



Disability elimination period

PART A: EMPLOYER REPORTING

To the employer:

Use this form to create a permanent record of a member's decision whether to purchase a disability elimination period. Complete both Part A and Part B of this form.



Do your OMERS administration online!

Use **e-access** for most of your OMERS administration, including **e-Form 164**. It's online, secure, and includes tips and validations that make your reporting quick and easy.

Important – Supplemental Plan!

If you are reporting a disability elimination period for a Supplemental Plan member, you must use **e-Form 164** in **e-access**.

Disability elimination period purchase decision

If the member elects to purchase the period:

- Do **not** submit this form to OMERS.
- Keep a copy for your records.
- Report all pertinent information through *e-Form 119 – Annual reporting of membership information* or through *e-Form 143 – Request for an OMERS plan benefit*.

If the member elects not to purchase the period:

- Send this completed and signed form to OMERS, by mail or fax (address and fax number on page 4). If you fax it, do **not** also mail the original.
- OMERS will set up the period as broken service in the member's record.

For full details, please see the online *Employer Administration Manual* at www.omers.com.

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.

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

1. MEMBER INFORMATION

Group number		Social insurance number		Employee number	
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other:		Last name	First name	Middle name	
Date last physically at work		Date (m/d/y)	Date entitled to apply for a disability benefit from OMERS		Date (m/d/y)

2. ELIMINATION PERIOD INFORMATION

Report information only for the period where the member was receiving less than 100% sick pay (i.e., you are reporting that regular contributions had ceased during the period entered below). The deemed earnings must be based on the regular rate of contributory earnings in effect immediately prior to ceasing contributions. If the elimination period spans two calendar years, enter each year separately.

Scattered days?	Date period started (m/d/y)	Date period ended (m/d/y)	Credited service (months)	Pay periods in year	Contributory earnings in pay period	DEEMED CONTRIBUTORY EARNINGS (for period)		MEMBER COST	
						For this year	Paid following year (carry-forward)	RPP contributions	RCA contributions
<input type="checkbox"/> Yes					\$	\$	\$	\$	\$
<input type="checkbox"/> Yes					\$	\$	\$	\$	\$

Reminder – Supplemental Plan

If you are reporting a disability elimination period for a Supplemental Plan member, you must use **e-Form 164** in **e-access**.

Member cost for total periods – RPP	Member cost for total periods – RCA
\$	\$

MATCHING EMPLOYER COST

RPP contributions	RCA contributions
\$	\$

3. EMPLOYER AUTHORIZATION

Employer name		Contact (please print)		Title
Telephone number ()		Fax number ()		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 (m/d/y)		

Employer instructions

Disability elimination period

Complete Part A and Part B of this form.

If the member is buying all or part of the period:

- Payment for the period must be made in a lump sum.
- Enter the payment in the Primary Plan RPP and RCA contributions fields in Section 2 on *Form 105 – Contribution Remittance Summary* (the same fields used on Form 119 for contributions).

Scattered days (maximum 20 per year)

You can combine up to 20 scattered days taken off each calendar year and report them as one disability elimination period.

In the chart in Section 2 of Part A:

- Check **Yes** under **Scattered days**.
- Only enter the year in which the scattered days occurred in the **Date period started** field.
- Leave the **Date period ended** field blank.
- Fill in the other fields.

Complete Part B for the member.

Normally, deemed earnings are based on the contributory earnings immediately before the period. But, because scattered days can occur throughout the year, the member earnings may change. Instead of using the deemed earnings for each of the scattered days, you can use the earnings in a typical pay period (i.e., one salary rate) as if the earnings were in effect for the entire period.

Credited service

Report in months, to two decimal places. This is the credited service the member will lose if the disability elimination period is not purchased.

Pay periods in year

Enter the total pay periods in the year.

Contributory earnings in a pay period

A pay period refers to the member's regular pay schedule. For example, for a 26-period pay schedule, enter the member's deemed earnings for the two-week period immediately before the disability elimination period. If you are reporting scattered days, see above.

Deemed contributory earnings (for period)

See the *Employer Administration Manual* for the definition of deemed contributory earnings. For each period, separate carry-forward earnings from earnings paid in the disability elimination period year.

Example: A member who has a disability elimination period for all of December 2007 was paid for the last week of December in January 2008. In the **For this year** field, enter the deemed earnings for the first three weeks of December. In the **Paid following year** field, enter the deemed earnings for the last week of December.

Member cost

The member cost for a disability elimination period is single contributions. The employer pays the matching amount.

Pension adjustment (PA) reporting

Do not include the disability elimination period in the PA if the member declines the purchase.

Include the disability elimination period in the PA only if the member has elected to purchase it.

Purchase deadline

The purchase deadline is the earlier of the end of February in the year following the year in which the disability elimination period occurs or the date a Form 143 disability, termination or retirement claim is submitted for the member.



Disability elimination period

PART B: MEMBER ELECTION

Your employer has provided details of your elimination period below. Please read the notes on the next page before completing this form.

Please complete Sections 3 and 4 of this form, then sign and return the completed form to your employer, whether or not you are purchasing the elimination period.

Sections 1 and 2 are to be completed by the employer

1. MEMBER INFORMATION

Group number		Social insurance number		Employee number	
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other:		Last name	First name	Middle name	

2. PURCHASE INFORMATION

				MEMBER COST FOR:	
Scattered days? <input type="checkbox"/> Yes	Date period started (m/d/y)	Date period ended (m/d/y)	Credited service (months)	All of the period \$	One month of credited service* \$
Scattered days? <input type="checkbox"/> Yes	Date period started (m/d/y)	Date period ended (m/d/y)	Credited service (months)	All of the period \$	One month of credited service* \$
				Member cost for total periods \$	*Leave blank if the period is less than one month.

Sections 3 and 4 are to be completed by the member

3. MEMBER ELECTION

Purchase deadline

If you elect to buy all or part of the disability elimination period, your cost must be paid in full by the purchase deadline which is the earlier of:

- the end of February in the year following the year in which the disability elimination period occurs, OR
- before an application for an OMERS disability, termination or retirement benefit is made.

Please check one:

I am buying all of my disability elimination period at the total cost of Amount

I am buying part of my disability elimination period: \$ Please see "Partial purchases" under Member notes.

I do not wish to buy my disability elimination period.

To the member:

Your cost to purchase the disability elimination period is single contributions. These are matched by your employer and are based on the regular rate of contributory earnings in effect immediately prior to ceasing contributions.

If you do not buy the elimination period by the purchase deadline, it may be purchased later as a leave or a buy-back and the cost will be much higher.

OMERS will assume that you do not want to purchase this period as a leave or a buy-back because the cost would be higher than the elimination period. If you do decide later to purchase the period, please contact your employer.

4. MEMBER'S SIGNATURE

I understand that I have until the purchase deadline described in Section 3 to purchase my elimination period at the cost shown in Section 2. If I decline the purchase or do not purchase before the deadline, the period can only be purchased in the future as a leave or a buy-back and it will be more costly.

Member's signature	Date (m/d/y)
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FOR EMPLOYER USE ONLY

Do you plan to submit a Form 143 – Request for an OMERS plan benefit for this member within the next 30 days? Yes No

The Disability elimination period reporting/election form and monies must be received before you submit a Form 143. Also, the elimination period monies must be included in the Primary Plan RPP and RCA contributions in Section 2 on your Form 105 – Contribution remittance summary.

PURCHASING THE DISABILITY ELIMINATION PERIOD

Making your decision

Purchasing credited service in OMERS increases your future pension and may allow you to retire earlier. A small investment today can add up over your lifetime. **Tip!** To see how much the disability elimination period increases your pension, try the **Retirement Income Estimator** in myOMERS. To register, go to www.omers.com, click on myOMERS, and follow the steps. (You'll need your OMERS membership number.)

Your RRSP room

Purchasing service generally reduces your RRSP room because the value of your pension increases. Please contact OMERS Client Services for more details.

Paying for the purchase

If you are paying for the period by cheque, make the cheque payable to your employer. Return this election form and your cheque to your employer. Your employer will send the payment to OMERS.

Scattered days

Up to 20 scattered days taken off in any calendar year can be combined and reported as one elimination period. Your employer will tick Yes under Scattered days in the chart in Section 2 to indicate the elimination period is a combination of several shorter periods.

Example: If you had a 2-day elimination period in March, a 4-day elimination period in September and a 2-day elimination period in November, this could be reported as one 8-day elimination period.

Partial purchases

You can buy part of an elimination period. If you know exactly how much you want to spend, enter the amount in the **Cost of partial purchase** field in Section 3. If you know how much credited service you want to buy, use the cost of one month of credited service (last column in the chart) to calculate the cost of the partial purchase.

Example: You need 3.3 months of credited service to retire early with 30 years of service; one month of credited service costs \$59.76. The cost of your partial purchase is: 3.3 months x \$59.76 = \$197.21



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