

Employer

UPDATE

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Revised Membership Enrolment Form

The **Membership Enrolment** form (OPTrust 1005) has been changed. We ask for your help to ensure that members complete and sign the form. We now need the member to sign two sections.

Please note: The consent signature for the collection of information is mandatory. However, the consent signature for electronic communication is optional.

What's new?

CONSENT TO COMMUNICATE ELECTRONICALLY

At OPTrust we communicate with many of our members electronically. To ensure that members are fully aware of this, we ask that they provide their consent on the enrolment form. Members are free to switch their preference at any time. They can subscribe or unsubscribe using their *Online Services* account, or by clicking on “unsubscribe” at the bottom of any email we send them or by using the [Contact Us](#) section of the website to inform us of their preference.

We ask for your help in getting members to signify their communication preference by checking one of the boxes on the form and then signing in the consent section.



FORM IS NOW LEGAL SIZED

Because of the additional content on the form, it should be printed on legal-sized paper. If you have any concerns about printing on legal-sized paper, please contact EmployerService@optrust.com.

CONSENT AND SIGNATURE

- I consent to receive information from OPTrust electronically at the email address listed on this form. I understand that I will receive all documents and information relating to my membership in the OPSEU Pension Plan capable of being transmitted electronically via the email address on the form and that I will not receive a paper version of any document unless I specifically request it.
- I do not consent to receive electronic information from OPTrust.

TO BE COMPLETED BY THE EMPLOYER

EMPLOYMENT INFORMATION

Employment Type: Full time Part time Seasonal Fixed-term contract

Plan Membership Date (DD/MM/YYYY)

Continuous Employment Date (DD/MM/YYYY)

Employer

Employer's Name (Please print)

Employer's Signature

Former Member

Business Telephone Number

Date Signed (DD/MM/YYYY)

Sign Here

DEDICATED EMPLOYER SECTION

The **employer section** of the form has been separated from the **member section** and is clearly marked. Please ensure you complete all the applicable sections and sign it.

FIVE TIPS FOR COMPLETING FORMS

- 1 The Membership Enrolment form must be signed both by the new member and by the employer.
- 2 When completing dates on the form, please add "0" if the day or month is a single digit e.g. April 5, 2016 should be shown as 05/04/2016 (DD/MM/YYYY).
- 3 Always go to our website to get the most current form. When we make major changes such as in this form, we will let you know, but if we make smaller changes, we simply update the form on the website.
- 4 All our forms can be filled in electronically, then printed and signed.
- 5 When sending us a scanned form, please use the Production Control link in the Contact OPTrust section in the secure Employer Site, to transmit the form. It's fast, transparent and secure.

OPB/OPTRUST TRANSFERS

When the enrolment of a new member is a result of a transfer between OPB and OPTrust, please include a completed Transfer of Membership between the OPSEU Pension Plan and the Public Service Pension Plan form (OPTrust 1040) as well as a completed Membership Enrolment form (OPTrust 1005).

FOR MORE INFORMATION SEE THE EMPLOYER MANUAL

This Employer Update is intended to provide participating employers with news and information about the OPSEU Pension Plan. It does not create any rights to benefits not provided for in the actual terms of the Plan. In the event of any conflict or omission, the legal documents of the OPSEU Pension Plan will govern in all cases. Members who have questions about their pension benefits should contact OPTrust directly.



HOW TO REACH US

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optrust.com

EmployerService@optrust.com
For general inquiries only. This is not a secure email address.