OMERS
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).

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.

SECTION 1 - MEMBER INFORMATION

Group Number	OMERS Membership Number	Date of Birth (m/d/y)

First Name	Middle Name	Last Name

SECTION 2 - REASON FOR OMISSION PERIOD

Please choose one of the following:

- ☐ Basic service
- ☐ Statutory leave - Pregnancy/parental leave
- ☐ Statutory leave - Family medical leave
- ☐ Statutory leave - Emergency leaves (use for all non-Pregnancy/parental, non-Family medical, non-Reservist, non-Infectious disease emergencies leaves)
- ☐ Statutory leave - Reservist leave
  - ☐ Double contribution cost reservist leave
  - ☐ Single contribution cost reservist leave
- ☐ Disability leave
- ☐ Authorized Leave/Legal Strike
- Statutory leave - Infectious disease emergencies leave (IDEL)
  - ☐ IDEL Unionized
  - ☐ IDEL Non-union - Single contribution cost
  - ☐ IDEL Non-union - Double contribution cost
- ☐ 2020-2021 Temporary layoff leave

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

Date started (m/d/y)	Date ended (m/d/y)	Contributory earnings	Credited service	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	
				☐ Yes ☐ No	☐ Yes ☐ No	Typical Pay Period Earnings	Number of Pay Periods
				☐ Yes ☐ No	☐ Yes ☐ No		
				☐ Yes ☐ No	☐ Yes ☐ No		
				☐ Yes ☐ No	☐ Yes ☐ No		
				☐ Yes ☐ No	☐ Yes ☐ No		
				☐ Yes ☐ No	☐ Yes ☐ No		

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Group Number	OMERS Membership Number

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)