



# Request for hearing form

Use this form to request an appeal to the Appeals Committee of the Board of Directors of the OMERS Administration Corporation ("OAC") of a decision of the President of 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 on page 4. If you fax it, do not mail the original. You may also email it to [appeals@omers.com](mailto:appeals@omers.com).

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

## SECTION 1 - CLAIMANT 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			

## SECTION 2 - REASON FOR APPEAL

Briefly outline why you are appealing the President's Determination. Use point form if desired. Be as specific as possible in referring to the statutory provisions relevant to your case. If you need more room, attach another page.

## SECTION 3 - ACCESSIBILITY REQUIREMENTS

Are you aware of any accessibility requirements necessary for the proceeding (e.g., wheelchair access, sign language interpreter, visual aids or any other accommodation)?

- No
- Yes (describe below)

## SECTION 4 - CLAIMANT SIGNATURE

Claimant Name (please print)

Claimant Signature

Date (m/d/y)

You may represent yourself before the Appeals Committee or you may be represented by someone who is licensed under the *Law Society Act* to practice law or to provide legal services in Ontario (i.e., a lawyer or paralegal) or by someone who is not required to be licensed under that Act (e.g., a trade union representative or a friend helping out on a limited voluntary basis). The Appeals Committee cannot assist you in obtaining representation and cannot provide you with information about the authority or license status of a representative. If you wish to have a representative for your appeal, please complete the Certification form, attached as Appendix A.

## CERTIFICATION

(see By-law 4 made under the *Law Society Act* (Ontario))

I, \_\_\_\_\_ am representing \_\_\_\_\_  
(Name of Representative) (Name of Party to the Appeal)

in the appeal before the Appeals Committee of the OMERS Administration Corporation in the matter of an appeal from the decision of the President by  
\_\_\_\_\_  
(Name of Appellant)

I am representing \_\_\_\_\_ on the basis that I am an/a:  
(Name of Party to the Appeal)

- a) **Person licensed under the *Law Society Act* to practice law or to provide legal services in Ontario** (i.e., a lawyer or paralegal)
- b) **Employee or volunteer representative of a trade union or an individual designated by the Ontario Federation of Labour, acting on behalf of the union, a member or former member of the union, or a survivor** (i.e., spouse, child or dependent of a deceased member of a trade union)

- c) **Friend or Neighbour**

Conditions:

- profession/occupation is not and does not include the provision of legal services or the practice of law;
- provides legal services only for and on behalf of a friend or neighbour and on no more than three matters per year;
- receives no compensation for the legal services provided.

- d) **Family Member**

Conditions:

- profession/occupation is not and does not include the provision of legal services or the practice of law;
- provides legal services only for and on behalf of a "related person" within the meaning of the *Income Tax Act* (i.e., connected by blood, marriage, common-law partnership or adoption);
- receives no compensation for the legal services provided.

- e) **Member of Provincial Parliament**

Conditions:

- profession/occupation is not and does not include the provision of legal services or the practice of law;
- must be a member of Provincial Parliament or his or her designated staff;
- provides legal services for and on behalf of a constituent.

- f) **Human Resources Professional**

Conditions:

- profession/occupation is not and does not include the provision of legal services or the practice of law;
- provides the legal services only occasionally;
- legal services provided are ancillary to individual's profession or occupation;
- member of the Human Resources Professionals Association of Ontario in the Certified Human Resources Professional category.

I hereby certify that I have met the conditions to representation set out in the category I have indicated (as applicable).

\_\_\_\_\_  
Name of Representative (please print)

\_\_\_\_\_  
Signature of Representative

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

## ACKNOWLEDGEMENT AND CONFIRMATION OF PARTY TO THE APPEAL

I hereby acknowledge the above certification and confirm that I have authorized \_\_\_\_\_  
(Name of Representative)

to represent me in the appeal before the Appeals Committee of the OMERS Administration Corporation, in the matter of an appeal from the decision of  
the President by \_\_\_\_\_.  
(Name of Appellant)

\_\_\_\_\_  
Name of Party to the Appeal (please print)

\_\_\_\_\_  
Signature of Party to the Appeal

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