

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.

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.

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.



Membership Enrolment

1. 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 Jane	First Name Doe	Initials	Social Insurance Number 123 456 789
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Marital Status <input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Common-law <input type="checkbox"/> Separated <input type="checkbox"/> Single	Former Last Name, if applicable	Date of Birth YYYY MM DD 1961 01 01	
Home Address: No. and Street 123 Any Street			Apt. No.	Home Telephone No. (416) 123-4567
City/Town Anyville		Province ON	Postal Code X0X 0X0	

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

Please indicate if the OPTRUST1015 is: Attached To follow

2. 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 Your Ministry	<input type="checkbox"/> Former Member
Plan Membership Date YYYY MM DD 2003 09 01	Continuous Employment Date YYYY MM DD 2002 05 01	

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 DPSEU Pension Trust.

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

3. Signatures

Member's Signature Jane Doe	Date 09/02/03	Ministry/ABC Official's Signature A. Employer	Date 09/02/03
		Business Telephone No. (416) 765-4321	

Personal information is collected on this form under the authority of Article 14.1 of the Ontario Public Employee's Union Pension Plan. It will be used to determine eligibility for benefits and to document/process payments. Questions about this collection should be directed to the Director, Member and Pensioner Services, 12th Floor, 1 Adelaide St., Toronto, Ontario M5C 3A7, Telephone (416) 681-6100, Toll Free in Canada 1-800-637-0024.

For OPT Use Only

Client No. _____