



OMERS medical report - child's total disability

Use this form to help OMERS determine that a member's dependent child qualifies for an OMERS benefit under the definition of "totally disabled child" upon the member's death.

OMERS will also accept copies of medical forms or reports about the child's condition that the child's doctor has completed for other benefits. In that case, the doctor does not need to complete Section 3 of this form; however, **Section 4 must still be completed by the doctor.**

OMERS is not responsible for any costs associated with either completing this form or providing medical evidence to OMERS.

Important Note: If the child initially qualifies for the benefit but later returns to work, their eligibility will be rescinded. OMERS must be notified immediately to avoid any potential arrears or repayment obligations.

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'S INFORMATION - to be completed by the child, parent or guardian

OMERS Membership/Reference Number*	Date of Birth (m/d/y)	Date of Death (m/d/y), if applicable
First Name	Middle Name	Last Name

*Your membership/reference number appears on any personalized statement from OMERS.

SECTION 2 – CHILD'S INFORMATION

First Name	Middle Name	Last Name	Date of Birth (m/d/y)	
Apt/Unit	Address	City	Province	Postal Code

SECTION 3 – MEDICAL INFORMATION - to be completed by the child's doctor

This section is to be completed by a medical doctor licensed to practice under the laws of a province of Canada or the place where the child resides.

OMERS will also accept copies of medical forms or reports about the child's condition that the child's doctor has completed for other benefits. In that case, the doctor does not need to complete this section.

Please provide the following details on the nature of the child's disability (print clearly).

Date the total disability commenced

Date (m/d/y)

Diagnosis

Subjective symptoms

Objective findings (results of x-rays or other tests, physical exam findings)

Prognosis

Other pertinent information

SECTION 4 – CHILD'S DOCTOR'S DETERMINATION - must be completed by the child's doctor

Totally disabled child

OMERS considers a totally disabled child to be someone:

- whose physical or mental disability occurred before age 21 or occurred before age 25 while a full-time student;
- whose condition prevents self-support (i.e., they cannot be doing any work for compensation or profit, except for an OMERS-approved rehabilitation or workshop program); and
- who did not become disabled from a willfully self-inflicted injury, committing (or attempting to commit) an offence under the Criminal Code, or working in an unlawful occupation.

The child must be dependent on the member at the date of the member's death due to the condition.

Do you consider the child to be totally disabled as defined above? ☐ Yes ☐ No

Doctor's Name			Phone	
Suite/Unit #	Address	City	Province	Postal Code

Doctor's Signature

Date (m/d/y)