



# Proof of eligible service

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

Mail the completed form to OMERS, One University Avenue, Suite 400, Toronto, ON M5J 2P1 or fax: 416-369-9704, toll-free: 1-877-369-9704. If you fax it, do not mail the original.

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 *Form 169 - Statutory declaration for proof of eligible service (member) - former employment with an OMERS employer* and provide copies of T4's as proof of the eligible service.

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).

Eligible service is service with a participating OMERS employer that is not credited service in the OMERS Plan. For more information, see Section 15.3.2 Eligible Service in the online OMERS Employer Administration Manual.

If you have questions about privacy at OMERS, please call OMERS Client Services at 1-800-387-0813.

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

## 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
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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)	Pregnancy/Parental 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)	Pregnancy/Parental 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)	Pregnancy/Parental leave? <input type="checkbox"/> No <input type="checkbox"/> Yes
<input type="text"/>	<input type="text"/>	

## 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"/>		
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)