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

RETIRED MEMBER QUARTERLY EMPLOYMENT EARNINGS REPORT

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

Employers who employ or re-employ a retired member who is receiving a pension from the OPSEU Pension Plan (the Plan) must use this form to report the employment earnings paid to the retired member during each calendar quarter until the end of the year the member turns 71. This form should also be used to report a retired member's termination of employment. For more information, please refer to Re-employment procedures in the Employer Manual at optrust.com.

IMPORTANT: Please submit this form to OPTrust within two weeks following the end of each quarter through Online Services. If you need to report employment earnings for more than one quarter, complete a separate form for each quarter. Please avoid reporting delays as the retired member may be required to repay significant pension overpayments to OPTrust.

A – Retired Member Employment and Earnings Informations

Last Name | First Name | OPTrust ID or Employee/WIN Number

1. Year and quarter your organization is reporting employment earnings *(select only one quarter)*.

   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 quarter, enter the total gross employment earnings paid to the retired member for post-retirement employment. The earnings reported should include all payments in the Plan's definition of pensionable salary.
   Note: If the retired member turns 71 this year, only report earnings paid in October and November (not for December).

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

   Date of Employment (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)

OPTrust is committed to creating an accessible organization. Alternate formats of this communication are available upon request.