



# Additional information for a disability benefit review

Use this form to verify that you still qualify to receive a disability benefit.

Mail/fax the completed form along with the *Form 147 – Medical Report - OMERS Total Disability Benefits* 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](http://www.omers.com).

## SECTION 1 - MEMBER INFORMATION

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

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

## SECTION 2 - OTHER DISABILITY BENEFITS

Have you applied for a Workplace Safety and Insurance Board (WSIB) benefit?

Yes - Please complete the following:

Approved

Monthly benefit amount

Total/full

Partial

Temporary

Temporary benefit end date (m/d/y)

Declined

Under appeal

Pending approval

No - Please advise OMERS in writing if the member is approved for a WSIB benefit in the future.

Have you applied for a benefit under your employer's long-term disability (LTD) plan?

Yes - Please complete the following:

Approved

Receiving benefit

Benefit stopped as of

Date (m/d/y)

Declined

Under appeal

Pending approval

No - Please advise OMERS in writing if the member is approved for an LTD benefit in the future.

**Important:** Your LTD amount may be affected if you choose to receive a disability pension from OMERS. Please contact your employer for more details.

### SECTION 3 - CURRENT WORK STATUS

What was your occupation immediately prior to your disability?

Has your employment ended with the employer where you became disabled?

Yes

No

Have you returned to work in any capacity (e.g., rehabilitative work, etc.)?

Yes -

Please contact OMERS Client Services or your employer for more details.

No

### SECTION 4 - WORK EXPERIENCE

Please indicate what types of work you've done in the past 10 years. This information will be useful for determining your continuing eligibility for the disability benefit.

### SECTION 5 - EDUCATION

Please indicate the programs or courses you have taken, and the diploma or degree you received from each one.

	Program/Course	Diploma/Degree
High School		
Vocational or trade courses		
College		
University		
Other		
Other		

### SECTION 6 - MEMBER'S SIGNATURE

Member's Signature

Date (m/d/y)