# **OMERS** Contribution remittance summary

Use this form to make your contributions to OMERS.

#### Important – Supplemental Plan!

If you are reporting contributions for your Supplemental Plan, you must use **e-Form 105** in **e-access**.

Complete **Sections 1 and 2**. For more information, please see the Contributions section in our online *Employer Administration Manual* at www.omers.com.

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.

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.



### Did you know you can complete this form online? Use e-access for most of your OMERS administration, including e-Form 105.

SECTION 1 - EMPLO	OYER ID	ENTIFICATION								
Group Number	Employer Name									
Contact			F	Title						
Phone Fax		L	Email							
	DIRECT DEPOSIT PAYMENT ONLY									
Form Month	Company									
	Location Number Fax D			te (m/d/y)	Bank Payment Date (m/d/y)	Confirmation Number				
	Fax this form to OMERS at 416-361-9809 one day BEFORE making bank payment (the date you process the payment). Please remember to complete the "Bank payment date."									

#### **SECTION 2 - CONTRIBUTIONS**

Reminder – Supplemental Plan

If you are reporting contributions for your Supplemental Plan, you must use e-Form 105 in e-access.

	Month	Member	Employer
Primary Plan RPP			
Primary Plan RCA			
Supplementary - Type 1 Total payment			
Optional service Total payment			

Other contributions: Type 3, NRA Conversion, Section 32, broken service, pregnancy/parental leave, buy-back, omission period, etc. Enter contribution type and members' names (separate list if necessary). Remember to attach appropriate member election forms where applicable.

Total payment	

## Contribution remittance summary instructions

#### DEADLINE FOR CONTRIBUTION REMITTANCES

All monthly Primary Plan contributions must be received by OMERS on or before the last day of the month following the month for which the contributions are made.

#### Late remittances

The interest penalty for late remittances is prime rate plus 1.5% per month on the unpaid contributions, calculated for the days the remittance is late. There is no authority for the Board of the OMERS Administration Corporation to waive this penalty.

#### "Payment schedule" remittances

For employers with payment schedules; Type 1, optional service, Section 32, and NRA conversion payments must be received by OMERS on or before the due date shown on the payment schedule. The interest penalty for late remittances is prime rate plus 1.5% per month on the unpaid contributions, calculated for the days the remittance is late.

#### **Employer Identification**

Complete the employer identification information.

If you are using direct deposit, follow the "Direct deposit payment" instructions (below) to complete the "DIRECT DEPOSIT PAYMENT ONLY" part of the form.

#### DIRECT DEPOSIT PAYMENT

If you want to use an electronic service to deposit your contribution payments, call the OMERS Pension Accounting Department at 416-369-2400 to request enrolment information.

If you are using direct deposit, you must fax your Contribution remittance summary to OMERS (at 416-361-9809) by 3:00 p.m. of the day before you make your bank payment.

Enter your location number, the date you fax your Contribution remittance summary to OMERS and the date you will make your payment to the bank.

Once you have completed your deposit, enter the confirmation number on your copy of this form and keep the information for your records.

#### **ELECTRONIC FUNDS TRANSFER (EFT)**

If your Accounts Payable system uses electronic funds transfer (EFT) to make payments to your vendors, you can also use this utility to remit contributions to OMERS.

To do so, send your contact information by e-mail to penacc@omers.com. We will send you our bank account and other pertinent information so that you begin using EFT.

#### CONTRIBUTIONS

#### Primary Plan RPP and RCA

Enter both the member and employer Primary Plan (including any disability elimination period contributions), and any Primary Plan RCA contributions. Print the three-letter abbreviation for the month for which contributions are being remitted.

Supplementary agreement & other remittances

The required payments, usually matching your payment schedule, are preprinted for most Type 1, optional service, Section 32 amortized payments, and NRA conversion employer payments. If you must change or manually complete payment amounts, provide documentation showing the calculation details.

If there is more than one payment schedule for your group, the total amounts for the required payments will be shown and details will be provided in a separate report.

Print the three-letter abbreviation for the month for which contributions are being remitted. The month is preprinted if you have a payment schedule.

 Type 1 supplementary and optional service – The principal and interest total payments for each of member and/or employer contributions are preprinted to match your payment schedule. Employer optional service payments are included in Type 1 supplementary employer payment.

#### **OTHER CONTRIBUTIONS**

Identify the contribution type in the space provided.

- Provide a list of the members whose contributions you are remitting, with the members' full names, membership numbers and the contribution amounts, where applicable.
- Enter the total member and/or employer contribution amounts. Send the members' signed election form(s) and any other required documents with this form.
- Omission period Remember to include the investment interest charge in the employer contribution amount.

Detail any funds remitted for payments not specified on this form and provide supporting documents.

OMERS may preprint details of other required payments.

#### **Total payment**

Write the total amount of the payment. This amount must agree with the total of the member and employer contributions shown on the form.

#### Payment envelopes (attached)

If you remit payment by cheque, return your remittance cheque with this form in one of the specially marked remittance envelopes provided by OMERS.

#### Reminder – Supplemental Plan

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