



# Declaration of full-time attendance at an educational institution

Use this form to confirm that you are between 18 and 25\* years of age and that you are in continuous full-time attendance at an educational institution. Each year, we will send you a new form to be completed and returned to OMERS, to continue your OMERS pension.

To receive a child's survivor pension, children between 18 and 25\* years of age must be in continuous full-time attendance at an educational institution. If there is any break in full-time attendance for any reason, other than natural breaks (e.g., summer break), the pension must end permanently.

\*Note: if the member died before January 1, 2005, the eligibility for this benefit ends at age 21.

Complete Sections 1, 2 and 3 and have your educational institution complete Section 4. Attach proof of your enrolment from your educational institution.

To help us serve you better, submit your documents quickly and securely using your myOMERS account. Go to My Communications, start a new conversation, attach your files, and submit.

Any personal information provided on this form may be used to update your membership profile.

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 - STUDENT INFORMATION - to be completed by the student

Social Insurance Number		Child's Reference Number		Date of Birth (m/d/y)	
<input type="radio"/> Mr.	<input type="radio"/> Mrs.	<input type="radio"/> Ms.	First Name	Middle Name	Last Name
<input type="radio"/> Other:					
Apt/Unit	Address				
City		Province	Postal Code	Country	
Home Number		Mobile Number	Email		

## SECTION 2 - PROGRAM INFORMATION - to be completed by the student

Name of Educational Institution
Program:
Indicate course, grade or degree

Indicate the start and end date of your current full-time attendance:

Start Date (m/d/y)	End Date (m/d/y)
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## SECTION 3 - ORIGINAL MEMBER INFORMATION - to be completed by the student

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

\*The OMERS membership number appears on the member's Pension Report or any personalized statement from OMERS.

I hereby certify that I am in continuous full-time attendance at an educational institution and that the information provided above is true and correct. I will promptly inform OMERS of any subsequent changes to my status.

Student's Signature \_\_\_\_\_ Date (m/d/y) \_\_\_\_\_



Student First Name	Middle Name	Last Name
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**SECTION 4 - EDUCATIONAL INSTITUTION INFORMATION - to be completed by an authorized person**

Name of Institution

Address

City	Province	Postal Code	Country
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Authorized Person's Name (please print)	Title
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Phone	Fax	Email
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Additional Comments

I hereby certify that Student Name is in continuous full-time attendance at

Name of Institution

and that the information in Sections 2 and 4 of this form is true and correct.

\_\_\_\_\_  
Signature of Official Signing Authority Date (m/d/y)