



Declaration of full-time attendance at an educational institute

Use this form to confirm that you are between 18 and 25* years of age and that you are in full-time attendance at an educational institution. Each year, we will send you a new form to be completed and returned to OMERS, in order to continue your OMERS pension.

To receive a child's survivor pension, children between 18 and 25* years of age must be in full-time attendance at an educational institution.

*Note: if the member died before January 1, 2005, the eligibility for this benefit ends at age 21.

Complete Sections 1, 2 and 3, then have your educational institution complete Section 4.

Personal information is collected for pension administration purposes by OMERS under the authority of Section 35 of the *OMERS Act, 2006*. OMERS does not share personal information with any other person other than for purposes of pension plan administration, and the provision of personal information is considered consent to its use for those purposes. The collection, use, retention and destruction of personal information are subject to our Privacy Policy at www.omers.com.

If you have questions about the collection of personal information, call OMERS Client Services at 1-800-387-0813.

SECTION 1 - STUDENT INFORMATION - to be completed by the student

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

Type of enrolment

Full-time

Evening Other If evening or other, please explain:

Specify

What are you taking?

Indicate course, grade or faculty

Indicate the start and end date of your current attendance

Start Date (m/d/y)

End Date (m/d/y)

Please give duration and reasons for any absence(s) during your current and past academic year.

Student's signature

Date (m/d/y)

SECTION 2 - GUARDIAN INFORMATION - to be completed by the student

<input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms. <input type="radio"/> Other:		First Name	Middle Name	Last Name
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Is your guardian receiving an OMERS pension?

No

Yes – Please indicate your guardian's OMERS membership number and social insurance number

OMERS Membership Number*

Social Insurance Number

*The OMERS membership number appears on the member's Pension Report or any personalized statement from OMERS.

SECTION 3 - DECEASED MEMBER INFORMATION - to be completed by the student

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

SECTION 4 - EDUCATIONAL INSTITUTION INFORMATION - to be completed by the educational institution

Name of Institution				
Apt/Unit	Address	City	Province	Postal Code
Authorized Person's Name (please print)			Title	
Phone	Fax			

Additional Comments

Signature of Authorized Person	Date (m/d/y)
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