



Proof of eligible service

Use this form to confirm that a member has eligible service in the OMERS Plan.

Eligible service is service with a participating OMERS employer that is not credited service in the OMERS Plan.

To establish eligible service in the OMERS Plan, this form should be completed by the OMERS employer where the employment occurred. In cases where the OMERS employer is not able to confirm eligible service (i.e., if records are unavailable), the member can complete the *Statutory declaration for proof of eligible service - member* (169) form, inclusive of any required supporting documentation.

Once the eligible service is confirmed, all or part of the eligible service may be purchasable in the OMERS Plan through a buy-back, resulting in an increase to a member's credited service.

For more information on buying back service, members can visit the Buying Service page of [omers.com](http://www.omers.com) (www.omers.com/buying-service).

To help us serve you better, submit your documents quickly and securely using the e-access portal for OMERS employers. Alternatively, members can submit this document using their myOMERS account. Go to secure communications, start a new conversation, attach the 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.

SECTION 1 - MEMBER INFORMATION - to be completed by member

Group Number		OMERS Membership Number*			Phone	
First Name			Middle Name		Last Name	
Apt/Unit	Address			City	Province	Postal Code

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

SECTION 2 - PREVIOUS EMPLOYMENT INFORMATION - to be completed by member

Were you a member of a defined benefit or defined contribution registered pension plan during the service period in Section 3 that is before 1990?

Note: This does not include participation in the Canada Pension Plan or a group RRSP.

Yes No

If yes, please provide the following information:

Name of Registered Pension Plan	Plan Registration Number	Date You Enrolled in Plan (m/d/y)
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SECTION 3 - PREVIOUS EMPLOYMENT INFORMATION - to be completed by employer as noted above

Group Number	Employer Name
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Please enter all periods of previous employment:

Start date (m/d/y)	End date (m/d/y)	Start date (m/d/y)	End date (m/d/y)	Start date (m/d/y)	End date (m/d/y)
Start date (m/d/y)	End date (m/d/y)	Start date (m/d/y)	End date (m/d/y)	Start date (m/d/y)	End date (m/d/y)
Start date (m/d/y)	End date (m/d/y)	Start date (m/d/y)	End date (m/d/y)	Start date (m/d/y)	End date (m/d/y)

SECTION 3 cont'd - PREVIOUS EMPLOYMENT INFORMATION - to be completed by employer as noted above

Employment status (for the periods indicated above)

- Continuous full-time
- Other-than-continuous full-time

% of full-time hours, excluding any period each year when the member didn't work
Example: Put 50% for a 10-month employee who works five months. Put 100% for contract employees who work full-time or a 10-month employee who works 10 months.

Period each year when the member didn't work (generally applies to school boards)

From (m/d)	To (m/d)
<input type="text"/>	<input type="text"/>

Did the member have any breaks in service?

- No
- Yes - Please provide details:

Date leave started (m/d/y)	Date leave ended (m/d/y)	Statutory leave? See Note 1. <input type="checkbox"/> Yes <input type="checkbox"/> No	If not a statutory leave, specify type of leave. See Note 2.
<input type="text"/>	<input type="text"/>		
Date leave started (m/d/y)	Date leave ended (m/d/y)	Statutory leave? See Note 1. <input type="checkbox"/> Yes <input type="checkbox"/> No	If not a statutory leave, specify type of leave. See Note 2.
<input type="text"/>	<input type="text"/>		
Date leave started (m/d/y)	Date leave ended (m/d/y)	Statutory leave? See Note 1. <input type="checkbox"/> Yes <input type="checkbox"/> No	If not a statutory leave, specify type of leave. See Note 2.
<input type="text"/>	<input type="text"/>		

Note:

- Statutory leaves are leave periods that are taken in accordance with the requirements of a job-protected leave under the *Ontario Employment Standards Act, 2000* (ESA) such as a pregnancy, parental, or family medical leave. For more information about what is considered a statutory leave, see the Statutory leaves section in the OMERS Employer Administration Manual or refer to the ESA.
- Non-statutory leaves are all leaves not described in Note 1 above. Non-statutory leaves may include disability leave, authorized leave (e.g. sabbatical, extended vacation without pay, self-funded leave, unpaid leave for union business), temporary layoff initiated in 2020 to 2022, absence due to a strike or lockout as defined in the *Labour Relations Act, 1995*, or unauthorized leave. Refer to the OMERS Employer Administration Manual for more details.

SECTION 4 - EMPLOYER AUTHORIZATION

Employer Name		Contact
Title		
Phone	Fax	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>

Signature of Authorized Signing Officer

Date (m/d/y)