



Employment change/benefit request

(for a member on disability waiver of contribution)

Use this form to report a change in employment status or to request a benefit only for a member on a disability waiver of contribution.

Complete Sections 1 and 2 to notify OMERS of a change in the employment status. Complete Sections 1 and 3 to request an OMERS plan benefit.

Do not use this form to apply for a disability benefit for an active member. Use a *Form 143 - Request for an OMERS plan benefit*.

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 (to be completed by the employer)

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

SECTION 2 - CHANGE IN EMPLOYMENT (to be completed by the employer)

Has the member's employment ended? ☐ Yes - ☐ No

If you are only reporting an end in the member's employment, the waiver will continue and the member will be deemed to be your employee for pension purposes until they qualify for an early, normal or disability pension, or no longer qualify for a disability waiver benefit.

Has the member returned to work? ☐ Yes - ☐ No

If the member has returned to rehabilitative work, please complete a *Form 152 - Notice of rehabilitative work*.

SECTION 3 - REQUEST AN OMERS PLAN BENEFIT (to be completed by the employer)

Please indicate which of these three options this request is for:

☐ Disability Pension

To qualify for a disability pension, the member must meet OMERS definition of total and permanent disability. A disability pension cannot be backdated for a member on a disability waiver.

Indicate the end of the month as the *Waiver end date*; the OMERS pension will start at the beginning of the next month.

Has the member applied for a Workplace Safety and Insurance board benefit?

☐ Yes - Please complete the following:

☐ Approved ☐ Total/full ☐ Partial ☐ Temporary

☐ Declined ☐ Under appeal ☐ Pending approval

☐ No - Please advise OMERS in writing if the member is approved for a WSIB benefit in the future.

Group Number

OMERS Membership Number

Has the member applied for a benefit under your long-term disability plan?

☐ Yes - Please complete the following:

☐ Approved ☐ Receiving benefit ☐ Benefit stopped as of:

Date (m/d/y)

☐ Declined ☐ Under appeal ☐ Pending approval

☐ No - Please advise OMERS in writing if the member is approved for an LTD benefit in the future.

NOTE: If the member is approved for the OMERS disability pension, it may reduce any LTD payment.

☐ Retirement

An early retirement pension cannot be backdated for a member on a disability waiver.

Waiver end date (m/d/y)

Indicate the end of the month as the *Waiver end date*; the OMERS pension will start at the beginning of the next month.

☐ Death

Date of death (m/d/y)

Is there an eligible spouse? ☐ Yes ☐ No ☐ Don't know

Are there eligible children? ☐ Yes - Please provide birth dates (if known) on a separate page. ☐ No ☐ Don't know

Contact information:

<input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms. <input type="radio"/> Other:		First Name	Middle Name	Last Name	
Apt/Unit	Address		City	Province	Postal Code
Phone		Email			

Relationship to member:

☐ Spouse -

Spouse's social insurance number (optional)

☐ Other -

Specify

SECTION 4 - EMPLOYER AUTHORIZATION (to be completed by the employer)

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

Employer Name		Contact
Title		
Phone	Fax	Email

Signature of Authorized Signing Officer

Date (m/d/y)

SECTION 5a - ADVANCE ELECTION OPTION - for retirement only (to be completed by the member)

Under the Ontario *Pension Benefits Act*, members have the right to receive certain information about their pensions and any other options they may have before OMERS processes their pensions. However, members can waive their rights to that information if they want to receive their pensions more quickly.

To take advantage of this option, the member must sign the waiver below and send the required documents with this form.

Documents required for advance election

1. A cheque marked "void" or the following bank deposit information:

Name and address of bank		
Transit number	Bank number	Bank account number

2. Completed Federal and Provincial TD1 income tax forms (for Canadian residents only). If you do not submit completed TD1 forms, we will assume the basic personal amounts to calculate income tax.

Waiver for member to sign

By signing below:

I choose to receive my pension as indicated above from the OMERS pension plan. I acknowledge that I have decided to make this election in advance of receiving all of the information to which I may be entitled under the Ontario *Pension Benefits Act* so that my application for a pension may be processed more quickly. I understand that I will receive a *Pension confirmation form* giving the details of my pension benefit and a pension booklet once my pension has been processed.

Member's Signature _____ Date (m/d/y) _____ Witness Signature _____ Date (m/d/y) _____

SECTION 5b - AUTHORIZATION TO FORFEIT A DISABILITY BENEFIT (to be completed by the member)

By signing below:

I understand that I may choose to receive a disability benefit from OMERS as long as I am totally disabled. However, I choose to withdraw my application for this benefit, or cancel my existing disability benefit. I understand that I am giving up the right to receive a disability pension or a disability waiver of contribution from OMERS now, or in the future, for the period starting from the "waiver end date" shown in Section 3.

Member's Signature _____ Date (m/d/y) _____ Witness Signature _____ Date (m/d/y) _____

Witness Information:

<input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms. <input type="radio"/> Other:		First Name	Middle Name	Last Name	
Apt/Unit	Address		City	Province	Postal Code