



Employer contact information/e-access user

Use this form to add or update employer contacts and register e-access users. **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.

After completing the e-access training module, OMERS will notify authorized employees of their confidential e-access password.

Mail/fax the completed and signed form to the contact information on page 4. If you fax it, please do not mail the original. You can also email it to employerservices@omers.com.

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
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*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	Email		

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
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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				
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
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Please **add** the following remittance contact:

<input type="radio"/> Mr. <input type="radio"/> Other:	<input type="radio"/> Mrs. <input type="radio"/> Ms.	First Name	Middle Name	Last Name	
Title					
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
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Please **add** the following annual reconciliation contact:

<input type="radio"/> Mr. <input type="radio"/> Other:	<input type="radio"/> Mrs. <input type="radio"/> Ms.	First Name	Middle Name	Last Name	
Title					
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
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Please **add** the following letter of credit/guarantee contact:

<input type="radio"/> Mr. <input type="radio"/> Other:	<input type="radio"/> Mrs. <input type="radio"/> Ms.	First Name	Middle Name	Last Name	
Title					
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 (e-Form 102 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

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 (e-Form 102 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

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 (e-Form 102 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

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):

- Authorize access only for bona fide 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;
- Ensure that authorized employees:
 - Sign-in using only the username and password that has been assigned to them;
 - Sign-in and use e-access only from their 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 employees 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.
- Ensure its web browsers have the following security configuration:
 - Disable "Allow cookies stored on your disk"
 - Enable "Allow per sessions cookies (not stored)"

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)