



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.

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

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.

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SECTION 1 - AGREEMENT INFORMATION

Group Number

☐ 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 -

Indicate benefit %

Are you requesting extended service?

☐ Yes -

☐ All

☐ Limited

Specify

☐ No

What is the cost sharing arrangement?

☐ Member

Indicate benefit %

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

☐ Employer

Indicate benefit %

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:

Amount of lump sum

☐ Amortized – Specify number of months, up to 180

Number of months

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

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

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)