OMERS

Past service purchase application form (supplemental plan)

Use this form to get a cost quote for purchasing Supplemental Plan past service. Complete all the applicable sections. Both the member and employer must sign in Section 3.

Important! For OMERS to provide this cost quote, the member must already be enrolled in the employer's Supplemental Plan.

To help us serve you better, submit your documents quickly and securely using your myOMERS account. Go to My Communications, 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	Social Insurance Number	Date of Birth (m/d/y)	Name of Current Employer

◯ Mr. ◯ Mrs. ◯ Ms. ◯ Other:	First Name	Middle Name	Last Name

Apt/Unit	Address	City	Province	Postal Code

Phone	Email

SECTION 2 - SERVICE PURCHASE INFORMATION

Current Annual Contributory Earnings Salary Rate	Supplemental Plan Class
$	

OMERS will provide a cost quote for all of the member's credited service in our Primary Plan records before they joined the Supplemental Plan. If the member has previously purchased Supplemental Plan past service, we will exclude this from the cost quote.

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

Member's Signature _____ Date (m/d/y) _____

The current employer's signature below is to verify the annual contributory earnings salary rate.

Employer Name		
Contact Name		Title
Phone	Fax	Email

Signature of Authorized Signing Officer _____ Date (m/d/y) _____

OMERS cannot provide a cost quotation unless we receive this completed and signed application form, along with proof of age (if not previously submitted).