



Omission period application

Use this form:

- to obtain a cost for the time an eligible employee should have been enrolled in the OMERS Plan, but was not enrolled in it or contributing to it. (Please refer to Section 2 – “Enrolling a Member” in OMERS online *Employer Administration Manual*.)
- when broken service, disability elimination period, pregnancy/parental leave, or emergency/family medical leave purchases were not offered to a member.

Complete sections 1 through 4. You must sign in section 5 to authorize the processing of the omission period(s).

Send the completed and signed form to OMERS by mail or fax (address and fax number on page 2). If you fax it, do **not** also mail the original.

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 personal information with any other person for any purpose other than pension plan administration. Any questions regarding the collection of personal information should be directed to OMERS Client Services at 1-800-387-0813.

This form is for employer use only

1. MEMBER INFORMATION

Group number		OMERS membership or social insurance number		Birthdate (m/d/y)	
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Last name		First name		Middle name
<input type="checkbox"/> Other:					
Address (street number and name)			City	Province	Postal code

2. REASON FOR OMISSION PERIOD

Please choose one of the following:

- Basic service
 Broken service
 Pregnancy/parental leave
 Disability elimination period
 Emergency/family medical leave
 Waiting period (only for service before 1978)
 Reinstatement (attach details to this form)

3. SERVICE INFORMATION

Member's employment status during the omission period:

- Continuous full-time
 Continuous full-time date (m/d/y)
- Other-than-continuous full-time

Normal Retirement Age (NRA): 60 65

If the omission period spanned more than one calendar year, enter each year separately. Also, if the contribution rate changed over the period (for example, a contribution holiday or the member changed status from full-time to part-time), enter that period separately.

Omission period				Has a PA been reported to CRA for the reported year?	Were contributions deducted in the reported year?	For broken service, pregnancy/parental leave, disability elimination period or emergency/family medical leave only	
Date started (m/d/y)	Date ended (m/d/y)	Contributory earnings \$	Credited service	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Typical pay period earnings \$	Number of pay periods
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/>

Group number (if faxing)	OMERS membership or social insurance number (if faxing)
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3. SERVICE INFORMATION (cont'd)

If any of the contributory earnings included retroactive pay, please complete the following:

Year retroactive payment was made

Give us the breakdown of the amount that was applied to each year:

Year	Amount
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Total amount	\$

4. COMMENTS

5. EMPLOYER AUTHORIZATION

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

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)	E-mail