

Employer Checklist for Enrolments

 OPSEU Pension Trust 1 Adelaide Street East, Suite 1200, Toronto, Ontario M5C 3A7
 Telephone: 416-681-6100 Toll-free: 1-800-637-0024 Fax: 416-681-6175 **optrust.com**

PERSONAL INFORMATION

Last Name	First Name and Initials	Social Insurance Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Employer		
<input type="text"/>		

DOCUMENTS REQUIRED FOR ENROLLING MEMBERS

Document Required at Enrolment (Please forward to OPTrust immediately upon completion)

	Attached	To Follow	Comments
<i>Membership Enrolment</i> form OPTrust 1005	<input type="checkbox"/>	<input type="checkbox"/>	

Additional Documents Required (May be submitted to OPTrust with the *Membership Enrolment* form or at a later date.)

	Attached	To Follow	N/A	Comments
<i>Statement of Marital Status</i> form OPTrust 3007	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Spouse's proof of birth (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proof of marriage or common-law status (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Application for Past Pension Service</i> form OPTrust 1036	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Completion of these documents should not delay submission of the *Membership Enrolment* form. If these forms are not remitted OPTrust will follow up with the member.

ACTIONS FOR EMPLOYERS

	Completed	Comments	
Set up new member for correct pension plan payroll deductions	<input type="checkbox"/>		
	Completed	N/A	Comments
Clearly state "OPB to OPTrust Transfer Required" on enrolment form for transfer between OPB and OPTrust (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	
Clearly state "Buyback with OPB in Progress" on enrolment form for transfer between OPB and OPTrust (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	

Employer Official's Name (Please Print)	Telephone Number
<input type="text"/>	<input type="text"/>
Email Address	Fax Number
<input type="text"/>	<input type="text"/>