OMERS

Forfeiting rights to disability benefits

Use this form if you want to give up your rights to an OMERS disability benefit.

If you want to receive another OMERS benefit, you must also send the enclosed election form. We cannot take any action until we receive both forms from you.

To help us serve you better, submit your documents quickly and securely using your myOMERS account. Go to secure communications, start a new conversation, attach your files, and submit.

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 MEMBER INFORMATION

OMERS Membership Number*/Social Insurance Number			Date of Birth (m/d/y)	
First Name	Middle Name		Last Name	
Apt/Unit	Address	City	Province	Postal Code
Home Number	Mobile Number	Email		
Name of Current Employer				

**Your membership number appears on your Pension Report or any personalized statement from OMERS.*

SECTION 2 DISABILITY WAIVER TERMINATION DATE (to be completed if you have terminated from employment)

If you have terminated from employment and are on a disability waiver of contribution, indicate the date on which you would like your waiver to end.

Date (m/d/y)

Important! Your OMERS benefit will be determined based on your disability waiver of contribution terminating on the date you have selected, unless you elect to commence a pension in which case the date your waiver ends will be the last date of the month you have selected. If you have any questions regarding this date, please contact OMERS at the number shown below.

SECTION 3 AUTHORIZATION TO FORFEIT A DISABILITY BENEFIT

By signing below:

I understand that I may receive an OMERS disability benefit as long as I am totally disabled and meet the other applicable criteria. However, I hereby withdraw my application for any and all disability benefits that are outstanding, and, if applicable, cancel any existing disability waiver effective as of the date in Section 2. I understand that I will not be eligible to receive a disability pension or a disability waiver of contribution from OMERS now or in the future.

Important! By signing below, you are giving up the right to receive a disability pension and/or a disability waiver of contribution for any and all outstanding disability periods. This cannot be reversed. If you would like to apply for OMERS disability benefits for any periods of disability, please contact OMERS at the number shown below.

Member's Signature _____ Date (m/d/y) _____