



# Request for a Pension Estimate

Use this form to request an estimate for a normal or early retirement pension or a disability pension.

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

**EMPLOYERS: Member consent is required if the employer is requesting this estimate.**

Any personal information provided on this form may be used to update your membership profile.

Important: This form is not to be used to request a separation (marital breakdown) estimate. Please visit the website of the Financial Services Commission of Ontario (FSCO) at [www.fSCO.gov.on.ca](http://www.fSCO.gov.on.ca) for information. Relevant forms are available on the FSCO website under "Pensions" > "Family Law" > "Family Law Forms".

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).



**Did you know you can complete this form online?**

**Employers: use e-access for most of your OMERS administration, including the e-Form 190.**

**Members: use the Retirement Income Estimator available on myOMERS.**

## SECTION 1 - MEMBER INFORMATION

OMERS Membership 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
Home Number		Mobile Number	Email		
Postal Code					

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

Are you a deferred member?  No  Yes — You are a deferred member if you are no longer working for an OMERS employer and you left your pension in the OMERS Plan

## SECTION 2 - TYPE OF PENSION ESTIMATE

What type of pension estimate do you want to receive?

Normal retirement

Early retirement

You must meet the minimum age requirement on the proposed retirement dates. That is, you must be within 10 years of your normal retirement age (age 55 for normal retirement age 65; age 50 for normal retirement age 60). You only need to indicate one date. However, you can indicate additional dates if you want more than one estimate.

OMERS pensions are paid at the beginning of the month. If you indicate the first of the month as a retirement date, we assume that you want your pension to begin on this date and you will work up until the end of the preceding month.

Proposed Retirement Date (m/d/y)	Proposed Retirement Date (m/d/y)	Proposed Retirement Date (m/d/y)	Proposed Retirement Date (m/d/y)
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Disability

We will require medical information if you apply for a disability pension.

Date Pension to Start (m/d/y)

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

Yes -  Approved

Monthly Benefit Amount

Declined

Under Appeal

No

## SECTION 3 - EMPLOYMENT INFORMATION

If you are a deferred member (no longer working for an OMERS employer), you do not need to complete this section.

Indicate your annual basic service information for this year and last year. If you do not complete this section, we will project your estimate based on the information we have on record.

	This year (y)	Last year (y)
Contributory earnings		
Credited service		

## SECTION 4 - AUTHORIZATION

### For members requesting the estimate:

Can we contact your employer if we require further information?  Yes  No

Where would you like us to send the estimate?

<input type="radio"/> Mr. <input type="radio"/> Other:	<input type="radio"/> Mrs.	<input type="radio"/> Ms.	First Name	Middle Name	Last Name
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Fax

Fax number

Mail

Apt/Unit	Address	City	Province	Postal Code
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Member's Signature

Date (m/d/y)

### For employers requesting the estimate:

By checking this box, I confirm and certify that I have obtained the consent of the member to request and obtain their pension estimate.

Group Number	Employer Name			
Contact			Title	
Phone	Fax	Email		

Signature of Authorized Signing Officer

Date (m/d/y)