



Service purchase application form

PART A: OMERS EMPLOYER OR PUBLIC SECTOR EMPLOYER/PENSION PLAN

Use this form to apply for a cost to purchase service with your current OMERS employer, a former OMERS employer, or OMERS-associated employer, or a former public sector employer/pension plan. If you buy back this service, it becomes credited service in the OMERS Primary Plan.

How to use the Form 160

We recommend you first complete the *Proof of previous earnings and service* (see below). This goes to the former employer to complete and may take several weeks to be returned.

For OMERS service that was previously refunded, please see Section 1.

Service purchase application form (Part A)

- Complete the member information in Section 1 and sign in Section 3.
- Ask your current OMERS employer to complete Sections 2 and 3. This confirms the annual salary rate used for your service purchase cost, as at the date of your request.

Tip! Keep your personal information private: do not send Part A to your former employer.

Proof of previous earnings and service (Part B)

- Complete and sign Section 1 – *Member Information*.
- Send Part B to your OMERS employer or former employer/pension plan to complete.
- The employer is to return the completed and signed form to you.*
- Once you have the completed forms from your current and former employers, submit them to OMERS (mail or fax; no email) along with proof of your age.** Please write your OMERS membership number on all documents.
- OMERS will calculate the cost of the service and prepare an election form with your purchase options, and send it to you by mail.

- To purchase service with more than one employer, complete a separate Form 160 for each time period.
- For service with a private sector employer, use the *Form 260 – Service purchase application form, Private sector employer/pension plan*.

Tip! For a quick cost estimate, try the Buy-back Estimator in myOMERS. It draws information from your OMERS file. To register, go to www.omers.com, click on myOMERS, and follow the steps. (You'll need your OMERS membership number.)

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 other than for purposes of pension plan administration, and, by providing personal information, you consent to its use for those purposes. The collection, use, retention and destruction of personal information are subject to our Privacy Policy at www.omers.com.

Any questions regarding the collection of personal information should be directed to OMERS Client Services at 1-800-387-0813.

* If your former employer is unable to complete this form, you may complete a *Form 169 – Statutory declaration for proof of eligible [OMERS] service* or *Form 269 – Statutory declaration for proof of service [non-OMERS]* available at www.omers.com.

** Proof-of-age document

A legible photocopy (not the original) of any one of these with your date of birth:

Birth certificate	Canadian driver's licence
Canadian passport	Canadian citizenship papers
Baptismal papers	Canadian registration of birth
Adoption papers	Certificate of Indian Status

Section 1 is to be completed by the member

1. MEMBER INFORMATION (please complete all fields in this section)

Group number		OMERS membership number		Birthdate (m/d/y)	
<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 ()		Email		Name of current employer	

Previously refunded OMERS service (For privacy, you may complete this section after your current employer returns this form to you.)

Is this request for previously refunded service in the OMERS Plan? Yes No If yes, OMERS may have this information on file. You need only submit Part A.

If yes, when did the service occur?	Former employer's name
Any other information that may have changed in your OMERS record (e.g., married name)?	

Section 2 is to be completed by the current employer

2. SERVICE COST INFORMATION

Current annual salary rate
\$

For a member who is other-than-continuous full-time (OTCFT) or works for a school board, the salary should be annualized. Examples:

- A member earns \$27 per hour (paid vacation included). A 12-month, full-time employee in the same job class works 2080 hours per year (40-hour week). The annualized salary rate is \$56,160 (\$27 x 2080 hours).
- A 10-month school board employee (working full-time hours) has a salary rate of \$35,000. The annualized salary rate is \$42,000 (\$35,000 ÷ 10 x 12).

Type of service purchase: Buy-back Optional service

Employee class (for optional service only)

OMERS membership number

Section 3 is to be completed by the member and current employer

3. AUTHORIZATION

Member's signature	Date (m/d/y)
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The current employer's signature below is to verify the annual salary rate information.

Employer name	Contact (please print)	Title
Telephone number ()	Fax number ()	By providing my email address below, I authorize OMERS to contact me by email to clarify information about this member.
Signature of authorized signing officer	Date (m/d/y)	

OMERS can provide a cost only when we receive this completed and signed application form, and any necessary proof-of-service documents.



Proof of previous earnings and service

PART B: OMERS EMPLOYER OR PUBLIC SECTOR EMPLOYER/PENSION PLAN

This form is for an OMERS Pension Plan member to apply for a cost to purchase past service with a current OMERS employer, a former OMERS employer, or OMERS-associated employer, or a former public sector employer/pension plan.

employee's records no longer exist), please advise the OMERS member. You will be asked to provide a written statement confirming this.

Instructions for the former employer/pension plan

- Please provide all of the relevant information for this OMERS member (former employee) as requested on this form.
- If there is more than one service period for this employee, please make extra copies of this form as needed.
- Once you have completed and signed this form, return it directly to the OMERS member.
- If you are unable to complete this form (if, for example, the former

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Any questions regarding the collection of personal information should be directed to OMERS Client Services at 1-800-387-0813.

Section 1 is to be completed by the OMERS member

1. MEMBER INFORMATION

Social insurance number/former employee ID number		OMERS membership number		Birthdate (m/d/y)	
<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

I hereby authorize my former employer or my previous pension plan to release to OMERS any information on this form necessary to verify my earnings and service, including my social insurance number.

Member's signature	Date (m/d/y)
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Sections 2, 3 and 4 are to be completed by the former employer/pension plan

2. PREVIOUS EMPLOYMENT INFORMATION

OMERS group number (if applicable)	Employer name	Date service began (m/d/y)	Date service ended (m/d/y)
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Costs for one service period can be requested in this section. For more than one period, photocopy this section as needed. Be sure to put the OMERS membership number at the top of each page.

Service period

Are there any breaks in service or unpurchased leave periods within this time period? Yes No

If yes, please indicate the dates and the type of leave(s):

Date leave started (m/d/y)	Date leave ended (m/d/y)	<input type="checkbox"/> Authorized leave/legal strike	<input type="checkbox"/> Pregnancy/parental leave	<input type="checkbox"/> Layoff/suspension*	<input type="checkbox"/> Other**
Date leave started (m/d/y)	Date leave ended (m/d/y)	<input type="checkbox"/> Authorized leave/legal strike	<input type="checkbox"/> Pregnancy/parental leave	<input type="checkbox"/> Layoff/ suspension*	<input type="checkbox"/> Other**

*Periods of layoff/suspension cannot be purchased. **Other eligible types of leave: Emergency leave (as of Sep. 4/01); Family/Medical leave (as of June 29/04); Reservist leave (as of Dec. 3/07); Organ donor leave (as of June 26/09).

Employment status during period

- Continuous full-time
- Non-full-time

% of full-time hours, excluding any period each year that the employee didn't work. Example: if full-time hours were 37.5 hours per week, and the employee regularly worked 30 hours per week, the percentage of full-time hours worked would be 80% (or $30 \div 37.5 = 0.80$).

Period each year the employee didn't work (generally applies to school boards or seasonal employees)

From (m/d)	To (m/d)

- If the employee worked varying hours every year, provide the months of service worked each year

Year														
Months														

OMERS membership number

A **waiting period** is the period when an employee has to meet certain criteria before they are eligible to join the pension plan (e.g., an age requirement, a minimum period of employment or an annual enrolment date). What is **not** a waiting period is when an employee is not eligible to join the plan (e.g., some plans limited plan membership based on employment status or didn't allow temporary or part-time employees or summer students to join).

Was there any waiting period served? No Yes – If yes, provide dates:

Date period started (m/d/y)	Date period ended (m/d/y)
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If yes, was the waiting period subsequently credited as service? No Yes

Pension plan information

Did the employee belong to a public sector employer's pension plan (other than CPP) during this service period?

No Yes – If yes, complete the pension plan information below.

Date membership began (m/d/y)	Date membership ended (m/d/y)	Name of pension plan/employer
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Was this a contributory plan for members? No Yes

Is the employee still entitled to a benefit from the plan?

Yes No – If no, indicate the benefit chosen (for example, commuted value transfer, cash refund, or other – please specify) and the period of service the benefit applied to (for example, 1982 to 1987, or 1990 to 1997).

Type of benefit chosen	Period of service it applied to	Type of benefit chosen	Period of service it applied to

3. COMPLETE THIS SECTION ONLY FOR SERVICE AFTER DECEMBER 31, 1989

Please complete the chart below as instructed. If you need more space, please photocopy this form.

Current OMERS employer: Complete the information for each calendar year of post-1989 service that the member is interested in purchasing.
Former employer: Complete the information for each year after 1989 that the employee worked with you.

Year	Credited service (months)	Contributory or deemed earnings (for purchased broken service only)	PA reported (if applicable)	PSPA reported (if applicable)

4. FORMER EMPLOYER/PENSION PLAN AUTHORIZATION

The former employer's signature below is to verify the contributory or deemed earnings and service/employment information.

Employer/pension plan name		Contact (please print)	Title
Address (street number and name)		City	Province Postal code
Telephone number ()	Fax number ()	By providing my email address below, I authorize OMERS to contact me by email to clarify information about this member.	
Signature of authorized signing officer		Date (m/d/y)	Email

Please return the completed form to the member.