OMERS

Application for a shortened life expectancy benefit

Use this form to withdraw the cash value of your pension if your life expectancy is less than two years, due to an illness or condition.

Your spouse must complete Section 2, consenting to the withdrawal of funds. Your doctor must complete Section 3.

Once you receive the shortened life expectancy benefit, you will not receive any further benefit from OMERS. For more information, please contact OMERS.

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 must be signed by the member and a witness

OMERS Membership 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

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

a. Eligible spouse information

☐ I **do not** have an eligible spouse as defined on page 4 of this form.

☐ I **have** an eligible spouse as defined on page 4 of this form.

Spouse's First Name	Middle Name	Last Name	Date of Birth (m/d/y)

If you are retired, was this person your spouse on the date you retired? ☐ Yes ☐ No

b. Eligible dependent child information

☐ I **do not** have any eligible dependent children as defined on page 4 of this form.

☐ I **have** eligible dependent children as defined on page 4 of this form. Give the name and date of birth of each eligible child:

Child's First Name	Middle Name	Last Name	Date of birth (m/d/y)	Meets Totally Disabled Child Definition*
				☐ Yes ☐ No
				☐ Yes ☐ No

**See page 4 for the definition of totally disabled child. OMERS may request additional medical information to support the definition of totally disabled child.*

c. Signature: member and witness

By signing and dating this form in the presence of a witness, you agree that all information on this form is true, complete and correct. The witness cannot be related to the member who is applying for the shortened life expectancy benefit.

I understand that there will be no further benefits payable to me, my spouse, my children, my beneficiaries, or my estate from the OMERS Plan whether or not I outlive the medical expectations.

It is a criminal offence to knowingly make or use a false document with the intent that it is to be acted on as genuine.

I further understand and agree to discharge, waive and forever relinquish any and all actions or causes of action that I may have or have had, whether past, present or future, whether known or unknown and whether anticipated or unanticipated by me. This waiver will be binding on me, my spouse, my heirs, my personal representatives, my assignees, my children and any guardian of said children.

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

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d. Witness Information (please print)

First Name	Middle Name	Last Name

Apt/Unit	Address	City	Province	Postal Code

SECTION 2 SPOUSE'S CONSENT to be completed by the spouse identified in Section 1

As the spouse of the OMERS member who is applying for a shortened life expectancy benefit, you are not obligated to sign this application. **You should seek advice from a lawyer about your rights and the legal consequences of signing the consent.**

If you agree to sign this form, and after reading the consent below, you are satisfied that it correctly describes your situation, then, in the presence of a witness, please sign and date this form. Your consent is valid for 60 days from signing. After the 60-day period, OMERS cannot process this application.

Have your witness sign and date this form, and complete their information.

Important note: the witness cannot be the OMERS member who is applying for the shortened life expectancy benefit.

a. Spousal consent

I am the spouse of the member identified in Section 1 of this form.

I understand that:

the member is applying for a shortened life expectancy benefit from OMERS;
the member cannot receive the payment without my consent;
I am not required to give my consent;
as long as the funds are kept in OMERS, I may have a right to a spousal pension if our relationship ends or if the member dies;
if funds are withdrawn from the OMERS Plan through the shortened life expectancy provision:

- I will lose any right I have to a spousal pension or any other benefits from the OMERS Plan, whether or not the member outlives the medical expectations; and
- any other beneficiaries, including eligible children, will lose any right to any OMERS Plan benefits, whether or not the member outlives the medical expectations.

By signing and dating this form in the presence of a witness, I consent to the member's application for payment of a shortened life expectancy benefit.

I further understand and agree to discharge, waive and forever relinquish any and all actions or causes of action that I may have or have had, whether past, present or future, whether known or unknown and whether anticipated or unanticipated by me. This waiver will be binding on me, my heirs, my personal representatives, my assignees, my children and any guardian of said children.

Spouse's Signature	Date (m/d/y)	Witness Signature	Date (m/d/y)

b. Witness information (please print)

First Name	Middle Name	Last Name

Apt/Unit	Address	City	Province	Postal Code

SECTION 3 MEDICAL INFORMATION to be completed by the member's doctor (required for applicant of a shortened life expectancy benefit)

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 member resides.

OMERS will also accept copies of medical forms or reports about the member's condition that the member's doctor has completed for other benefits, if these documents include a statement about the member's life expectancy. In that case, the doctor does not need to complete this section.

Please provide the following details on the nature of the member's condition (print clearly).

Diagnosis

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SECTION 3 MEDICAL INFORMATION continued

Subjective symptoms

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

Prognosis

Other pertinent information

Shortened life expectancy definition

To qualify for a shortened life expectancy benefit, the member must have a life expectancy of less than 24 months.

Does the member meet this definition? ☐ Yes Life expectancy in months ☐ No

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

Doctor's Signature Date (m/d/y)

SECTION 4 MEDICAL CERTIFICATION to be completed by a doctor appointed by OMERS

Based on the information provided, and according to the *OMERS Act, 2006*, I certify that the shortened life expectancy benefit is:

☐ Approved ☐ Declined

Additional comments

Doctor's Signature Date (m/d/y)

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DEFINITIONS

You may be able to move the commuted value of your benefit to an RRSP. If you choose this option, please complete a form *T2151 - Direct transfer of a single amount* available on our website or from your financial institution.

You can also take your benefit in cash subject to Canada Revenue Agency regulations. Please contact OMERS for more information.

COMMON-LAW SPOUSE

OMERS considers a common-law spouse to be a person who is living together with the member in a conjugal relationship:

- continuously, for a period of not less than three years; or
- in a relationship of some permanence if they are the natural or adoptive parents of a child, both as defined in the *Family Law Act (Ontario).*

ELIGIBLE DEPENDENT CHILD

OMERS considers an eligible child to be:

- a natural child;
- a legally adopted child; or
- a person whom you have demonstrated a settled intention to treat as a child of your family (except under an arrangement where the child is placed for valuable consideration in a foster home by a person having lawful custody).

At the time of your death, the eligible child must be dependent on you for support and also must be:

- 18 years or younger in the year of your death;
- under age 25 and a full-time student; or
- totally disabled.

ELIGIBLE SPOUSE

Post-retirement-date spouse

If you enter into a spousal relationship after retirement, and there is no person who qualifies as your retirement-date spouse, OMERS considers the surviving legal spouse or common-law spouse at the date of your death to be the eligible spouse for the purpose of spousal survivor benefits, provided you were not "living separate and apart" (see below) and he/she has not waived rights to survivor benefits.

Pre-retirement-date spouse

If you die before your pension start date, OMERS considers your pre-retirement spouse to be the eligible spouse for the purpose of spousal survivor benefits. Your pre-retirement spouse is your legal spouse or common-law spouse on the date of your death (before retirement) provided you were not 'living separate and apart" (see below) on the date of your death and he or she has not waived rights to survivor benefits.

Retirement-date spouse

If you die after your pension has started, OMERS considers your retirement-date spouse to be the eligible spouse for the purpose of spousal survivor benefits. Your retirement-date spouse is your legal spouse or common-law spouse on the date your first pension payment is due provided you were not "living separate and apart" (see below) on that date and he/she has not waived rights to survivor benefits.

LEGAL SPOUSE

OMERS considers a legal spouse to be a person who is legally married to the member.

LIVING SEPARATE AND APART

Whether two persons are "living separate and apart" is often complicated to assess. It is a question of both fact and law and must be determined on a case-by-case basis. The determination may require the assistance of a lawyer.

In general, physical separation is usually, but not always, an indication that two persons are living separate and apart. However, physical separation is not always conclusive. There must also be a mutual or a unilateral intention for two persons to live separate and apart and end the marriage or common-law relationship. For example, a physical separation between two spouses caused by one of them living in a nursing home will not necessarily result in a determination that the spouses are living separate and apart, provided that both spouses intended the marriage or common-law relationship to continue despite the physical barrier.

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; and
- whose condition prevents self-support, or doing any work for compensation or profit (except for an OMERS-approved rehabilitation or workshop program); and
- did not become disabled from a wilfully self-inflicted injury, committing (or attempting to commit) an offence under the Criminal Code, or working in an unlawful occupation.