



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

CERTIFICATE OF HEALTH

Telephone: 416-681-6100 Toll-free: 1-800-637-0024

Email: email@optrust.com Website: optrust.com

INSTRUCTIONS

This Certificate of Health must be completed and sent to OPTrust if you want to provide a survivor pension for a post-retirement spouse more than 90 days after acquiring a new spouse in retirement.

A – Personal Information *(to be completed by the retired member)*

Last Name	First Name		
OPTrust ID or Employee Number	Email or telephone		
Mailing Address	City/Town	Province	Postal Code

B – Health Assessment *(to be completed by a medical doctor or nurse practitioner)*

Based on my examination, I find the member named above to be in good health for their age and I am not aware of any health condition that could significantly reduce their life expectancy.

Yes	No and reason		
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Name (please print)	Telephone		
Mailing Address	City/Town	Province	Postal Code
Signature	Date (Day-Month-Year)		

C – Member Consent and Declaration

I declare that I am in good health for my age and do not have a condition that could significantly reduce my life expectancy.

I consent to the collection and use by OPTrust of all the information on this form. This information is collected by OPTrust solely for the purposes of determining eligibility for benefits and administering the OPSEU Pension Plan.

Member Signature	Date (Day-Month-Year)
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