HOW TO ELECTRONICALLY SIGN FORMS USING DOCUSIGN THROUGH ONLINE SERVICES

You can electronically sign and submit the following forms using DocuSign through Online Services:

Transfer Form

OPTrus

- Termination Form
- Notice of Unpaid Leave of Absence
- Membership Enrolment forms

From the **Online Services** employer home page:

B Welcome Joseph	Welcome to Online Service	25	
Air Canada Pilots •	Here you can: • send and receive secure electronic mess	ages	
IN MENU	 send forms, documents and files send payroll data files 	ſ	
Home	 receive reports from OPTrust 		
Secure Messages	Online Services is used by participating emplo	yers and external vendors to exchange	
File Upload	contidential employer/member data with OPT	rust.	
Activity	Read the Online Services User Guid	le	
User Administration			
ources	Employer Manual	Employer Lindate	Employer Forms
Pension Terms	Quick access to practical	OPTrust produces an electronic	Quick access to all the forms you
Tutorials and Videos	information on administering the OPSEU Pension Plan.	news bulletin for employers to let	will need.
Attend an employer information session - Test joseph	View the Employer Manual >	administrative policies or procedures. Read the latest employer updates >	Termination Form Notice of Unpaid Leave of Absence Membership Enrolment forms Other Employer forms

2. A new window opens: **PowerForm Signer Information**.

If you selected Transfer Form, Termination Form or Notice of Unpaid Leave of Absence:

- Fill in Your Name and Your Email as the Employer.
- Click on **Begin Signing**.

If you selected Membership Enrolment forms:

- Fill in Your Name and Your Email as the Employer and the Name and Email for the Employee.
- Click on **Begin Signing**.
- The Employee will be automatically notified via email to complete their section on the form (see Step 11 to see how the Employee completes the form).



Paying pensions today, preserving pensions for tomorrow.

OPTrust		BEGIN SIGNING () HELP
		PowerForm Signer Information
		Electronic Signature Instructions and Agreement
		Please fill in your name and email in the fields listed below. Signers will be redirected to a page to fill & sign the form. When completed, please click Finish and devinically your completed form. After downloading the completed form, you may click Close.
		If you have an Online Services account, you will be re-directed back to CLS. Please upload your completed from wa Secure Messaging in the Tolinis Services Partul II you do not have an Orline Services account, please [email us the form? Business to fill in ned step here].
		By completing this form and clicking 'Begin Signing' below, I agree:
		If I am signing as an employer the employer listed below actorowledges that electronic signatures are intended to have legal and binding effect, in accordance with the Oniver Services Terms of Use [include link to CLS footer Terms of Use for employer].
		If I am signing as a member with an OLS account: that my electronic signature in this document is intended to I have the same legal effort, valued and encodeable as a paper-based signature, and I agree that the ability to download an executed copy of this document is a valid delevel of the document, in accordance with the Othins Services Terms of Use [include link is OLS floater Terms of Use for member]
		If I am signing as a member without an OLS account: that my electronic signature in this document is intended to have the same legal effect, validity and enforceability as a paper-based signature,
		If I don't want to use an electronic signature to sign this document, I will contact CP/Trust at 1400:637-0024 CP/Trust Hours: Monday to Thursday from Bam to Bigm and Friday from Bam to Sgn.
		Please enter your name and email to begin the signing process.
		1.Employer
		Your Name: "
For the Enrolment		Full Name
name and e-mail	7	Your Email: *
address and the enrollees name	٢.	Email Address
and e-mail address. For all other forms you will		Please provide information for any other signers needed for this document.
only need to enter your information		2.Employee
		Name: "
		Full Name
		Email: "
		Email Address
		Click on "Begin Signing"
DoguSian		Benavies success v Terms of Use Privacy Policy Convicted & Diructions Inc. All rights reserved.

- The first time you attempt to access a form online, you will be prompted to read the Electronic Record and Signature Disclosure and you must click on the box indicating I agree to use electronic records and signatures prior to gaining access to the electronic form.
- 4. Click on **Continue**.

Please review and complete Read and Agree CPItal Penson Plan Trast Fund OPITal Membership-Einsteiner Form	e Sonature Disclosure	(Click to continue		OPTrust Prevent to DocuSign
I agree to use electronic records a	nd signatures.			CONTINUE	OTHER ACTIONS
	Male" Female" "This informatic Employer Name	on is required for actuarial valuation purposes. Date of Birth (Day Month-Year)			
	Social Insurance Number	Employee/WIN Number			
	Primary Email Address	Work Telephone Number			
	Alternate Email Address	Personal Telephone Number			

5. Form is now accessible and fillable.

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If you selected Transfer Form or Termination Form:

- Fill in the **mandatory form fields highlighted with a red border** and any optional fields.
- When you are ready to sign, click on **Sign**.

If you selected Notice of Unpaid Leave of Absence:

- Fill in the **mandatory form fields highlighted with a red border** and any optional fields.
- If pregnancy/parental leave, you must fill in sub-allowance section.
 - If **Yes** is elected for sub-allowance, you must enter in **dates**.
- If other **ESA-type** leave, you must select from the **drop-down list**.
- If **illness or WSIB** leave, the end date is not required, if unknown.
- When you are ready to sign, click on **Sign**.

If you selected Membership Enrolment form:

- Fill in the **mandatory form fields highlighted with a red border** and any optional fields under the **Employer Section** (towards the bottom of the first page).
- When you are ready to sign, click on **Sign**.

	TO BE COMPLETED BY THE EMPLOYER		
	C – Employment Information		
	Employment Full Time Part Time Plan Membership Date (Day-Month-Year) Type: Seasonal Fixed-term contract Employee Name	Continuous Employment Date (Day-Month-Year)	Complete
		Former Member	note: fields in red are
Click here	Employer Contact Name	Business Telephone	mandatory
to sign	Em Sterr Contact Signature	Date Signed (Day-Month-Year)	
	OPTrust 1005 BM/20 Keep a copy of this form for your records. OPTrust is committed to creating an accessible organization. Alternate formats of this communication are available	le upon request.	
Mem	ber Enrolment_0820.pdf		1 of 2

6. Select Your Signature

- Full Name (Mandatory) Type in your name to be used for your signature.
- Initials (Mandatory) Type in your initials to be used when initials are required.
- Select Style (Optional)
 - **Draw** Allows you to manually write your signature.
 - **Upload** Allows you to upload a pre-existing signature.
 - Change Style Allows you to select a different font for your Full Name and Initials.

When you've completed filling in the mandatory fields and any optional fields, click on **Select** and Sign.

Confirm your name, in	tials and signature.	1	Initial Used		
* Required Full Name* joey	Name Used for Signature	Allows you to manually write your signature	Ini	tials"	
SELECT STYLE	DRAW UPLOAD	Allows Upload of ; -existing signatu	re Al	lows you to select gnature and	Change Styl
Jocy	by: DS		ľ	ifferent font styles	

7. You will be brought back to the form.

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Review the form to ensure everything has been filled out correctly. If you click Complete without review and there are mistakes on the form, you will need to create a new form and begin the electronic signing process from the start (Step 1).

Once the form is electronically signed, click on **Complete**.

Review and sign document(s) ×		
File Edit View Favorites Tools Help		
Please review and complete the documents below		COMPLETE OTHER ACTIONS
	×	Ν
START	I consent:	Once signed click "Complete"
	Implying of the standard s	
Mem	ber Enrolment_0820.pdf 1 o	f 2



8. A pop-up window opens: **Save a Copy of Your Document.** Click on **Download** and open the downloaded form.

Donel Select Finish to send the completed document.		COMPLETE OTHER ACTIONS
	Save a Copy of Your Document	
Lonsent: a. to receive communicat specifically request the mapper forms and apper forms and b. to the collection and u may request from neu- Click Download TO BE COMPLETED BY THE E	Your document has been signed If you would like a copy for your records, select Download or Print and save. If you would like a copy for your records, select Download or Print and save. DOWNLOAD PRINT CLOSE	
C – Employment Infor	mation	
Employment Full Time Type: Seasonal) Part Time Plan Membership Date (Day Month-Year) Continuous Engloyment Date (Day Month-Year)) Fixed-term contract 01/01/2020 01/01/2020	
Ministry of Educa	ation 🔄 Former Member	

For Chrome users:

	Your PDF is being generated. If you have your throuser set to save PDF files, you may close this window after the file has downloaded.	
Step 10 Download initi appear here Open ance Download is complete		



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For Internet Explorer and Edge Users:

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	Step 10: Download will appear here: Old&Open	
De you want to open or save (1012)-joey-joey@joey.com-OPTrust-Termination.pdf (314 KB) from ca.docusign.net?	Open Save Cancel	×



For FireFox users:

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Opening (1012)-joey-joey@joey.com-OPTrust-Termination.pdf X
You have chosen to open:
(1912) jang jangdijang can Official (COUNTING)
which is: Adobe Acrobat Document (315 KB) from: https://ca.docusign.net
What should Firefox do with this file?
Adobe Acrobet Reader DC (default) Save File
Do this <u>a</u> utomatically for files like this from now on.

9. Save the form locally.





- 10. If you selected **Transfer Form**, **Termination Form** or **Notice of Unpaid Leave of Absence**, compose a new **secure message** through *Online Services*.
 - **Reference #** (Mandatory) This is automatically populated.
 - Mailbox (Mandatory) This is automatically selected.

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- **Topic** (Mandatory) Select the appropriate topic based on the form you are submitting from the drop-down menu.
- **Employee ID** (Optional) Add the member's employee number.
- **Content** (Mandatory) Input any information to be included with the electronic form submission.
- Drag and Drop or Choose File (Mandatory) Attach the completed and signed form.

B Welcome Joseph	New Secure	Message				
	Reference #	386217				
MAIN MENU	Mailbox*	-d lares	Conversion (ALCO/ME)			•
😤 Home	Торіс*	Termination	Based on the F the appropria	iorm, select ate Topic		•
Secure Messages	Employee ID	-				+
💼 File Upload			Add Member			
E Activity			Employee #			
Resources	Content*	This is a test				
Pension Terms						
Tutorials and Videos			Attach			
Attend an employer information session			Completed Form			h
	D	rag and drop or	hoose File			
			DocuSignTermination-of-Membersi (8).pdf	hip-(OPTrust	0.33 MB	tî.
					Delete 🔯 Save	✓ Send Message

When you've completed the above for the new secure message, click on **Send Message**.

- 11. If you selected **Membership Enrolment forms**, you need to wait for the Employee to fill in their section of the form before being able to submit it (see Step 2) and you will be automatically notified via email when the Employee has completed their section:
 - Employee clicks on **Review Document** from their email to open the form.

	(1005)-Jon E. Member-	E. Member- @gmail.com-OPTrust-Membership-Enrolmer ∞ ×					
•	OPSEU Pension Plan Trust Fund via DocuSig to me *	In <dse@camail.docusign.net></dse@camail.docusign.net>	1:58 PM (20 minutes ago)	☆	*	:	
	OPTrus	st ion Plan Trust Fund sent you a document t sign. REVIEW DOCUMENT	to review and				

- Employee is prompted to read the **Electronic Record and Signature Disclosure** and they must click on **the box** indicating **I agree to use electronic records and signatures** prior to gaining access to the electronic form.
- Employee clicks on **Continue**.

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Please review and co OPSEU Pension Plan Trus OPSEU Pension Plan Trus (1005)OPTrust-Membership-Epo Please read the Electronic	ad d			Once they agreethey i click "Coni	Click I need to itnue"	
l agree to use electron	he records and signatures.	ation is required fo	r actuarial valuation purp Date of Birth (Day Employee/WIN Ni Work Telephone N	oses. -Month-Year) umber Number)]]	
	Alternate Email Address		Personal Telepho	one Number		
	Mailing Address	Suite	City/Town	Province	Postal Code	
	Spouse's Last Name (If applicable)	Spouse's F	irst Name and Initial	Spouse Date	of Birth (Day-Month-Year)	
Powered by DocuSign	B – Consent and Simature		Change Li	anguage - English (US)	▼ Terms Of Use & Privacy ▼	Copyright © 2020 DocuSign Inc. V2R

- Form is now accessible to the Employee and fillable.
- Employee fills in the **mandatory form fields highlighted with a red border** and any optional fields under the **Employee Section**.
- When the Employee is ready to sign, they click on **Sign**.
- Employee will select their signature (see Step 6).
- Employee will be brought back to the form. Once the form is electronically signed, they click on **Complete**.

		@ @ ±∗ @	Complete	
	- · · · · · · · · · · · · · · · · · · ·			
	Spouse's Last Name (if applicable)	Spouse's First Name and Init	al Spouse Date of Birth (Day-Month-Year)	
	Member	Jackie	15-Apr-1969	
	B – Consent and Signature			
	I consent:			
	 a. to receive communications from OI I specifically request them. Lunders 	PTrust electronically and understand t tand that OPTrust will deliver persona	hat I will not be provided with paper copies unless	
Sign	mail if secure messaging is not avai	lable I may instruct OPTrust at anytim	e that I would prefer to receive communications in	
JULI	and the second sec	able. Thay instruct of trast at anythin		
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• Employee has the option to download a copy of the form (see Steps 8 and 9) or if they do not want to download a copy of the form, they just click on **Complete**.



• Once the Employee downloads/completes the form, they will automatically receive an email with a copy of the form: **View Completed Document**.



- 12. Once the Employee has completed their portion of the form, the Employer will automatically be notified via email:
 - Click on View Completed Document to open the form.

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• Download the form and compose a new **secure message** through *Online Services* (see Step 10: Transfer Form, Termination Form or Notice of Unpaid Leave of Absence).

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O This site isn't secur	re 👱 Review and sign doc	ument(s) × 📑						
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If you have any questions or need assistance, please reach out to us at (416) 681-6100 or toll free at 1-800-637-0024. You can also send us an email to <u>employerservice@optrust.com</u>.