



MEMBER ENROLMENT

1 Adelaide Street East, Suite 2900
Toronto ON M5C 3A7

Telephone: 416-681-6100 Toll-free: 1-800-637-0024
Email: email@optrust.com Website: optrust.com

Please complete this form to enrol in the OPSEU Pension Plan.

A – Personal Information

Last Name		First Name		
Male*	Female*	* This information is required for actuarial valuation purposes.		
Employer Name		Date of Birth (Day-Month-Year)		
Social Insurance Number		Employee/WIN Number		
Primary Email Address		Work Telephone Number		
Alternate Email Address		Personal Telephone Number		
Mailing Address	Suite	City/Town	Province	Postal Code
Spouse's Last Name (if applicable)		Spouse's First Name and Initial		Spouse Date of Birth (Day-Month-Year)

B – Consent and Signature

I consent:

- a. to receive communications from OPTrust electronically and understand that I will not be provided with paper copies unless I specifically request them. I understand that OPTrust will deliver personal information using secure messaging or regular mail if secure messaging is not available. I may instruct OPTrust at anytime that I would prefer to receive communications in paper form; and
- b. to the collection and use by OPTrust of all the information on this form and all attachments and information that OPTrust may request from me or my employer, or that I may provide to OPTrust, in conjunction with my participation in the OPSEU Pension Plan. I also consent to OPTrust sharing my personal information with my employer(s) or others for plan administration purposes.

Signature	Date (Day-Month-Year)
-----------	-----------------------

TO BE COMPLETED BY THE EMPLOYER

C – Employment Information

Employment Type:	Full Time	Part Time	Plan Membership Date (Day-Month-Year)	Continuous Employment Date (Day-Month-Year)
	Seasonal	Fixed-term contract		
Employer Name			Former Member	
Employer Contact Name			Business Telephone	
Employer Contact Signature			Date Signed (Day-Month-Year)	

D – Past Service

If you have [past service](#) with an employer that you would like to purchase, please [contact us](#). Strict timelines apply, so it is in your best interest to act quickly.

E – Other Helpful Documents

These documents will be required upon termination of membership or retirement but are helpful to have on file when you enrol in the Plan and during your membership:

- A copy of your marriage certificate or proof of common-law relationship (see list of acceptable documents on our *Good to Know: How to Prove Your Spousal Relationship* on our website)
- A copy of your spouse's proof of age (birth certificate, driver's licence or passport)

F – Protecting Your Personal Information

OPTrust uses your personal information only for plan administration purposes, including determining your pension benefits and keeping you informed about any changes to the Plan that may affect you. We may share your personal information with your employer and others for plan administration purposes. OPTrust is responsible for maintaining the integrity of personal information and member data under its control.

It is important to keep your personal, contact and survivor information up to date so we can contact you and ensure your pension benefits are based on accurate information. The protection of your personal information is very important to us. More information about our privacy program and how we handle your personal information can be found at optrust.com.

G – Legal Information About the OPSEU Pension Plan

The OPSEU Pension Plan is sponsored by the Government of Ontario and OPSEU. The Government of Ontario represents employers and OPSEU represents Plan members for purposes of amending the Plan and appointing the Plan's Board of Trustees. For information about the OPSEU Pension Plan, please refer to the booklet *It's Your Pension* or visit optrust.com.