



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, in order 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.

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.

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. <input type="radio"/> Other:		First Name	Middle Name	Last Name	
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:	<table border="1"> <tr> <td>Start Date (m/d/y)</td> <td>End Date (m/d/y)</td> </tr> </table>	Start Date (m/d/y)	End Date (m/d/y)
Start Date (m/d/y)	End Date (m/d/y)		

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. <input type="radio"/> Other:		First Name	Middle Name	Last Name

*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
Authorized Person's Name (please print)			Title
Phone	Fax		Email

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)