



Employer contact information/e-access user

Use this form to add or update contacts and register e-access users for the Employer identified in section 1. Complete section 1, any other sections that apply, and sign in section 9.

IMPORTANT: If the person filling out this form is the contact that is either added or removed, you must have your manager or above authorize the form.

- If you are the administrator for more than one OMERS Employer group:
- You must complete a **separate** form for each group.
 - The same e-access username will be used to access all groups if the email address is the same for all groups.

If you will be administering the Plan, there is a short mandatory training module you must complete to gain full access to the system. Directions will be provided in your welcome email.

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.

SECTION 1 - EMPLOYER INFORMATION (mandatory)

| | |
|---------------|----------------------------|
| Group Number* | Employer Name ("Employer") |
|---------------|----------------------------|

*Leave blank if you have not been assigned a Group Number

SECTION 2 - UPDATE EMPLOYER ADDRESS (if applicable)

| | | | | |
|-------|---------|------|----------|-------------|
| Unit | Address | City | Province | Postal Code |
| Phone | Fax | | | |

IMPORTANT: You cannot remove a senior management official, remittance, annual reconciliation, or letter of credit contact unless you provide the name of a new contact in their place.

If you are adding/removing an annual reconciliation lead or a remittance contact and they do not have or no longer require e-access, please review and complete sections 7 and 8.

SECTION 3 - UPDATE SENIOR MANAGEMENT OFFICIAL (if applicable)

This is a person in your organization who holds a senior management position (i.e., manager or above).

Please **remove** the following senior management official:

| | |
|------------|-----------|
| First Name | Last Name |
|------------|-----------|

Please **add** the following senior management official:

| | | | | |
|--|--|-------------|-----------|-------------|
| <input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms. <input type="radio"/> Other: | First Name | Middle Name | Last Name | |
| Title | <input type="checkbox"/> Select if address is the same as Employer's main address. If address is the same, do not complete the address fields below. | | | |
| Unit | Address | City | Province | Postal Code |
| Phone | Email | | | |

SECTION 4 - UPDATE REMITTANCE CONTACT (if applicable)

This is a person in your organization who is responsible for remitting contributions to OMERS.

Please **remove** the following remittance contact:

| | |
|------------|-----------|
| First Name | Last Name |
|------------|-----------|

Please **add** the following remittance contact:

| | | | | |
|--|------------|--|-----------|-------------|
| <input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms. <input type="radio"/> Other: | First Name | Middle Name | Last Name | |
| Title | | <input type="checkbox"/> Select if address is the same as Employer's main address. If address is the same, do not complete the address fields below. | | |
| Unit | Address | City | Province | Postal Code |
| Phone | Email | | | |

SECTION 5 - UPDATE ANNUAL RECONCILIATION CONTACT (if applicable)

This is the main contact for your annual reporting (Form 119).

Please **remove** the following annual reconciliation contact:

| | |
|------------|-----------|
| First Name | Last Name |
|------------|-----------|

Please **add** the following annual reconciliation contact:

| | | | | |
|--|------------|--|-----------|-------------|
| <input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms. <input type="radio"/> Other: | First Name | Middle Name | Last Name | |
| Title | | <input type="checkbox"/> Select if address is the same as Employer's main address. If address is the same, do not complete the address fields below. | | |
| Unit | Address | City | Province | Postal Code |
| Phone | Email | | | |

SECTION 6 - UPDATE LETTER OF CREDIT/GUARANTEE CONTACT (if applicable) - for Associated Employers only

This is the main contact for enquiries related to the letter of credit/letter of guarantee.

Please **remove** the following letter of credit/guarantee contact:

| | |
|------------|-----------|
| First Name | Last Name |
|------------|-----------|

Please **add** the following letter of credit/guarantee contact:

| | | | | |
|--|------------|--|-----------|-------------|
| <input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms. <input type="radio"/> Other: | First Name | Middle Name | Last Name | |
| Title | | <input type="checkbox"/> Select if address is the same as Employer's main address. If address is the same, do not complete the address fields below. | | |
| Unit | Address | City | Province | Postal Code |
| Phone | Email | | | |

SECTION 7 - E-ACCESS USER INFORMATION

Complete for employees that are to be set up and/or disabled as e-access users and indicate the role for each employee:

- **Non-financial:** Only has access to the *Enrolling a member* (102) e-form and *Changing member information* (106) e-form.
- **Financial:** Has access to all e-forms, quick links, and sections of e-access.

Important!

You must notify OMERS immediately if any users no longer require e-access. For example, someone terminates employment, changes job functions, or takes an extended leave.

| | | | |
|---|---|---|--|
| First Name | Last Name | | |
| Daytime Phone | Email | | |
| Membership number (required if an OMERS member) | Employee number (required if not an OMERS member) | User role (check one) <input type="checkbox"/> Non-financial (e102 and e106 only) <input type="checkbox"/> Financial | |

Users must indicate a 7 to 15 character username (alpha or numeric, no special characters such as: underscore, blank spaces, period, *, @ or /).

Provide a preferred username:

Disable this user

Is the user an employee of your organization? Yes No (if the answer is No, contact OMERS for additional instructions)

Has this user administered the OMERS Plan before? Yes No

| | | | |
|---|---|---|--|
| First Name | Last Name | | |
| Daytime Phone | Email | | |
| Membership number (required if an OMERS member) | Employee number (required if not an OMERS member) | User role (check one) <input type="checkbox"/> Non-financial (e102 and e106 only) <input type="checkbox"/> Financial | |

Users must indicate a 7 to 15 character username (alpha or numeric, no special characters such as: underscore, blank spaces, period, *, @ or /).

Provide a preferred username:

Disable this user

Is the user an employee of your organization? Yes No (if the answer is No, contact OMERS for additional instructions)

Has this user administered the OMERS Plan before? Yes No

| | | | |
|---|---|---|--|
| First Name | Last Name | | |
| Daytime Phone | Email | | |
| Membership number (required if an OMERS member) | Employee number (required if not an OMERS member) | User role (check one) <input type="checkbox"/> Non-financial (e102 and e106 only) <input type="checkbox"/> Financial | |

Users must indicate a 7 to 15 character username (alpha or numeric, no special characters such as: underscore, blank spaces, period, *, @ or /).

Provide a preferred username:

Disable this user

Is the user an employee of your organization? Yes No (if the answer is No, contact OMERS for additional instructions)

Has this user administered the OMERS Plan before? Yes No

SECTION 8 - OMERS CONFIDENTIALITY AND ACCESS AGREEMENT

This agreement governs the rules for access to e-access. By submitting this signed registration form, the Employer agrees to exercise due care in the use of e-access and in granting its employees access to the system, including (but not limited to):

- Subject to approval from OMERS, authorize access only for employees of the Employer;
- Comply with all applicable laws, in registering the organization in e-access, setting up employee user access and in accessing and using e-access;
- Be fully responsible for all activities by its authorized employees or occurring under the authorized employees' usernames and passwords;
 - Sign in using only the username and password that has been assigned to them;
 - Sign in and use e-access only from the Employer's primary place of business;
 - Not share their password with others;
 - Not allow others to use e-access;
 - Report any unauthorized use of their username or password;
 - Not intentionally spread viruses and other malicious computer code to OMERS system or its third party service providers.
- Notify OMERS as soon as access to e-access is no longer required for any or all authorized employees of the Employer;
- Have the necessary security in place to ensure that the OMERS information accessed by its authorized users remains secure and confidential;
 - Monitor its network regularly for security incidents and investigate potential security breaches and take corrective actions;
 - Notify OMERS immediately of any Employer network situations which might affect OMERS systems security or security of the OMERS information;
 - Permit OMERS or its third party service providers to use its security tools in support of e-access.
 - Disable "Allow cookies stored on your disk" in your web browser
 - Enable "Allow per sessions cookies (not stored)" in your web browser

OMERS may suspend or terminate use/privileges to e-access if it reasonably believes that the access could cause potential harm to OMERS or its third party service providers' system or there is a violation of the foregoing terms and conditions. OMERS may amend or modify these terms and conditions from time to time by notifying Employers of such amendments or modifications. Continued use of e-access after such notice constitutes the Employer's acceptance of such amendments or modifications.

SECTION 9 - EMPLOYER AUTHORIZATION

Before sending this form to OMERS, please ensure each e-access user has indicated their preferred username – if they do not indicate a username, they will be assigned one.

By signing below, I certify that I am a duly authorized official (i.e., manager or above). I have been properly delegated the legal authority to change my Employer's contact information and to delegate the duties listed above.

IMPORTANT: If the senior management official identified in section 3 is being updated, this form must be signed by a different person in a position of the same level or higher.

If you have any questions as to who should sign this form, please contact Employer Services at 1-833-884-0389. It is the Employer's responsibility to provide OMERS with updated contact information.

| | |
|-------------------|-------|
| Authorizer's Name | Title |
| Email | |

Signature of Authorized Official _____ Date (m/d/y) _____