



# Forfeiting rights to disability benefits

**Use this form if you want to give up your rights to an OMERS disability benefit.**

If you want to receive another OMERS benefit, you must also send the enclosed election form. We cannot take any action until we receive both forms from you.

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](http://www.omers.com).

## SECTION 1 - MEMBER INFORMATION

OMERS Membership Number*/Social Insurance 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			
Apt/Unit	Address		City	Province	Postal Code		
Home Number		Mobile Number	Email				
Name of Current Employer							

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

Indicate the date of your disability (the last day you worked)

Date (m/d/y)

## SECTION 2 - DISABILITY WAIVER

If you are on a disability waiver of contribution, indicate when you wish your waiver to end

Date (m/d/y)

## SECTION 3 - AUTHORIZATION TO FORFEIT A DISABILITY BENEFIT

I understand that I may choose to receive a disability benefit from OMERS as long as I am totally disabled.

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 of disability starting on the date shown in Section 1.

Member's Signature

Date (m/d/y)

Witness Signature

Date (m/d/y)