



# Employment change/benefit request

(for a member on disability waiver of contribution)

Use this form to report a change in employment status or to request a benefit only for a member on a **disability waiver of contribution**. Complete Sections 1 and 2 to notify OMERS of a change in the employment status. Complete Sections 1, 2 and 3 to request an OMERS plan benefit.

Once you have completed and signed this form, send it to **OMERS, One University Avenue, Suite 700, Toronto, ON M5J 2P1** or fax: **416-369-9704**, toll-free fax: **1-877-369-9704**. If you fax it, be sure to write your group number and member's social insurance number at the top of the **each** page, and do **not** mail the original.

**Do not** use this form to apply for a disability benefit for an **active** member. Use a *Form 143 – Request for an OMERS plan benefit*.

## Sections 1, 2, 3 and 4 are to be completed by the employer

### 1. MEMBER INFORMATION

|  |                         |                       |                          |
|--|-------------------------|-----------------------|--------------------------|
| Group number   | Social insurance number | Birth date (yy/mm/dd) | Daytime telephone<br>( ) |
| <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.<br><input type="checkbox"/> Other: | Last name               | First name            | Middle name              |
| Address (street number and name)   |                         | City                  | Province    Postal code  |

### 2. CHANGE IN EMPLOYMENT

Has the member's employment ended?  Yes —   No

If you are only reporting an end in the member's employment, the waiver will continue and the member will be deemed to be your employee for pension purposes until they qualify for an early, normal or disability pension, or no longer qualify for a disability waiver benefit.

Has the member returned to work?  Yes —   No If the member has returned to rehabilitative work, please complete a *Form 152 – Notice of rehabilitative work*.

### 3. REQUEST AN OMERS PLAN BENEFIT

Please indicate which of these three options this request is for:

**Disability pension**

To qualify for a disability pension, the member must meet OMERS definition of total and permanent disability. A disability pension cannot be backdated for a member on a disability waiver.

Indicate the end of the month as the *Waiver end date*; the OMERS pension will start at the beginning of the next month.

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

Yes — Please complete the following:

Approved \$   Total/full  Partial  Temporary   
 Declined  Under appeal  Pending approval

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

Continued on page 2

#### FOR OMERS USE ONLY

OMERS membership number

|                          |  |
|--------------------------|--|
| Group number (if faxing) | Member's social insurance number (if faxing) |
|--------------------------|--|

Has the member applied for a benefit under your long-term disability plan?

Yes — Please complete the following:

Approved  Receiving benefit  Benefit stopped as of

Date (yy/mm/dd)

Declined  Under appeal  Pending approval

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

**Note:** If the member is approved for the OMERS disability pension, it may reduce any LTD payment.

**Retirement**

An early retirement pension cannot be backdated for a member on a disability waiver.

Waiver end date (yy/mm/dd)

Indicate the end of the month as the *Waiver end date*; the OMERS pension will start at the beginning of the next month.

**Death**

Date of death (yy/mm/dd)

Is there an eligible spouse?  Yes  No  Don't know

Are there eligible children?  Yes — Please provide birth dates (if known) on a separate page.  No  Don't know

Contact information:

|  |  |            |             |             |
|--|--|------------|-------------|-------------|
| <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.<br><input type="checkbox"/> Other: | Last name of claimant or person we can contact | First name | Middle name |             |
| Address (street number and name)   |  | City       | Province    | Postal code |
| Daytime telephone<br>( )   |  |            |             |             |

Relationship to member:

Spouse — Spouse's social insurance number (optional)

Other — Specify

**4. AUTHORIZATION (to be completed by employer)**

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

|   |                        |   |
|---|------------------------|---|
| Employer name                           | Contact (please print) | Title   |
| Telephone number<br>( )                 | Fax number<br>( )      | 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 (yy/mm/dd)   |

|                          |  |
|--------------------------|--|
| Group number (if faxing) | Member's social insurance number (if faxing) |
|--------------------------|--|

## Section 5 is to be completed by the member

### 5a. ADVANCE ELECTION OPTION (for retirement only)

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 the following bank deposit information:

|                          |             |                     |
|--------------------------|-------------|---------------------|
| Name and address of bank |             |                     |
| Transit number           | Bank number | Bank account 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

#### 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 choose to receive my pension as indicated above from the OMERS pension plan. I acknowledge that I have decided to make this 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 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.

|                    |                 |                     |                 |
|--------------------|-----------------|---------------------|-----------------|
| Member's signature | Date (yy/mm/dd) | Witness's signature | Date (yy/mm/dd) |
|--------------------|-----------------|---------------------|-----------------|

### 5b. AUTHORIZATION TO FORFEIT A DISABILITY BENEFIT

#### By signing below:

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 starting from the "waiver end date" shown in Section 3.

|                    |                 |                     |                 |
|--------------------|-----------------|---------------------|-----------------|
| Member's signature | Date (yy/mm/dd) | Witness's signature | Date (yy/mm/dd) |
|--------------------|-----------------|---------------------|-----------------|

#### Witness information (please print)

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