



Medical report - OMERS total disability benefits

Use this form to provide OMERS with new or updated medical information.

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

Once OMERS receives the form, we will determine whether you qualify or continue to qualify for an OMERS total disability benefit.

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.

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

Note to members and doctors: Other than for discretionary reviews, OMERS is not responsible for any costs associated with either completing this form or providing medical evidence to OMERS.

SECTION 1 - MEMBER INFORMATION - (to be completed by the member)

OMERS Membership Number*		Social Insurance Number		Date of Birth (m/d/y)	
<input type="radio"/> Mr.	<input type="radio"/> Mrs.	<input type="radio"/> Ms.	First Name	Middle Name	Last Name
<input type="radio"/> Other:					
Apt/Unit	Address		City	Province	Postal Code
Name of Current Employer				Occupation	

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

SECTION 2 - MEDICAL INFORMATION - (to be completed by the member'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 member resides.

OMERS will also accept copies of medical forms or reports about the member's condition that the member'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 member's disability (print clearly).

Date of disability (the last day the member worked)	Date (m/d/y)
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Diagnosis

Subjective symptoms

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

OMERS Membership Number

Social Insurance Number

Prognosis

Other pertinent information

Which of the following definitions apply/do not apply to this member?

Disability waiver of contribution - first 24 months

To qualify, the member must have a physical or mental incapacity during the first 24 months of the disability that wholly prevents them from performing the regular duties of the occupation they were engaged in immediately prior to the date of disability.

Does the member meet the disability waiver of contribution definition? Yes No

Disability waiver of contribution - after 24 months (from the date of disability)

*To qualify, the member must have a physical or mental incapacity that wholly prevents them from doing **any** work for compensation or profit for which they are, or may reasonably become, qualified to do by education, training or experience.*

Does the member meet the disability waiver of contribution after 24 months definition? Yes No

Disability pension

*To qualify, the member must have a physical or mental impairment that wholly prevents them from doing **any** work for compensation or profit for which they are, or may reasonably become, qualified to do by education, training or experience. This impairment is also reasonably expected to last for the remainder of their lifetime. (If the member was disabled before 1992, please call OMERS as this definition does not apply.)*

Does the member meet the disability pension definition? Yes No

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

Doctor's Signature

Date (m/d/y)