



# Confirmation of eligible service for firefighters

Use this form to confirm that a firefighter is other-than continuous full-time (OTCFT) and has eligible service in the OMERS Plan.

Once OMERS receives confirmation of eligible service, the member will automatically receive a buy-back cost for the eligible service period(s).

All firefighters who are OTCFT and meet the minimum requirements listed in OMERS legislation must be given the opportunity to enrol in the OMERS Plan. For more information, see "OTCFT enrolment" in the online Employer Administration Manual.

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](http://www.omers.com).

## SECTION 1 - MEMBER INFORMATION

Group Number		OMERS Membership Number*		
<input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms. <input type="radio"/> Other:	First Name	Middle Name	Last Name	

\*Your membership number appears on your Pension Report or any personalized statement from OMERS.

## SECTION 2 - SERVICE INFORMATION

Please enter all service periods from the date of hire.

Volunteer	Date service started (m/d/y)	Date service ended (m/d/y)	Date service started (m/d/y)	Date service ended (m/d/y)
OTCFT	Date service started (m/d/y)	Date service ended (m/d/y)	Date service started (m/d/y)	Date service ended (m/d/y)

% worked (if not continuous full-time during this period)

Current annual salary rate

Eligible service reflecting a member's hire to enrolment date will be added to their record. A package will be sent to the member describing how to convert eligible service to credited service. Purchasing eligible service will increase a member's pension. Note: Keep your personal information private; do not send this form to your former employer if the current annual salary rate has been verified.

## SECTION 3 - EMPLOYER AUTHORIZATION

You certify that your organization employs (or has employed in the past) OTCFT firefighters. These firefighters were treated as part-time employees and not as volunteers under all other applicable legislation, such as the *Income Tax Act* (Canada), the *Employment Standards Act* (Ontario), *Workplace Safety and Insurance Act*, and Canada Pension Plan. Some common indicators of part-time status are vacation pay, CPP and EI deductions from earnings, and payment of earnings on a regular basis.

Employer		Contact	
Title			
Phone	Fax	Email	

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