

1 Adelaide Street East, Suite 2900 Toronto ON M5C 3A7

RETIRED MEMBER QUARTERLY EMPLOYMENT EARNINGS REPORT

Telephone: 416-681-6100Toll-free: 1-800-637-0024Email: email@optrust.comWebsite: optrust.com

Employers who employ or re-employ a retired member who is receiving a pension from the OPSEU Pension Plan must use this form to report the employment earnings paid to the retired member during each calendar quarter. This includes retired members who have commenced their pension at the end of the year they turn 71 and have continued their employment. This form should also be used to report a retired member's termination of employment.

IMPORTANT: Please complete and submit this form to OPTrust within two weeks following the end of each calendar quarter through <u>Online Services</u>. If you need to report employment earnings for more than one quarter, complete a separate form for each calendar quarter that the retired member was employed or re-employed. Please avoid reporting delays as retired members may be required to repay significant pension overpayments to OPTrust.

A – Retired Member Em	nployment and Earnings Informations	

Last Name

First Name

OPTrust ID or Employee/WIN Number

1. For which calendar year and quarter is your organization reporting employment earnings for the retired member (select only one quarter).

Calendar Year:

Quarter: Jan 1 to Mar 31

Apr 1 to Jun 30

Jul 1 to Sept 30

Oct 1 to Dec 31

2. For all pay dates that fall within the calendar quarter indicated above, enter the total gross employment earnings that were paid to the retired member for post-retirement employment including statutory holiday pay, but excluding vacation pay, overtime pay, and any pay related to pre-retirement employment. The earnings reported should include all payments identified in the Plan's definition of <u>pensionable salary</u>.

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3. Enter the date the retired member was employed or re-employed.

Date of Employement (Day-Month-Year):

4. If the retired member's employment has ended, enter the termination date.

Date of Termination (Day-Month-Year):

B – Declaration

I certify that the information on this form is, to the best of my knowledge, complete and accurate.

Employer Name	Employer Contact Name
Email	Telephone
Signature	Date (Day-Month-Year)