



Request for oral hearing form

Use this form to request an oral hearing in a proceeding before the Appeals Committee of the Board of Directors of the OMERS Administration Corporation ("OAC").

You must complete all sections of this form and mail or fax to the Staff Designate for the Appeals Committee (Pension Policy) at the address below at least **10 days prior to the date of the pre-hearing conference**. Your request for an oral hearing will be addressed at the pre-hearing conference.

If you fax it, do not mail the original. You may also email it to appeals@omers.com.

The factors that the Appeals Committee may consider in deciding whether to hold an oral hearing are set out in Rule 4.2(f) of the Rules Respecting Practice and Procedure for Appeals to the Board of Directors of the OAC.

Information that you submit relating to this matter will be available to all parties to the proceeding.

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 - APPLICANT INFORMATION

<input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms. <input type="radio"/> Other:		Last Name		First Name	
Apt/Unit	Address		City	Province	Postal Code
Phone		Ext.	Email		

Appellant Other

SECTION 2 - REASON FOR ORAL HEARING

Describe your reasons for requesting that the Appeals Committee hold an oral hearing. Explain the reasons why you think a written hearing would not be appropriate in this case.

SECTION 3 - APPLICANT SIGNATURE

Applicant Name (please print)

Applicant Signature

Date (m/d/y)