OMERS

Additional information for a disability benefit review

OMERS requires you to complete this form to confirm that you still qualify to receive a disability benefit.

Submit this completed form along with the *Form 147 – Medical Report - OMERS Total Disability Benefits*, if applicable. To help us serve you better, submit your documents quickly and securely using your myOMERS account. Go to My Communications, start a new conversation, attach your files, and submit.

Any personal information provided on this form may be used to update your membership profile.

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

OMERS Membership Number*			Date of Birth (m/d/y)	
○ Mr. ○ Mrs. ○ Ms. ○ Other:	First Name	Middle Name	Last Name	
Apt/Unit	Address	City	Province	Postal Code
Home Number	Mobile Number	Email		

**Your membership number appears on your Pension Report or any personalized statement from OMERS.*

SECTION 2 - OTHER DISABILITY BENEFITS

Have you applied for a Workplace Safety and Insurance Board (WSIB) benefit?

☐ Yes - Please complete the following:

☐ Approved — Monthly benefit amount $ — ☐ Total/full ☐ Partial ☐ Temporary — Temporary benefit end date (m/d/y)

☐ Declined ☐ Under appeal ☐ Pending approval

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

Have you applied for a benefit under your employer's long-term disability (LTD) plan? ☐ Yes ☐ No ☐ Pending

If yes, are you still in receipt of LTD benefits?

☐ Yes

☐ No - Provide date benefit ended (m/d/y)

Please advise OMERS in writing if you are approved for LTD benefits in the future.

Important: Your LTD amount may be affected if you choose to receive a disability pension from OMERS. Please contact your employer for more details.

Have you applied for Canada Pension Plan (CPP) disability benefits? ☐ Yes ☐ No ☐ Pending

If yes, are you still in receipt of CPP disability benefits?

☐ Yes

☐ No - Provide date benefit ended (m/d/y)

Please advise OMERS in writing if you are approved for CPP disability benefits in the future.

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SECTION 3 - CURRENT WORK STATUS

What was your occupation immediately before your total disability? Occupation

Has your employment ended with the employer where you became totally disabled?

☐ Yes

☐ No

Have you returned to work in any capacity (e.g., rehabilitative work, etc.)?

☐ Yes - Date of return (m/d/y) Please contact OMERS Member Services or your employer for more details.

☐ No

SECTION 4 - MEMBER'S SIGNATURE

Member's Signature

Date (m/d/y)