



# AVC Employer Payroll Deduction Contact Form

Use this form to add or remove registered contacts in your organization who are authorized to receive the *AVC Employer Payroll Deduction Report* sent on the 5th calendar day of each month by encrypted email.

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

## SECTION 1 - EMPLOYER INFORMATION

Group Number	Employer Name			
Suite/Unit	Address	City	Province	Postal Code

## SECTION 2 - ADD CONTACT INFORMATION

Please **add** the following AVC contacts (*OMERS requires two or more contacts*):

First Name	Middle Name	Last Name
Title		
Phone	Email	

First Name	Middle Name	Last Name
Title		
Phone	Email	

First Name	Middle Name	Last Name
Title		
Phone	Email	

First Name	Middle Name	Last Name
Title		
Phone	Email	

Group Number
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### SECTION 3 - REMOVE CONTACT INFORMATION

Please **remove** the following AVC contacts (*OMERS must always have two or more contacts*):

First Name	Middle Name	Last Name
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First Name	Middle Name	Last Name
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First Name	Middle Name	Last Name
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### SECTION 4 - ACKNOWLEDGEMENT

By signing below, I verify that I am duly authorized, on behalf of the employer, to request that the *AVC Employer Payroll Deduction Report* be sent to the contacts named above.

Name of Authorizing Person		Title
Phone	Email	

Authorized Signature

Date (m/d/y)

This form must be signed by either a senior management official (e.g., manager, director, superintendent, treasurer, etc.) for your organization who is currently listed on OMERS records or the OMERS agent.