



OPSEU Pension Trust Fiducie du régime de retraite du SEFPO

Mail to: 1 Adelaide Street E., Suite 1200 Toronto, Ontario M5C 3A7 Tel: (416) 681-6100 Fax: (416) 681-6175 Toll Free: 1-800-637-0024 www.optrust.com

Certificate of Health (For an Increased Survivor Pension or Post-Retirement Marriage)

INSTRUCTIONS:

The Certificate of Health (the "Certificate") is required in the following circumstance:

- Election of Increased Joint and Survivor Pension Before Pension Begins
Post-Retirement Marriage - Survivor Pension

For an Increased Joint and Survivor Pension, Where Application is not made two years before the month your pension is to commence, your Application and Certificate of Health should be filed with the OPSEU Pension Trust at least three months prior to your anticipated retirement date to allow sufficient time to assess the information.

Please note: it is your responsibility to ensure that we receive this information before the month your pension commences in order to be eligible for this provision. Your employer is not an agent of the OPSEU Pension Trust and the OPSEU Pension Trust is not responsible for any failure to file Application or any delay in filing Application.

Mail your completed application to:

OPSEU Pension Trust
Member and Pensioner Services
1 Adelaide Street East, Suite 1200, Toronto, Ontario M5C 3A7

1. Personal Information
Table with 4 columns: Member's/Former Member's Last Name, First Name, Initials, Social Insurance Number; Home Address: No. and Street, Apt. No, Home Telephone Number; City/Town, Province, Postal Code.

2. Health Questionnaire - Please answer all questions either "YES" or "NO"
1. Have you consulted any physician or had any disease or illness within the last five (5) years?
2. Are you now free from any disease or symptoms of disease and in good health?
3. Do you know of any impairments now existing in your health or physical condition?
4. Have you any condition for which an operation or hospital confinement has been advised or is contemplated within the next year?

Continued on reverse side.....

3. List Details from Questions 1 to 4

4. Member's/Former Member's Declaration

I declare that my statements on this form are true and complete to the best of my knowledge.

Signed and dated on the _____ day of _____, 20____

Member's/Former Member's Signature

5. Physician's Statement

Based on my examination:

- I find that the above named member/former member is in good health.
- I do not find that the above named member/former member is in good health.

Please provide comments: _____

Signed and dated on the _____ day of _____, 20____

Physician's Signature

Address: _____ Telephone No. () _____

I consent to the collection and use by the OPSEU Pension Trust ("OPTrust") of all the information (the "Information and Documentation") in this form, including all attachments and related documents that may be requested in conjunction with this form. This information is collected by OPTrust solely for the purposes of determining eligibility for benefits and administering the OPSEU Pension Plan. Further information about OPTrust policies and procedures about the collection, use and disclosure of personal information can be found on the OPTrust website: www.optrust.com.

For OPSEU Pension Trust Use Only

OPSEU Pension Trust Approval: Date _____ Official's Signature _____