



OPSEU Pension Trust Fiducie du régime de retraite du SEFPO

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Employer Checklist for Enrolments

1. Personal Information			
Member's Last Name	First Name	Initials	Social Insurance Number
			- -

2. Documents Required for Enrolling Members			
Documents Required at Enrolment (Please forward to OPTrust immediately upon completion)	Attached	To Follow	Comments
Membership Enrolment OPTRUST 1005	<input type="checkbox"/>	<input type="checkbox"/>	

3. Additional Documents Required (May be submitted to OPTrust with the Membership Enrolment form or at a later date.)	Attached	To Follow	N/A	Comments
Identifying Benefit Recipients OPTRUST1015	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Statement of Spousal Relationship OPTRUST 3007	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Member's Proof of Birth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Spouse's Proof of Birth (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proof of marriage or common-law status (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Application for Past Service Credit OPTRUST 1036	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Completion of these documents should not delay submission of the Membership Enrolment form. If these forms are not remitted OPTrust will follow up with the member.

4. Actions for Employers			
	Completed	N/A	Comments
Set up new member for correct pension plan payroll deductions	<input type="checkbox"/>		
Clearly state "OPB to OPTrust Transfer Required" on enrolment form for transfer between OPB and OPTrust (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	
Clearly state "Buyback with OPB in Progress" on enrolment form for transfer between OPB and OPTrust (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	

Employer: _____

Employer Official's Name: _____ Telephone No.: (____) _____
 (Please Print)

Fax No.: (____) _____