

Health Leave Form

July 2011



Print clearly using black ink.

1. Member Information

Name: Miss Mrs. Ms. Mr. Sister Dr. _____
first name last name middle initial(s)

Social insurance number (SIN): Date of birth: |_____| |_____| |_____|
month day year

Address: _____
number street apt.

city province postal code

Occupation: _____ Tel: _____

2. Health Leave Information

Health leave start date: |_____| |_____| |_____| Health leave end date: |_____| |_____| |_____|
month day year month day year

Only complete end date if member has returned to work permanently.

3. Earnings Information

A. Is member receiving full remuneration during first 15 weeks?

Yes (skip to question 4) No (go to question B)

B. Is member topping up pension contributions?

Yes If the member is contributing at 100 per cent and has elected to top up to 100 per cent, please skip to section 4.
 No Members who elect not to top up will have their contributory service for the period prorated, go to C.

C. Please indicate member's earnings during first 15 weeks:

Partial None

Partial start date: |_____| |_____| |_____| Partial end date: |_____| |_____| |_____|
month day year month day year

Please provide percentage of earnings _____ %

4. Employer Information

Name of employer: _____ Employer code:

Employer contact name: _____ Tel (and ext.): _____

I hereby certify that the information contained in this form is correct to the best of my knowledge.

Employer signature: _____ Date: |_____| |_____| |_____|
month day year

Healthcare of Ontario Pension Plan

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