



Proof of eligible service

Use this form to confirm that a member has eligible service in the OMERS Plan.

Only the OMERS employer where the member worked while earning the eligible service can complete this form. If that isn't possible (i.e., if records are unavailable), the member must complete a *Statutory declaration for proof of eligible service - member* (169) form and provide copies of T4s as proof of the eligible service.

Eligible service is service with a participating OMERS employer that is not credited service in the OMERS Plan. For more information, see the Eligible service section in the Employer Administration Manual.

Once we receive confirmation of eligible service, the member will automatically receive a buy-back cost for the eligible service period(s).

To help us serve you better, submit your documents quickly and securely using the e-access portal. Start a new conversation, attach your files, and submit.

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.

SECTION 1 - MEMBER INFORMATION - to be completed by member

| | | | | | | |
|--|---------|--------------------------|-------------|-----------|-------------|--|
| Group Number | | OMERS Membership Number* | | | Phone | |
| <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 | |

*Your membership number appears on your Pension Report or any personalized statement from OMERS.

SECTION 2 - PREVIOUS EMPLOYMENT INFORMATION - to be completed by employer as noted above

| | |
|--------------|---------------|
| Group Number | Employer Name |
|--------------|---------------|

Please enter all periods of previous employment:

| | | | | | |
|--------------------|------------------|--------------------|------------------|--------------------|------------------|
| Start date (m/d/y) | End date (m/d/y) | Start date (m/d/y) | End date (m/d/y) | Start date (m/d/y) | End date (m/d/y) |
| Start date (m/d/y) | End date (m/d/y) | Start date (m/d/y) | End date (m/d/y) | Start date (m/d/y) | End date (m/d/y) |
| Start date (m/d/y) | End date (m/d/y) | Start date (m/d/y) | End date (m/d/y) | Start date (m/d/y) | End date (m/d/y) |

Employment status (for the periods indicated above)

- Continuous full-time
- Other-than-continuous full-time

% of full-time hours, excluding any period each year when the member didn't work
 Example: Put 50% for a 10-month employee who works five months. Put 100% for contract employees who work full-time or a 10-month employee who works 10 months.

Period each year when the member didn't work (generally applies to school boards) From (m/d) To (m/d)

Group Number

OMERS Membership Number

SECTION 2 - PREVIOUS EMPLOYMENT INFORMATION - to be completed by employer as noted above (cont'd)

Did the member have any breaks in service?

No

Yes - Please provide details:

| | | |
|----------------------------|--------------------------|--|
| Date leave started (m/d/y) | Date leave ended (m/d/y) | Statutory leave? <input type="checkbox"/> No <input type="checkbox"/> Yes |
| <input type="text"/> | <input type="text"/> | |
| Date leave started (m/d/y) | Date leave ended (m/d/y) | Statutory leave? <input type="checkbox"/> No <input type="checkbox"/> Yes |
| <input type="text"/> | <input type="text"/> | |
| Date leave started (m/d/y) | Date leave ended (m/d/y) | Statutory leave? <input type="checkbox"/> No <input type="checkbox"/> Yes |
| <input type="text"/> | <input type="text"/> | |

Note: For more information about what is considered a statutory leave, see the Statutory leaves section in the Employer Administration Manual.

SECTION 3 - PREVIOUS EMPLOYMENT INFORMATION - to be completed by member

Were you a member of a registered pension plan (other than the Canada Pension Plan) during the service period in Section 2?

Yes No

If yes, please provide the following information:

| | | |
|---------------------------------|--------------------------|-----------------------------------|
| Name of Registered Pension Plan | Plan Registration Number | Date You Enrolled in Plan (m/d/y) |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

SECTION 4 - EMPLOYER AUTHORIZATION

| | | |
|----------------------|----------------------|----------------------|
| Employer Name | Contact | |
| <input type="text"/> | <input type="text"/> | |
| Title | | |
| <input type="text"/> | | |
| Phone | Fax | Email |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Signature of Authorized Signing Officer

Date (m/d/y)