



# Changing member information

Use this form to change a member's information. For information on changing a member's information in the Supplemental Plan, call OMERS at 1-800-387-0813.

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.

For details, go to the *Updating Member Information* section in the Employer Administration Manual available at [www.omers.com](http://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](http://www.omers.com).



**Did you know you can complete this form online?**  
Change member information quickly and easily on [e-access](#).

### SECTION 1 - MEMBER'S CURRENT INFORMATION (MANDATORY)

Group Number	Department ID	Employee Number	OMERS Membership Number	Gender <input type="checkbox"/> M <input type="checkbox"/> F	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 - MEMBER'S NEW INFORMATION (if applicable)

Department ID	Employee Number	Gender <input type="checkbox"/> M <input type="checkbox"/> F	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

Has the employee signed a new Form 132 - Authorization for Disclosure of Personal Information?    Yes    No

### SECTION 3 - NEW EMPLOYMENT INFORMATION (if applicable)

Effective Date of Change (m/d/y)

Status                       Continuous full-time (CFT)                       Other than continuous full-time (OTCFT)

Normal Retirement Age (NRA)     60                       65

Occupation                       Council Member                       Fire\*                       Police\*                       Other\*                       Paramedic

\*For fire/police civilians, check 'Other', then indicate the appropriate Member Affiliation below.

#### Member Affiliation

Indicate the name of the recognized union or association below. For a list of recognized unions and associations, refer to [www.omers.com](http://www.omers.com).

Union/Association

Group Number

OMERS Membership Number

**Additional Information if Normal Retirement Age (NRA) is Changing****NRA change from 65 to 60**

Record the member's current salary rate and credited service up to the date of the NRA change.

Salary rate as of NRA change

Credited service

**NRA change from 60 to 65**

Record the member's contributory earnings, credited service and contributions up to the date of the NRA change.

Contributory Earnings

Credited Service (months)

Primary Plan RPP Contributions

**SECTION 4 - EMPLOYER AUTHORIZATION**

By signing below, you agree that all of the information on this form is correct.

Employer		Contact
Title		
Phone	Fax	Email

Signature of Authorized Signing Officer

Date (m/d/y)