OMERS

Optional service cost request

Use this form <u>only</u> if you are a current OMERS employer with a Supplementary Agreement that includes optional service.

OMERS will calculate a cost of the service and forward an optional service package directly to you.

Important: If the service is with another employer, please contact OMERS Employer Services for more information.

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 - N	MEMBER INFO	ORMATION -	to be completed by	the member						
Group Number			OMERS Me	mbership Nun	Date o	Date of Birth (m/d/y)				
C Mr. C Mrs. C Ms. First Name				Middle Name Last Na						
Apt/Unit	Address				City		Province	Postal Code		
Phone Email										
Name of Currer	nt Employer									
*Your members	hip number ap	ppears on you	ır Pension Report or	any personaliz	ed statement fr	rom OMERS.				
SECTION 2 - F	PREVIOUS SE	RVICE INFO	RMATION - to be co	ompleted by t	he current OM	ERS employer				
Date service be	gan (m/d/y)	Date serv	ice ended (m/d/y)							
Costs for one someombership nu				□ or more than c	one period, phot	cocopy this sect	ion as neede	d. Be sure to put the OMERS		
Service period Are there any b If yes, please in	reaks in servic		ased leave periods we pe of leave(s):	vithin this time	period?	Yes 🗌 No)			
Leave period 1										
Date leave start	ted (m/d/y)	Date lea	ve ended (m/d/y)							
Statutory leav	re - Pregnancy/p	parental leave		Г	Non-statutory I	eave (includes Re	eservist leave a	t double		
Statutory leav	e - Family medic	cal leave		Г	☐ contributions cost to the member) ☐ Non-purchasable leave					
	edical and non-l		all non-Pregnancy/parei s at double contributions		_ rton paronaca.					
Leave period 2										
Date leave end	ed (m/d/y)	Date lea	ve ended (m/d/y)							
Statutory leav	e - Pregnancy/p	arental leave		Г	Non-statutory leave (includes Reservist leave at double					
Statutory leav	e - Family medic	cal leave			☐ contributions cost to the member) ☐ Non-purchasable leave					
	edical and non-F		all non-Pregnancy/parer s at double contributions		4011-paronasar	10470				

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SECTION 2 - PREVIOUS SER	RVICE INFORMATION - to be	completed by the current OMERS employer - cont'd
Employment status during perio	od	
Continuous full-time		
% per week	, , , ,	od each year that the employee didn't work. Example: if full-time hours were 37.5 hours worked 30 hours per week, the percentage of full-time hours worked would be 80%
From (m/d)	To (m/d)	Period each year the employee didn't work (generally applies to school boards or seasonal employees)

OMERS Membership Number

If the employee worked varying hours every year, provide the months of service worked each year.

Group Number

Year						
Months						

SECTION 3 - AUTHORIZATION - to be completed by the member and current employer

Employer		Co	Contact	
Title				
Phone	Fax	Email		
Signature of Authorized Signin	a Officer			Date (m/d/y)
Organization Additionized Organia	g Officer			Date (may)
Member's signature				Date (m/d/y)

OMERS can provide a cost only when we receive this completed and signed application form, and any necessary proof-of-service documents.

OMERS

Statutory ESA leave information

Statutory Employment Standards Act (ESA) leaves

Rules applying to statutory leaves which fall under the ESA are outlined below. The following leaves are ESA leaves:

- Child death leave that occurs on or after January 1, 2018
- Crime-related child death or disappearance leave that occurred from October 29, 2014 to December 31, 2017; Crime-related child disappearance leave that occurs on or after January 1, 2018
- Critically ill child care leave that occurred from October 29, 2014 to December 2, 2017; Critical illness leave (to include both children and adult family members) with any medical certificate issued on or after December 3, 2017
- Declared emergency leave
- Domestic or sexual violence leave that occurs on or after January 1, 2018
- Family caregiver leave that occurs on or after October 29, 2014
- · Family medical leave
- · Organ donor leave
- · Personal emergency leave
- Pregnancy/parental leave (including extension for stillbirth and miscarriage that occurs on and after January 1, 2018)
- · Reservist leave *
- · Reservist leave periods of postponement

*For OMERS purposes, there are two different ways that reservist leaves are costed depending on whether or not an employer has elected to share in the cost of the purchase of a reservist leave. If the member does not elect to purchase the reservist leave, the member will receive eligible service for the period of the reservist leave not purchased - under both costing methods.

Member cost

Generally, the member cost for an ESA leave is single contributions (with the exception of reservist leaves noted above). The employer pays the matching amount. For all other purchasable leaves, the member cost is double contributions and there is no cost to the employer.