OMERS

Offer of OMERS membership (new or amalgamating employers)

To the employee/councillor:

As of the date you are first eligible to enrol, shown in Section 4, you have the option to enrol in and contribute to the OMERS Primary Pension Plan (OMERS Plan). Use this form to confirm your decision to join the OMERS Plan or not. Joining the OMERS Plan also means joining the OMERS Retirement Compensation Arrangement (RCA) for the OMERS Plan (as applicable).

Return the completed form as soon as possible to your employer.

To the employer:

Use this form to offer OMERS membership to a continuous full-time employee/councillor or an other-than-continuous full-time (OTCFT) employee who is eligible for enrolment but for whom membership is voluntary. (More information about full-time and OTCFT employees follows on the next page.)

If the employee/councillor elects to join OMERS, complete an *e-Form* 102 - Enrolling a member. The date of enrolment is the later of:

- the first date the employee/councillor becomes eligible; or
- the date the employee/councillor elects to join the OMERS Plan.

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.

Please keep a copy of this completed form indefinitely.

Employee Number (if known)					Date of Birth (m/d/y)		
OMr.	O Mrs.	€ Ms.	First Name	Middle Name	Last Name		
SECTION	N 2 - E	MPLOYEE	ELECTION				
Date of hi	ire with e	employer/sta	art of continuous term as	councillor: Date (m/d/y	/)		
Do you wi	ish to er	nrol in the O	MERS Plan at this time?				
Yes.	Please	sign below.	☐ No. Plea	se complete section 3.			
Employee	e's/Coun	cillor's Signa	ature			Date (m/d/y)	
SECTION	N 3 - E	MPLOYEE '	WAIVER OF MEMBERS	HIP OFFER			
confirm t	hat:						
		at I am eligib	ole to become a member	of the OMERS Plan.			
I unders	stand tha	at i aiii oligia					
		· ·	on about the OMERS Pla	an.			
I have b	een give	en information	on about the OMERS Planember of the OMERS P				
I have b	een give e not to l	en information become a m	nember of the OMERS P	an.	te, it is my responsibility to c	ontact my employer for this purpose.	
I have b I choose I unders For OTO	een give e not to l stand tha CFT em	en information become a mat, should I v	nember of the OMERS P wish to apply to join the C ly: I understand that if I a	lan. DMERS Plan at a future da apply to join the OMERS P		gain meet the eligibility requirements	
I have b I choose I unders For OTO before I	een give e not to l stand tha CFT em can enr Cemplo	en information become a mat, should I verbloyees on oil. My OME	nember of the OMERS Powish to apply to join the Coly: I understand that if I along membership would be cillors only: I understand	lan. DMERS Plan at a future da apply to join the OMERS P be effective from the date I	lan at a future date, I must a elect to join the OMERS Pla ployee/councillor, I can join	gain meet the eligibility requirements	

OMERS

Group Number	Employee Number

SECTION 4 - EMPLOYER INFORMATION				
Name of Employer	Group Number			
Contact Name		Title		
Employer participation date Date (m/d/y)				
Authorized Signature			Date (m/d/y)	
Date employee/councillor is first eligible to enrol	Date (m/d/y)			

SECTION 5 - DEFINITIONS

Other-than-continuous full-time (OTCFT) employees

OTCFT employees may include short-term, casual, temporary, seasonal, student, part-time, 10-month or contract employees.

OMERS membership for OTCFT employees may be voluntary. If voluntary, an employer must offer OMERS membership to an OTCFT employee the first time the employee meets the eligibility requirements.

OTCFT employees are eligible if, during each of the **two immediately preceding calendar years:**

- they worked at least 700 hours (including overtime) with any OMERS participating employer; or
- they earned at least 35% of the YMPE, including overtime and vacation pay, with any OMERS participating employer.

The criteria can be met through employment with one or more OMERS participating employers during the two-year eligibility period.

Compulsory membership (for OTCFT employees hired on or after the participation date)

OMERS membership for all (or any) class of OTCFT employees may be compulsory if stated in the employer's participation bylaw or resolution. In that case, OTCFT employees must enrol in OMERS as a condition of employment on the date of hire.

If the employer's participation bylaw or resolution is amended to make OMERS membership compulsory, all new eligible OTCFT employees must be enrolled when hired, as a condition of employment. Existing OTCFT employees must be offered a choice.

Continuous full-time employees

For OMERS purposes, continuous full-time employees are those who:

- regularly work 12 months in every year; and,
- belong to a class of employees for which regular employment hours are no less than 32 hours per week.

OMERS membership for continuous full-time employees/councillors hired before the employer's participation date is voluntary. For those hired on and after the employer's participation date, membership is compulsory; they must enrol in OMERS immediately when they are hired.