



# Supplemental plan cost estimate request

Use this form if you are an association or union and wish to request a supplemental plan cost estimate directly from OMERS. OMERS charges a \$500 processing fee for this service.

Mail the completed and signed form with a cheque for \$500 to OMERS, EY Tower, 900 - 100 Adelaide St W, Toronto, ON M5H 0E2.

The most effective route to request a cost estimate is through the employer because:

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).

- The employer has more up-to-date salary information and therefore can provide a more accurate estimate.
- There are no fees for OMERS processing if an employer requests a cost estimate.
- The turnaround time for cost estimates is likely faster because there is less manual data entry.

## SECTION 1 - ASSOCIATION/UNION INFORMATION

Association/Union Name			Contact		
Title				Phone	
Unit	Address		City	Province	Postal Code
Fax		Email			

## SECTION 2 - EMPLOYER INFORMATION

Group Number	Employer Name
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## SECTION 3 - ASSUMPTIONS

Agreement Effective Date (m/d/y)
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Supplemental Plan Class:  Fire  Paramedics  Police  Other (specify):

Supplemental Plan Provision:  2.33% accrual rate  "Best three" earnings  "Best four" earnings  85 Factor

Earnings Projections % up to Agreement Effective Year

Year Prior to Agreement Effective Year	Earnings Projection %	Agreement Effective Year	Earnings Projection %
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Earnings Projections % after Agreement Effective Year

Year One After Agreement Effective Year	Earnings Projection %	Year Two After Agreement Effective Year	Earnings Projection %
Year Three After Agreement Effective Year	Earnings Projection %	Year Four After Agreement Effective Year	Earnings Projection %
Year Five After Agreement Effective Year	Earnings Projection %		

Member Details Format  Flat File (.txt)  PDF Report (.pdf)

## SECTION 4 - AUTHORIZATION

Before mailing this form to OMERS, please ensure you have signed below and attached a cheque for \$500.00.

By signing below, I verify that I am duly authorized, on behalf of the association/union, to authorize this Supplemental Plan Cost Estimate Request.

Association/Union Name		Contact Name	
Title		Phone	
Fax	Email		

\_\_\_\_\_  
Signature of Authorized Signing Officer

\_\_\_\_\_  
Date (m/d/y)