



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 or contributing to it. (Please refer to Section 2 – Enrolling a Member in OMERS online *Employer Administration Manual*.)
- When any of the leave periods listed below 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).

To help us serve you better, submit your documents quickly and securely using the e-access portal. Start a new conversation, attach your files, and submit.

Providing OMERS with your personal information is considered consent for its use and disclosure for the purposes set out in our Privacy Statement, as amended from time to time. You can find out more about our collection, use, disclosure and retention of personal information by reviewing our Privacy Statement at www.omers.com.

SECTION 1 - MEMBER INFORMATION

Group Number	OMERS Membership Number			Date of Birth (m/d/y)
<input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms. <input type="radio"/> Other:	First Name	Middle Name	Last Name	

SECTION 2 - REASON FOR OMISSION PERIOD

Please choose one of the following:

- | | |
|--|--|
| <input type="checkbox"/> Basic service | <input type="checkbox"/> Disability leave |
| <input type="checkbox"/> Statutory leave - Pregnancy/parental leave | <input type="checkbox"/> Authorized Leave/Legal Strike |
| <input type="checkbox"/> Statutory leave - Family medical leave | Statutory leave - Infectious disease emergencies leave (IDEL) |
| <input type="checkbox"/> Statutory leave - Emergency leaves (use for all non-Pregnancy/parental, non-Family medical, non-Reservist, non-Infectious disease emergencies leaves) | <input type="checkbox"/> IDEL Unionized |
| <input type="checkbox"/> Statutory leave - Reservist leave | <input type="checkbox"/> IDEL Non-union - Single contribution cost |
| <input type="checkbox"/> Double contribution cost reservist leave | <input type="checkbox"/> IDEL Non-union - Double contribution cost |
| <input type="checkbox"/> Single contribution cost reservist leave | <input type="checkbox"/> 2020-2021 Temporary layoff leave |

SECTION 3 - SERVICE INFORMATION

Member's employment status during the omission period:

- | | | |
|---|-----------------------------------|--|
| <input type="checkbox"/> Continuous full-time | Continuous full-time date (m/d/y) | <input type="checkbox"/> 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, the member changed status from CFT to OTCFT or the member changed NRA from NRA60 to NRA65 or vice versa), enter that period separately.

Omission Period

Date started (m/d/y)	Date ended (m/d/y)	Contributory earnings	Credited service	Has a PA been reported to CRA for the reported year?	Were contributions deducted in the reported year?	For broken service, disability elimination period, or any of the leaves listed above only	Typical Pay Period Earnings	Number of Pay Periods
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			

SECTION 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

SECTION 4 - COMMENTS

SECTION 5 - EMPLOYER AUTHORIZATION

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

Employer		Contact
Title		
Phone	Fax	Email

Signature of Authorized Signing Officer

Date (m/d/y)