



Omission Period Application

Use this form:

- To obtain a cost for the time an eligible employee should have been enrolled in the OMERS Plan, but was not enrolled in or contributing to it. (Please refer to Section 2 – “Enrolling a Member” in OMERS online *Employer Administration Manual*.)
- When any of the leave periods listed below were not offered to a member.

Complete sections 1 through 4. You must sign in section 5 to authorize the processing of the omission period(s).

Mail/fax the completed and signed form to the contact information below. If you fax it, do not mail the original.

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

Group Number	OMERS Membership 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

SECTION 2 - REASON FOR OMISSION PERIOD

Please choose one of the following:

- ☐ Authorized leave/legal strike ☐ Basic service ☐ Disability elimination period ☐ Pregnancy/Parental leave ☐ Reinstatement (attach details to this form)
- ☐ Crime-related child death or disappearance leave ☐ Critically ill child care leave ☐ Emergency leave ☐ Emergency leave - declared emergencies
- ☐ Family caregiver leave ☐ Family medical leave ☐ Organ donor leave ☐ Reservist leave ☐ Reservist leave - periods of postponement
- ☐ Waiting period (only for service before 1978)

SECTION 3 - SERVICE INFORMATION

Member's employment status during the omission period:

☐ Continuous full-time

Continuous full-time date (m/d/y)

☐ Other-than-continuous full-time

Normal retirement age (NRA): ☐ 60 ☐ 65

If the omission period spanned more than one calendar year, enter each year separately. Also, if the contribution rate changed over the period (for example, a contribution holiday, the member changed status from CFT to OTCFT or the member changed NRA from NRA60 to NRA65 or vice versa), enter that period separately.

Omission Period

Has a PA been reported to CRA for the reported year?

Were contributions deducted in the reported year?

For broken service, disability elimination period, or any of the leaves listed above only

Date started (m/d/y)	Date ended (m/d/y)	Contributory earnings	Credited service	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Typical Pay Period Earnings	Number of Pay Periods
Date started (m/d/y)	Date ended (m/d/y)	Contributory earnings	Credited service	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Typical Pay Period Earnings	Number of Pay Periods
Date started (m/d/y)	Date ended (m/d/y)	Contributory earnings	Credited service	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Typical Pay Period Earnings	Number of Pay Periods
Date started (m/d/y)	Date ended (m/d/y)	Contributory earnings	Credited service	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Typical Pay Period Earnings	Number of Pay Periods
Date started (m/d/y)	Date ended (m/d/y)	Contributory earnings	Credited service	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Typical Pay Period Earnings	Number of Pay Periods
Date started (m/d/y)	Date ended (m/d/y)	Contributory earnings	Credited service	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Typical Pay Period Earnings	Number of Pay Periods

SECTION 3 - SERVICE INFORMATION - cont'd

If any of the contributory earnings included retroactive pay, please complete the following:

Year retroactive payment was made

Give us the breakdown of the amount that was applied to each year:

Year	Amount

SECTION 4 - COMMENTS

SECTION 5 - EMPLOYER AUTHORIZATION

By signing below, I certify that all of the information in this form is true and accurate.

Employer		Contact
Title		
Phone	Fax	Email

Signature of Authorized Signing Officer

Date (m/d/y)