

DEATH OF PLAN MEMBER

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Employers must complete this form to report the death of an active member, including members that were receiving Long Term Income Protection (LTIP) immediately before their death, and submit it to OPTrust through [Online Services](#).

A – Deceased Member Information

Last Name	First Name	OPTrust ID or Employee/ WIN Number			
Date of Death (Day-Month-Year)	Marital Status at date of death				
	single	married	common-law	separated	widowed

B – Spousal Information

If the member was married or in a common-law relationship, please provide their spouse's contact information.

Spouse's Last Name	Spouse's First Name	Date of Birth (Day-Month-Year)			
Email	Telephone				
Mailing Address	City/Town		Province	Postal Code	

C – Information of person who reported the death *(if different than B)*

Last Name	First Name	Relationship to deceased			
Email	Telephone				

D – Dependent Children Information

Did the member have dependent children at their date of death?	Yes, listed below	No	Unknown		
Child's Last Name	Child's First Name	Date of Birth (Day-Month-Year)			
Child's Last Name	Child's First Name	Date of Birth (Day-Month-Year)			

Check this box if insufficient space above and attach a separate sheet

E – Employment Information

Date of last change to salary rate (Day-Month-Year)

Final salary rate

\$

Were there any leaves of absence for which contributions were not made?

Yes

No

If yes, please indicate:

Start Date (Day-Month-Year)

End Date (Day-Month-Year)

Leave Type

If the member was on LTIP, the LTIP pension accrual report is required. The report:

is attached

will follow shortly

F – 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)