Contributions Waiver

July 2011

HOOPP
Healthcare of Ontario Pension Plan

Print clearly using black ink.

The member should read and complete this waiver, signing and dating it to indicate he or she understands the rules regarding waiving contributions. Contributions can be waived in two situations – when a member moves from full-time to part-time work, or where a member works full time at one HOOPP employer, and is contributing to HOOPP at other part-time employers.

1. Member Information

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

Social insurance number (SIN): ☐☐☐ ☐☐☐ ☐☐☐

Name of employer: _____

Employer contact: _____

2. Waiver of Contributions and Declaration

In accordance with the provisions of the Healthcare of Ontario Pension Plan (HOOPP), I hereby choose to waive my right to make HOOPP contributions at this employer because (please check off the box that applies to you):

☐ I contribute at a different HOOPP employer, where I work full time, or

☐ I am moving from full-time to part-time status at this employer.

I understand that if I choose to stop contributing at this part-time employer, I must also stop contributing and sign a contribution status waiver at all other HOOPP employers where I work part time. I understand that, if my employment situation changes, I may be required to resume contributions.

As well, I understand that, despite signing this waiver, I am entitled to resume contributions at my part-time employers at any time in the future, as long as I remain a member of HOOPP as defined by the HOOPP Plan Text.

I also understand that I cannot make up or buyback waived contributions.

Member's signature: _____ Date: |____|____|____|
month day year

Witness: _____ Date: |____|____|____|
month day year

Healthcare of Ontario Pension Plan

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- **Send this form to HOOPP by email or mail**
- **Keep a copy for your files**

Print Form Clear Form