

Member's Personal/Employment Information Update

 OPSEU Pension Trust 1 Adelaide Street East, Suite 1200, Toronto, Ontario M5C 3A7
 Telephone: 416-681-6100 Toll-free: 1-800-637-0024 Fax: 416-681-6175 **optrust.com**
 New Member **Current Member** **LTIP Update**

1] IDENTIFICATION (This section must be completed.)

Member's Last Name	First Name and Initials	OPTrust ID Number	WIN Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Instructions: For LTIP Updates, please complete sections 1 and 5, and return the form to Production Control via OPTrust's Secure Employer Site.

2] PERSONAL INFORMATION

<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Other	Marital Status:	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Common-law	<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed
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Member's Last Name	First Name and Initials	Former Last Name, if applicable
<input type="text"/>	<input type="text"/>	<input type="text"/>

Member's Date of Birth (DD/MM/YYYY)	Home Address: Number and Street	Apt. No.
<input type="text"/>	<input type="text"/>	<input type="text"/>

Home Telephone Number	City/Town	Province	Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3] EMPLOYMENT INFORMATION

Name of Employer	Start Date With Employer (DD/MM/YYYY)	End Date With Employer (DD/MM/YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Employment Type	Start Date	End Date
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Unclassified	<input type="text"/>	<input type="text"/>

Classification	Equivalent Full-Time Hours	Regular Part-Time	Bargaining Unit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

4] SALARY INFORMATION

Regular Salary Start Date (DD/MM/YYYY)	Salary Note Start Date (DD/MM/YYYY)
<input type="text"/>	<input type="text"/>

Salary Rate	Base	Salary Note Rate	Base
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

5] LEAVE OF ABSENCE/LTIP INFORMATION

LOA Type	LOA Start Date (DD/MM/YYYY)	LOA End Date (DD/MM/YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>

LTIP Salary Rate	Base	LTIP Start Date (DD/MM/YYYY)	LTIP End Date (DD/MM/YYYY)	Disability Date (DD/MM/YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Employer's Signature	Date (DD/MM/YYYY)	Business Telephone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>