



Disability elimination period - Part A: employer reporting

Use this form to create a permanent record of a member's decision whether to purchase a disability elimination period. Complete both Part A and Part B of this form.

Important – Supplemental Plan!

If you are reporting a disability elimination period for a Supplemental Plan member, you must use **e-Form 164** in **e-access**.

Disability elimination period purchase decision

If the member elects to purchase the period:

- Do **not** submit this form to OMERS.
- Keep a copy for your records.
- Report all pertinent information through *e-Form 119 – Annual reporting of membership information* or through *e-Form 143 – Request for an OMERS plan benefit*.

If the member elects not to purchase the period:

- Mail/fax this completed and signed form to the contact information below. If you fax it, do not mail the original.
- OMERS will set up the period as broken service in the member's record.

For full details, please see the online *Employer Administration Manual* at www.omers.com.

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.



Did you know you can complete this form online with [e-access](#)?

It's secure and includes tips and validations to make your reporting quick and easy.

SECTION 1 - MEMBER INFORMATION

Group Number		OMERS Membership Number		Employee Number	
<input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms. <input type="radio"/> Other:	First Name	Middle Name	Last Name		
Date last physically at work	Date (m/d/y)	Date entitled to apply for a disability benefit from OMERS			Date (m/d/y)

SECTION 2 - ELIMINATION PERIOD INFORMATION

Report information only for the period where the member was receiving less than 100% sick pay (i.e., you are reporting that regular contributions had ceased during the period entered below). The deemed earnings must be based on the regular rate of contributory earnings in effect immediately prior to ceasing contributions. If the elimination period spans two calendar years, enter each year separately.

DEEMED CONTRIBUTORY EARNINGS (for period)

MEMBER COST

Scattered days?	Date period started (m/d/y)	Date period ended (m/d/y)	Credited service (months)	Pay periods in year	Contributory earnings in pay period	For this year	Paid following year (carry-forward)	RPP contributions	RCA contributions
<input type="checkbox"/> Yes									
Scattered days?	Date period started (m/d/y)	Date period ended (m/d/y)	Credited service (months)	Pay periods in year	Contributory earnings in pay period	For this year	Paid following year (carry-forward)	RPP contributions	RCA contributions
<input type="checkbox"/> Yes									
Reminder – Supplemental Plan If you are reporting a disability elimination period for a Supplemental Plan member, you must use e-Form 164 in e-access .								Member cost for total periods – RPP	Member cost for total periods – RCA
								MATCHING EMPLOYER COST	
								RPP contributions	RCA contributions



Group Number

OMERS Membership Number

SECTION 3 - EMPLOYER AUTHORIZATION

Employer		Contact
Title		
Phone	Fax	Email

Authorized Signature

Date (m/d/y)

Disability elimination period

Complete Part A and Part B of this form.

If the member is buying all or part of the period:

- Payment for the period must be made in a lump sum.
- Enter the payment in the Primary Plan RPP and RCA contributions fields in Section 2 on *Form 105 – Contribution Remittance Summary* (the same fields used on Form 119 for contributions).

Scattered days (maximum 20 per year)

You can combine up to 20 scattered days taken off each calendar year and report them as one disability elimination period.

In the chart in Section 2 of Part A:

- Check **Yes** under **Scattered days**.
- Only enter the year in which the scattered days occurred in the **Date period started** field.
- Leave the **Date period ended** field blank.
- Fill in the other fields.

Complete Part B for the member.

Normally, deemed earnings are based on the contributory earnings immediately before the period. But, because scattered days can occur throughout the year, the member earnings may change. Instead of using the deemed earnings for each of the scattered days, you can use the earnings in a typical pay period (i.e., one salary rate) as if the earnings were in effect for the entire period.

Credited service

Report in months, to two decimal places. This is the credited service the member will lose if the disability elimination period is not purchased.

Pay periods in year

Enter the total pay periods in the year.

Contributory earnings in a pay period

A pay period refers to the member's regular pay schedule. For example, for a 26-period pay schedule, enter the member's deemed earnings for the two-week period immediately before the disability elimination period. If you are reporting scattered days, see above.

Deemed contributory earnings (for period)

See the *Employer Administration Manual* for the definition of deemed contributory earnings. For each period, separate carry-forward earnings from earnings paid in the disability elimination period year.

Example: A member who has a disability elimination period for all of December 2007 was paid for the last week of December in January 2008. In the **For this year** field, enter the deemed earnings for the first three weeks of December. In the **Paid following year** field, enter the deemed earnings for the last week of December.

Member cost

The member cost for a disability elimination period is single contributions. The employer pays the matching amount.

Pension adjustment (PA) reporting

Do not include the disability elimination period in the PA if the member declines the purchase.

Include the disability elimination period in the PA only if the member has elected to purchase it.

Purchase deadline

The purchase deadline is the earlier of the end of February in the year following the year in which the disability elimination period occurs or the date a Form 143 disability, termination or retirement claim is submitted for the member.



Disability elimination period - Part B: member election

Your employer has provided details of your elimination period below.
Please read the notes on the next page before completing this form.

Please complete Sections 3 and 4 of this form, sign and return the completed form to your employer, whether or not you are purchasing the elimination period.

SECTION 1 - MEMBER INFORMATION - to be completed by the employer

Group Number	OMERS Membership Number*/Social Insurance Number	Employee Number	
<input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms. <input type="radio"/> Other:	First Name	Middle Name	Last Name

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

SECTION 2 - PURCHASE INFORMATION - to be completed by the employer

MEMBER COST FOR:

Scattered days?	Date period started (m/d/y)	Date period ended (m/d/y)	Credited service (months)	All of the period	One month of credited service*
<input type="checkbox"/> Yes					
Scattered days?	Date period started (m/d/y)	Date period ended (m/d/y)	Credited service (months)	All of the period	One month of credited service*
<input type="checkbox"/> Yes					
				Member cost for total periods	*Leave blank if the period is less than one month

SECTION 3 - MEMBER ELECTION - to be completed by the member

Purchase deadline

If you elect to buy all or part of the disability elimination period, your cost must be paid in full by the purchase deadline which is the earlier of:

- December 31st of the year in which the leave occurred, OR
- before an application for an OMERS disability, termination or retirement benefit is made.

Please check one:

☐ I am buying all of my disability elimination period at the total cost of:

Amount

☐ I am buying part of my disability elimination period:

Credited Service (months)

Cost of Partial Purchase

Please see "Partial Purchases" under Member notes.

☐ I do not wish to buy my disability elimination period.

To the member:

Your cost to purchase the disability elimination period is single contributions. These are matched by your employer and are based on the regular rate of contributory earnings in effect immediately prior to ceasing contributions.

If you do not buy the elimination period by the purchase deadline, it may be purchased later as a leave or a buy-back and the cost will be much higher.

OMERS will assume that you do not want to purchase this period as a leave or a buy-back because the cost would be higher than the elimination period. If you do decide later to purchase the period, please contact your employer.

SECTION 4 - MEMBER'S SIGNATURE

I understand that I have until the purchase deadline described in Section 3 to purchase my elimination period at the cost shown in Section 2. If I decline the purchase or do not purchase before the deadline, the period can only be purchased in the future as a leave or a buy-back and it will be more costly.

Authorized Signature

Date (m/d/y)

FOR EMPLOYER USE ONLY: Are you going to submit a Form 143 – Request for an OMERS plan benefit for this member within the next 30 days? ☐ Yes ☐ No

The Disability elimination period reporting/election form and money must be received before you submit a Form 143. Also, the elimination period money must be included in the Primary Plan RPP and RCA contributions in Section 2 on your Form 105 – Contribution remittance summary.

PURCHASING THE DISABILITY ELIMINATION PERIOD

Making your decision

Purchasing credited service in OMERS increases your future pension and may allow you to retire earlier. A small investment today can add up over your lifetime. Tip! To see how much the disability elimination period increases your pension, try the Retirement Income Estimator in myOMERS. To register, go to www.omers.com, click on myOMERS, and follow the steps. (You'll need your OMERS membership number.)

Your RRSP room

Purchasing service generally reduces your RRSP room because the value of your pension increases. Contact OMERS Client Services for more details.

Paying for the purchase

If you are paying for the period by cheque, make the cheque payable to your employer. Return this election form and your cheque to your employer. Your employer will send the payment to OMERS.

Scattered days

Up to 20 scattered days taken off in any calendar year can be combined and reported as one elimination period. Your employer will tick Yes under Scattered days in the chart in Section 2 to indicate the elimination period is a combination of several shorter periods.

Example: If you had a two day elimination period in March, a four day elimination period in September and a two day elimination period in November, this could be reported as one eight day elimination period.

Partial purchases

You can buy part of an elimination period. If you know exactly how much you want to spend, enter the amount in the Cost of partial purchase field in Section 3. If you know how much credited service you want to buy, use the cost of one month of credited service (last column in the chart) to calculate the cost of the partial purchase.

Example: You need 3.3 months of credited service to retire early with 30 years of service; one month of credited service costs \$59.76. The cost of your partial purchase is: $3.3 \text{ months} \times \$59.76 = \$197.21$