



# Form 143 Notice of Member Event.

ATTACHMENT #9

## A. Type of Event

Mark one only:

\* →  Termination     Disability (Mark "P" for Disability Pension)     Normal Retirement     Reduced Early Retirement     Unreduced Early Retirement (If Type 3 Partial Disability mark "PD")     Death

## B. Member Information

\* → Member's Surname: K A L L E    Initials: M R    Group No.: 1 4 9 0 0 0    Social Insurance Number: 4 0 6 6 2 0 8 0 7

Member's or Claimant's Full Mailing Address (Include Claimant's Name):

157 A Main Street  
DELHI ON  
N4B 2W9    519-582-4543  
Postal Code    Daytime Phone Number

Sex:  M    Date of Birth: 4/3/1221

Employment Status: Full-Time  Other-Than-Continuous Full-Time Credited Months per Year:  X Or  %

If status has changed in current or previous year attach a letter of explanation.

## C. Details of Event

\* → Date of Event: 6/29/96 (last date at work)    Date to Which Member Last Contributed: 6/29/96    Reason for any Difference in Dates:     Vacation Pay:  (see Note C)    Sick Pay:     Leave of Absence:     Other (Specify):

## D. Earnings, Contributions and Credited Service

Use actual, not estimated, figures and please be accurate. Include any Disability Elimination Period purchased, but not any Broken Service or Pregnancy/Parental Leave. Incomplete information will delay the processing of the benefit.

Normal Pay Periods Per Year: 52  26  22  Other  (specify)

1 week carry over from Dec/95

Only worked 1 week in Feb/96

No broken service

Contributory Earnings

Member's Basic Plan Contributions

Months of Credited Service (for OTCFT see Note D)

Disability & Termination Claims

(annual rate of contributory earnings, see Note D)

Member's Supplementary Benefit Contributions:

Type 1 Member Contributions

Optional Service Member Contributions

Other Member Contributions (specify)

19\_96  
Current Year to Date of Event

19\_95  
Previous Year

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\$ 915.87

\$ 25729.67

\$ 54.95

\$ 1543.18

0

12

\$

\$

\$

\$

\$

\$

\$

\$

IMPORTANT: You must complete and sign other side

**Additional Documentation/Information to Be Submitted**

The purchase of any outstanding service (Disability Elimination, Broken Service, Pregnancy/Parental Leave, Optional Service, Buy-Back) must be completed before a benefit can be processed.

**Broken Service or Pregnancy/Parental Leave**

For a Broken Service or Pregnancy/Parental Leave in the current or previous year indicate the status of forms:

Broken Service  Pregnancy/Parental Leave  **Were forms previously submitted?** Yes  No  **Are forms submitted with this Form 143?** Yes  No  **Is cheque enclosed?** Yes  No

**Termination**

Submit proof of eligible service (if any) with this form (note E).

**Disability**

Submit the Certificate of Total Disability with this Form 143.

Member's Occupation: \_\_\_\_\_ Monthly WCB Benefit: \$ \_\_\_\_\_  Not Applicable

**Death**

Submit proof of eligible service (if any) with this form (note E). Provide claimant's name and address under Section B.

Is there a surviving spouse? Married:  Yes  No Common-law:  Yes  No

Does the member have children under the age of 19, or under age 21 and in school?  Yes  No

If yes, give birthdates of eligible children: 

Y	Y	M	M	D	D
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Y	Y	M	M	D	D
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Y	Y	M	M	D	D
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**F. Retirement**

If the member is less than 65 years old, has the member applied for a Disability Pension from CPP?  Yes  No

**Advance Election**  Normal  Unreduced Early  Reduced Early

Member: read your information page before signing Advance Election. I elect to receive a pension as indicated above from the OMERS pension plan. I acknowledge that I have decided to make this election in advance of receiving all of the information to which I may be entitled under the Ontario Pension Benefits Act, 1987 so that my application for a pension may be processed more quickly. I further understand that my pension information will be provided to me in due course.

Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Witness \_\_\_\_\_

Employer: read note F.

**Member's Banking Information:**

Account Number   
 Transit or Branch Number  Bank Number

Submit member's blank cheque marked "Void"  
 Full Name and Address of Bank, Credit Union, Trust Co. etc.

Postal Code \_\_\_\_\_

**G. Employer Information**

Elaine M. Bailey Feb 19/96  
 Signature of Authorized Signing Officer Date

Employer Name: Township of Delhi Contact: Elaine Bailey (519) 582 2100  
 Name Phone Number

**Ontario Municipal Employees Retirement System**  
 One University Avenue, Suite 1000, Toronto, Ontario M5J 2P1  
 Tel: (416) 369-2400, toll free in Ontario: 1-800-387-0813

9-16-98 : 7:53AM : DELHI STATIONERS 95-  
 1 519 631 1168 : 20

9-16-98 : 7:53AM : DELHI STATIONERS 95-

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