



# Request for an OMERS plan benefit *(for employer use only)*

Use this form in the event of a member's termination of employment, disability, retirement or death. Please see Employer Instructions for more details.

Providing OMERS with your personal information is considered consent for its use and disclosure for the purposes set out in our Privacy Statement, as amended from time to time. You can find out more about our collection, use, disclosure and retention of personal information by reviewing our Privacy Statement at [www.omers.com](http://www.omers.com).

Complete Sections 1 to 3. Please sign in Section 4 to authorize the request. Mail/fax the completed and signed form to the contact information below. If you fax it, do not mail the original.



**Did you know you can do most of your OMERS administration online with [e-access](#)? It's secure and includes tip and validations to make your reporting quick and easy.**

## SECTION 1 - MEMBER INFORMATION - to be completed for all requests

Group Number	OMERS Membership Number	Date of Birth (m/d/y)	Phone
<input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms. <input type="radio"/> Other:	First Name	Middle Name	Last Name

## SECTION 2 - REASON FOR REQUEST

Please choose one of the following options (in **bold**). If reason for request is Disability or Retirement complete part 3, Supporting Information. See Employer Instructions for more details.

**Termination** - Select this option if the member terminated employment.  
Is the termination the result of a divestment?    No    Yes — If yes, please complete *Form 182 – Divestment information - member*.

**Disability** - Select to request a disability benefit for a member. Complete all applicable fields.  
Please send *Form 147 – Certificate of total disability* or any other medical documents with this form.

Annual rate of contributory earnings at date member last contributed (see Employer Instructions)      \$

If the member's employment status was other-than-continuous full-time, enter % of full-time hours **OR** number of months member works each year. (Exclude period each year the member didn't work.)

% of full time hours	or	Months worked per year
<input type="text"/>		<input type="text"/>
From (m/d/y)		To (m/d/y)
<input type="text"/>		<input type="text"/>

Period each year the member didn't work (generally applies to school boards)

Has the member applied for a Workplace Safety and Insurance Board (WSIB) benefit?  
 Yes - What is the status of the claim?    Approved       Declined    Under appeal    Pending approval  
 No - Please advise OMERS if the member applies for a WSIB benefit in the future.

Has the member applied for long-term disability (LTD)?  
 Yes -    Approved    Declined    Under appeal    Pending approval  
 No

Did the member contribute to OMERS for the disability elimination period?  
 Yes - Include elimination period contributions, earnings and service with data reported on page 3.  
 No

Group Number

OMERS Membership Number

**Retirement** - Select if the member is retiring

The member will receive a benefit more quickly by completing the Advance Election option on Part B.

**Death** - Select if the member is deceased. Complete all applicable fields.

Date of Death (m/d/y)

Is there an eligible spouse?  Yes  No  I don't know

Are there eligible children?  Yes - Please provide each child's first and last name and date of birth (if known) on a separate page.  No  I don't know

Claimant or other person we can contact:

<input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms. <input type="radio"/> Other:	First Name	Middle Name	Last Name	
Apt/Unit	Address	City	Province	Postal Code
Phone	Email			

Relationship to member:

Spouse -  Child  Beneficiary

Spouse's social insurance number (optional)

Other - Specify

### SECTION 3 - SUPPORTING INFORMATION - to be completed if member is retiring

Marital status of the member as at the date of retirement

Single  Married  Common-law  Separated  Divorced

#### Spouse Information

<input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms. <input type="radio"/> Other:	First Name	Middle Name	Last Name
Date of Birth (m/d/y)			

### SECTION 4 - EMPLOYMENT INFORMATION - to be completed for all requests

See Employer Instructions for more details.

Date employment ended (m/d/y)

If this request is for a disability benefit, please indicate the last day the member worked.

If there is a difference between the date employment ended and the date contributions ended, please indicate:

Date contributions ended (m/d/y)

and provide a reason for difference:  Sick pay  Vacation pay  Leave of absence  Other -

Specify

Group Number

OMERS Membership Number

## Employment status change

Complete this section only if the member's employment status changed in the last six years and you have not reported it to OMERS. If you're not sure whether the status change was reported to OMERS, use **e-access** to check the member's record.

Date status changed (m/d/y)

New employment status:  Continuous full-time  Other-than-continuous full-time

Record the member's contributory earnings, credited service and contributions under each status during the year the employment status changed.

	Full-time	Other-than-continuous full-time
Contributory earnings		
Credited service (months)		
Contributions		

## Recent earnings and service information

Please complete the following information for this calendar year and last year. Do not record last year's information if you've already reported it through the e-Form 119 process. If you wish to revise previously reported information, please indicate above the column. Include any disability elimination period the member purchased but do not include any broken service or pregnancy/parental leave that was purchased.

I am revising information that was previously reported through the e-Form 119 process.

This year (y)

Last year (y)

Contributory earnings*		
Credited service (months)		
Pension adjustment (PA)		
Primary Plan RPP contributions		
Primary Plan RCA contributions		
Number of pay periods		

December event with carry-forward pay

\*If the difference between this year's and last year's contributory earnings is more than 20%, what is the reason for the difference?

Retroactive pay (please complete the next section)

Other -

Specify

Group Number

OMERS Membership Number

**Retroactive pay:**

Complete this section only if the member received retroactive pay in the last six years and you have not reported it to OMERS.

Year retroactive payment was made

Please provide the breakdown of the amount that was applied to each year:

Year	Amount
Total amount	

**SECTION 5 - AUTHORIZATION - to be completed for all requests**

By signing below, I certify that all of the information in this form is true and accurate.

Employer Name		Contact	
Title		Phone	
Fax	Email		

Signature of Authorized Signing Officer

Date (m/d/y)

## GENERAL INFORMATION

### General Information

Complete *Form 143 - Request for an OMERS plan benefit* in the event of a member's termination of employment, disability, retirement or death.

- For a retirement claim, the form can be submitted up to 60 days before the retirement date.
- Whenever possible, wait until you have final earnings and service information before submitting the Form 143.
- Do not use this form for a member who is:
  - on a disability waiver of contribution; use *Form 158 – Employment change/benefit request*;
  - terminating as the result of a divestment; use *Form 182 – Divestment information - member*.
- Please notify us of any eligible service the member may have.
- If the member was on a pregnancy/parental leave or had broken service, include any outstanding leave period election forms.

### Important – Supplemental Plan

If you are requesting a benefit for a Supplemental Plan member, please use e-Form 143 in e-access.

## SECTION 2 - REASON FOR REQUEST

### Disability

- In the **Annual rate of contributory earnings at date member last contributed** field, enter the actual contributory earnings salary rate immediately before the member became disabled. Do not annualize the salary for other-than-continuous full-time (OTCFT) members.
- The contributory earnings salary rate of the member shall be deemed the annual rate of contributory earnings for which the member last made contributions.
- The credited service entered in **% of full-time hours** or **Months worked per year** field must correspond with the **Annual rate of contributory earnings**. (This field applies to OTCFT members only.)

*Example: Enter \$25,000 for 10.66 months worked per year or \$25,000 for 88.83% of full-time hours.*

- If the member chooses the OMERS disability pension, it may reduce any LTD payment. If the member is also receiving WSIB payments, the OMERS disability pension may be reduced. Please see the online *Employer Administration Manual* for details.

### Retirement

- If you select this option for a member who is not yet eligible to receive a pension, we'll process the request as a termination. The member will receive a *Pension Options* form. One of the options will be to take a pension at a later date once they become eligible.

## SECTION 3 - SUPPORTING INFORMATION

### Retirement-date spouse

- If the member has a legal or common-law spouse on the date that his or her first pension payment is due and the spouses are not living separate and apart, that person is the "retirement-date spouse" and eligible for spousal survivor benefits, provided he or she has not waived rights to survivor benefits.

## SECTION 4 - EMPLOYMENT INFORMATION

### Disability elimination period

- The disability elimination period information should be submitted with the Form 143.

### Contributory earnings

Include:

- deemed earnings for purchased disability elimination periods
- retro payments (provide details of the retro payment in the next section)

Do **not** include:

- annualized earnings (CFT or OTCFT members)
- deemed earnings for leave periods

### Credited service

- Enter credited service calculated to two decimal places.
- Include credited service for purchased disability elimination periods.
- Do **not** include credited service for purchased leave periods. Leave periods must be reported using *Form 165 – Leave period reporting/ election*.

### Pension adjustment (PA)

- For PA purposes, assume the member will purchase a pregnancy/parental leave unless you have a signed election form declining the purchase.
- Do **not** include broken service (including emergency leaves) in the PA unless the member has elected to buy all or part of the leave.
- If the member reached 35 years of credited service in the year, calculate the PA based on service up to the date the member reached 420.00 months of credited service. If the member reached 35 years before the year you are reporting, the PA is zero.
- For a member who is on a disability waiver of contribution, report a PA only for the purchased elimination period and portions of the year that the member was actively working. Do **not** report a PA for the disability waiver period – OMERS reports the PA for this period.
- If the member is deceased, enter a PA of zero in the year of death.

### Contributions (Primary Plan RPP and RCA)

- Enter registered pension plan (RPP) contributions in the **Primary Plan RPP** field and Retirement Compensation Arrangement contributions in the **Primary Plan RCA contributions** field.
- Include contributions for purchased disability elimination periods.
- Do **not** include contributions for purchased leaves (broken service and pregnancy/parental leaves).
- Include contributions deducted from retro payments. (Use the contribution rate for the year to which the retro payment applies.)

For December events with earnings paid in the following year (carry-forward), check the **December event with carry-forward pay** box. Also include on a separate page (or in the chart) a breakdown of contributory earnings and contributions paid each year.

*Example: A member terminates on December 31, 2011, but is paid for the last week of December in 2012. Indicate the contributory earnings and contributions paid in 2011 and paid in 2012 separately.*