



# Employed OMERS retiree election form

Use this form if you work for an OMERS employer after you begin receiving a pension from the OMERS Primary Pension Plan (the Plan) and wish to continue to receive an OMERS pension and not enrol in the plan as an active member.

If you work for an OMERS employer after you begin receiving a pension from OMERS and meet the mandatory eligibility requirements for enrolment, you are required to stop receiving a pension for as long as you are enrolled (or until November 30 of the year you turn 71 at which time OMERS will begin paying your pension whether you are working or not). However, as a member receiving a pension you may elect not to be enrolled and continue receiving your OMERS pension.

If you enrol with your new OMERS membership you will be eligible to have all your credited service and contributory earnings combined, and your pension will be recalculated according to the Plan provisions in effect at the date of your subsequent retirement. (**Note:** If you received a 50% rule refund when you retired, you must repay the 50% rule refund, plus interest, if you wish to have the two employment periods combined).

When enrolling in the Plan you must also pay back any pension benefits paid to you that overlap with your new membership period.

Once we receive your enrolment request from your employer, we will immediately stop your pension and provide you with a letter that details any overpayments you may have incurred.

You are not required to fill out this form in order to be enrolled in the Plan.

### Election to Decline Enrolment

Electing not to enrol in the Plan means that you would not accrue service while employed with your new OMERS employer and your pension will not be recalculated upon your subsequent termination of employment.

If you **do not** wish to enrol in the Plan, please fill out this form and provide it to your employer for their record (OMERS does not require a copy of this form).

**Note to employers:** Please **do not** submit an enrolment for a member who has signed this form electing not to enrol in the Plan.

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 - RETIREE INFORMATION

Social Insurance Number		Date of Birth (m/d/y)	Employee Identification Number	
<input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms. <input type="radio"/> Other:	First Name	Middle Name	Last Name	

## SECTION 2 - ELECTION TO DECLINE ENROLMENT

- I choose to continue receiving my retirement pension and not enrol in the Plan, and understand that my decision is final and irrevocable. I also understand that by not enrolling in the Plan, I will not accrue further pension entitlements and my pension will not be recalculated upon my subsequent termination of employment.

Applicant's Signature

Date (m/d/y)