ANNUAL EARNINGS DISCLOSURE FORM

AOM Benefits Trust

Please return your completed form to the AOM Benefits Trust by email, mail, or fax. Our contact information is below.

GUIDELINES

When completing the Annual Disclosure Form, the following guidelines should be referred to:

- if you are applying for a change mid-year, only the current year will be effective and no pro-ration will occur.
- if you are applying for Non-participation based on less than 10 BCCs per year or your Locum status with the AOM, then you must re-apply annually.
- your proof of earnings must be based on total annual earnings.
- all sources of midwifery income must be disclosed.

1: PLAN MEMBER INFORMATION

AOM number: Last name First name: Middle initial:

Date of registration with the AOM: YYYY - MM - DD

Effective Date : YYYY - MM - DD

2: EARNINGS DISCLOSURE

Please check and fill-in all sections that apply:

☐ EMPLOYER OR IMP EARNINGS

Employer Paid Annual Salary: Number of hours worked per week:

☐ LESS THAN 10 BCC EARNINGS (JANUARY TO DECEMBER OF THE CURRENT YEAR)

I hereby certify that my signature stands as confirmation that I intend to work less than 10 BCCs in the current calendar year and that if I surpass 10 BCCs I will notify the AOMBT of this change.

Signature of Member: Date: YYYY - MM - DD

☐ "OTHER" SCHEDULE FUNDING (ie. Schedule OPQ)

Total Amount (with no retroactive adjustment):

☐ HYBRID EARNINGS (combination of BCC and Employer earnings) * A benefit calculation will be supplied by the AOMBT before commencement of coverage

Employer Paid Annual Salary: Number of hours worked per week:

3: DECLARATION

☐ **I understand** that earnings are to be disclosed to the AOMBT each calendar year.

☐ **I further understand** that any changes made within the calendar year will be effective at the time of submission and no proration shall occur.

☐ If applicable, I have enclosed a statement of earnings from my employer for the current calendar year.

Signature of Member: Date: YYYY - MM - DD

365 Bloor Street East, Suite 800, Toronto, ON M4W 3L4 | info@midwivesbenefits.ca
Phone: 416.425.9974 | Toll-free in Ontario: 1.866.418.3773 | Fax: 416.921.6556 | midwivesbenefits.ca