OMERS

OMERS medical report - child's total disability

Use this form to help OMERS determine that a deceased member's dependent child qualifies for an OMERS benefit under the definition of "totally disabled child".

OMERS will also accept copies of medical forms or reports about the child's condition that the child's doctor has completed for other benefits. In that case, the doctor does not need to complete Section 2 of this form.

OMERS is not responsible for any costs associated with either completing this form or providing medical evidence to OMERS.

Mail/fax the completed and signed form to the contact information below. If you fax it, do not mail the original.

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 - DECEASED MEMBER'S INFORMATION - to be completed by the child, parent or guardian

OMERS Membership/Reference Number*	Member's Social Insurance Number	Date of Birth (m/d/y)	Date of Death (m/d/y)

◯ Mr. ◯ Mrs. ◯ Ms. ◯ Other:	First Name	Middle Name	Last Name

**Your membership/reference number appears on any personalized statement from OMERS.*

SECTION 2 - CHILD'S INFORMATION

Child's Social Insurance Number	Date of Birth (m/d/y)

◯ Mr. ◯ Mrs. ◯ Ms. ◯ Other:	First Name	Middle Name	Last Name

Apt/Unit	Address	City	Province	Postal Code

SECTION 3 - MEDICAL INFORMATION - to be completed by the child's doctor

This section is to be completed by a medical doctor licensed to practice under the laws of a province of Canada or the place where the child resides.

OMERS will also accept copies of medical forms or reports about the child's condition that the child's doctor has completed for other benefits. In that case, the doctor does not need to complete this section.

Please provide the following details on the nature of the child's disability (print clearly).

Date the total disability commenced	Date (m/d/y)

Diagnosis

Subjective symptoms

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OMERS Membership/Reference Number	Member's Social Insurance Number

Objective findings (results of x-rays or other tests, physical exam findings)

Prognosis

Other pertinent information

Totally disabled child

OMERS considers a totally disabled child to be someone whose physical or mental disability:
- occurred before age 21 or occurred before age 25* while a full-time student; and
- whose condition prevents self-support or doing any work for compensation or profit (except for an OMERS-approved rehabilitation or workshop program); and
- did not become disabled from a willfully self-inflicted injury, committing (or attempting to commit) an offence under the *Criminal Code*, or working in an unlawful occupation.

*If the member died before January 1, 2005, the eligibility period ends at age 21.

Do you consider the child to be totally disabled as defined above? ☐ Yes ☐ No

Doctor's Name			Phone	
Suite/Unit #	Address	City	Province	Postal Code

Doctor's Signature

Date (m/d/y)