

Employer Request for Pension Estimates

July 2011



Print clearly using black ink.

1. Member Information

Estimate required for:

Member name: _____
first name last name middle initial(s)

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

This estimate will be sent to the member's home address.

Address: _____
number street apt.

_____ city province postal code

Home tel: _____ Business tel (optional): _____

I authorize HOOPP to provide the employer named below with my pension estimate.

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

Member is currently (choose all that apply):

- a full-time employee a part-time employee participating in HOOPP at more than one employer
(indicate percentage of time worked at this employer: _____ %)

Spouse's name: _____ Spouse's date of birth: |_____| |_____| |_____|
month day year

2. Proposed Retirement Date |_____| |_____| |_____|
month day year

3. Employer Contact Information

Name of employer: _____ Employer code:

Employer contact name: _____ Tel: _____

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

Employer contact email: _____

Please return this form to HOOPP at the address or facsimile number listed below. It will take up to ten days to supply a confidential estimate. If, in the meantime, you have any questions about the estimate please contact a HOOPP client service representative. Representatives are available to help you Monday to Friday, from 8 a.m. to 5 p.m.

Healthcare of Ontario Pension Plan

1 Toronto St., Suite 1400 Tel: 416-646-6445
Toronto, ON Toll-free: 1-877-43HOOPP(46677)
M5C 3B2 Fax: 416-369-0225
Website: hoopp.com E-mail: clientservices@hoopp.com

- Send this form to HOOPP
- Keep a copy for your files