

**Personal Information**

The member must complete all sections of Part 1, including "marital status." Marital status is important because the pension plan provides a survivor pension to an eligible spouse.



1 Adelaide Street East, Suite 1200  
 Toronto, Ontario M5C 3A7  
 Telephone: 416-681-6100  
 Toll-free: 1-800-637-0024  
 Fax: 416-681-6175  
 www.optrust.com

**Membership Enrolment**

Personal Information

<input type="checkbox"/> Mr. <input checked="" type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Other	Member's Last Name <b>Jane</b>	First Name <b>Doe</b>	Initials	Social Insurance Number <b>123-456-789</b>
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Marital Status <input checked="" type="checkbox"/> Married <input type="checkbox"/> Common-law <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Single	Former Last Name, if applicable		Date of Birth YYYY MM DD <b>1961 01 01</b>
Home Address: No. and Street <b>123 Any Street</b>			Apt. No.	Home Telephone No. <b>(416) 321-7654</b>
City/Town <b>Anyville</b>		Province <b>ON</b>	Postal Code <b>X0X 0X0</b>	Business Telephone No. <b>(416) 123-4567</b>
Work E-mail address: <b>jdoe@ministry.com</b>			Home E-mail address: <b>jdoe@myemail.com</b>	

**Employment Information**

The employer must complete all sections of Part 2, including the member's "plan membership date" and "continuous employment date." Contributions to the pension plan must begin on the plan membership date. OPTrust also requires this information in order to generate automatic buyback cost quotes. Please refer to the Enrolment Section of OPTrust's *Employer Manual* for more information on the plan membership date and continuous employment date.

Please complete an Identifying Benefit Recipients form (OPTRUST1015) obtained from your Human Resources Branch.

Please indicate if the OPTRUST1015 is:  Attached  To follow

Employment Information

Employment Type <input checked="" type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal <input type="checkbox"/> Unclassified	Ministry, Agency, Board, Commission <b>Health</b>	<input type="checkbox"/> Former Member
Plan Membership Date YYYY MM DD <b>2003 09 01</b>	Continuous Employment Date YYYY MM DD <b>2002 05 01</b>	

NOTE: If you have past eligible service with the Ontario Public Service or another employer and you wish to purchase or transfer this past eligible service, please complete an *Application for Past Service Credit* form (OPTRUST1036) obtained from your Human Resources Branch or the OPSEU Pension Trust.

Please indicate if the OPTRUST1036 is:  Attached  To follow  Not applicable

**Signatures**

Both the member's signature and the employer's signature sections must be completed. The member's signature authorizes OPTrust to collect personal information for the administration and calculation of the member's pension. Where plan membership is optional, the signature is the member's election to join the pension plan.

Signatures

<b>Jane Doe</b> Member's Signature	<b>09/02/03</b> Date	<b>A. Employer</b> Ontario Shared Services/ABC Official's Signature	<b>09/02/03</b> Date
		Business Telephone No. <b>(416) 765-4321</b>	

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 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.

For further information about OPTrust policies and procedures about the collection, use and disclosure of personal information can be found on the OPTrust website at www.optrust.com.

OPTRUST1005 (12/05)

Keep a copy of this form for your records.