

OMERS membership number

Student's social insurance number (if faxing)

3. DECEASED MEMBER INFORMATION

Social insurance number		
Last name	First name	Middle name

Was the deceased member receiving an OMERS pension?

No

Yes – Please indicate the deceased member's OMERS reference number

OMERS reference number

Section 4 is to be completed by the educational institution

4. EDUCATIONAL INSTITUTION INFORMATION

Name of institution				
Address (street number and name)		City	Province	Postal code
Authorized person's name (please print)			Title	
Telephone number ()	Fax number ()			

Additional comments

Signature of authorized person	Date (yy/mm/dd)
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