



# Request for a supplementary agreement or amendment

Use this form if you want Type 1, Optional Service or Type 3- Permanent Partial Disability coverage. You can also use this form to change an existing agreement.

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).

Please refer to the *Supplementary Benefits* section in the *Employer Administration Manual* for more information.

Mail/fax the completed and signed form to the contact information below. If you fax it, do not mail the original.

## SECTION 1 - AGREEMENT INFORMATION

New agreement

Change to an existing agreement

## SECTION 2 - TYPE ONE COVERAGE - PAST SERVICE

Indicate the classes of employees you want this agreement to cover, the date you'd like the coverage to start, and the Normal Retirement Age (NRA) of the employee class.

Employee Class	Start Date (m/d/y)	NRA	
		<input type="checkbox"/> 60	<input type="checkbox"/> 65
		<input type="checkbox"/> 60	<input type="checkbox"/> 65
		<input type="checkbox"/> 60	<input type="checkbox"/> 65

What type of coverage do you want?  Full  Partial -

Are you requesting extended service?  Yes -  All  Limited   
 No

What is the cost sharing arrangement?

Member  *The maximum a member can contribute is 50% of the cost.*

Employer

How will you be paying? (You can choose either option or a combination of the two.)

Lump sum – If less than the total cost, indicate:

Amortized – Specify number of months, up to 180

### SECTION 3 - OPTIONAL SERVICE COVERAGE (with Type 1 – full coverage only)

Indicate the classes of employees you want this agreement to cover, the date you'd like the coverage to start, and the Normal Retirement Age (NRA) of the employee class.

Employee Class	Start Date (m/d/y)	NRA	
		<input type="checkbox"/> 60	<input type="checkbox"/> 65
		<input type="checkbox"/> 60	<input type="checkbox"/> 65
		<input type="checkbox"/> 60	<input type="checkbox"/> 65
		<input type="checkbox"/> 60	<input type="checkbox"/> 65

What type of coverage do you want?

- War and government service  
 War service only  
 Government service only - 
  Full 
  Limited

Specify

The cost sharing arrangement will be determined once the member makes an election.

### SECTION 4 - PERMANENT PARTIAL DISABILITY COVERAGE

Indicate the classes of employees you want this agreement to cover, the date you'd like the coverage to start, and the Normal Retirement Age (NRA) of the employee class.

Employee Class	Start Date (m/d/y)	NRA	
		<input type="checkbox"/> 60	<input type="checkbox"/> 65
		<input type="checkbox"/> 60	<input type="checkbox"/> 65
		<input type="checkbox"/> 60	<input type="checkbox"/> 65
		<input type="checkbox"/> 60	<input type="checkbox"/> 65

The employer must pay the full cost for Type 3 coverage. When a member retires under this unreduced early retirement provision, OMERS will determine the cost and the payment must be made by lump sum.

### SECTION 5 - AUTHORIZATION

Employer		Contact
Title		
Phone	Fax	Email

Authorized Signature

Date (m/d/y)