

Employer Administration Forms – Quick Reference Guide

Purpose	Form #
Enrolling a member	e-Form 102
Contribution remittance Summary	e-Form 105
Changing member information	e-Form 106
Annual reporting of membership data	e-Form 119
Request for a plan benefit <ul style="list-style-type: none"> • Disability • Termination • Retirement • Pre-retirement death 	e-Form 143
Leave period reporting <ul style="list-style-type: none"> • 165a (Reporting) • 165b (Election) • 165c (Adjustments) 	e-Form 165
Disability elimination period	e-Form 164
Authorization for Disclosure of Personal Information	Form 132
Confirmation of Eligible Service	Form 168
Confirmation of Eligible Service for firefighters	Form 170
Employer contact information	Form 109A
Employment change/benefit request (for member on disability waiver of contribution)	Form 158
Forfeiting rights to disability benefit	Form 148
Medical report – OMERS total disability benefits	Form 147
Notice of rehabilitative work	Form 152
Offer of OMERS membership – part-time employment	Form 104
Omission period application	Form 167
Updating employer information	Form 109B

