



Proof of eligible service

Use this form to confirm that a member has eligible service in the OMERS Plan. Eligible service is service with a participating OMERS employer that is not credited service in the OMERS Plan. For more information, see Section "15.3.2 Eligible service" in the online OMERS Employer Administration Manual.

Once OMERS receives confirmation of eligible service, the member will automatically receive a buy-back cost for the eligible service period(s).

The member completes section 1 of this form. The previous employer (where the employment occurred) completes sections 2 and 3.

If the previous OMERS employer is not able to complete this form (i.e., if records are unavailable), the member can complete a *Form 169 – Statutory declaration for proof of eligible service (OMERS employer)*.

Send the completed and signed form to OMERS by mail or fax. 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 other than for purposes of pension plan administration, and, the provision of personal information is considered 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.

1. MEMBER INFORMATION

Group number		OMERS membership number		Daytime telephone ()	
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other:		Last name		First name	
Address (street number and name)		City		Province Postal code	

2. PREVIOUS EMPLOYMENT INFORMATION

Group number	Employer name

Please enter all periods of previous employment:

Start date (m/d/y)	End date (m/d/y)	Start date (m/d/y)	End date (m/d/y)	Start date (m/d/y)	End date (m/d/y)
Start date (m/d/y)	End date (m/d/y)	Start date (m/d/y)	End date (m/d/y)	Start date (m/d/y)	End date (m/d/y)
Start date (m/d/y)	End date (m/d/y)	Start date (m/d/y)	End date (m/d/y)	Start date (m/d/y)	End date (m/d/y)

Employment status (for the periods indicated above)

- Continuous full-time
 Other-than-continuous full-time

% of full-time hours, excluding any period each year when the member didn't work
 Example: Put 50% for a 10-month employee who works five months. Put 100% for contract employees who work full-time or a 10-month employee who works 10 months.

Period each year when the member didn't work (generally applies to school boards)

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

Did the member have any breaks in service?

- No Yes — Please provide details:

Date leave started (m/d/y)	Date leave ended (m/d/y)	Pregnancy/Parental leave? <input type="checkbox"/> No <input type="checkbox"/> Yes
Date leave started (m/d/y)	Date leave ended (m/d/y)	Pregnancy/Parental leave? <input type="checkbox"/> No <input type="checkbox"/> Yes
Date leave started (m/d/y)	Date leave ended (m/d/y)	Pregnancy/Parental leave? <input type="checkbox"/> No <input type="checkbox"/> Yes

Group number	OMERS membership number
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3. PREVIOUS EMPLOYMENT INFORMATION

Were you a member of a registered pension plan (other than the Canada Pension Plan) during the service period in Section 2?

Yes No

If yes, please provide the following information:

Name of registered pension plan	Plan registration number	Date you enrolled in the plan (m/d/y)
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4. EMPLOYER AUTHORIZATION

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)	