

Special Circumstances Enrolment Form



April 2011

Please print clearly using black ink. See the Instructions page for details on how to complete this form. This form must be printed on 8½" x 14" (legal size) paper.

I am using this enrolment form because: I am re-enrolling a member I cannot submit this through HOOPP ESE

1. New Member Information (Completed by employer)

Don't use this form to enrol groups of employees, or if a part-time employee is waiving contributions.

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

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

Gender: Male Female Union/association membership, if applicable: _____

The new member will be asked to send HOOPP proof of age documentation. For acceptable proof documents see the Instructions page.

New member's mailing address: _____
number street apt.

city province postal code

Home tel: _____ Work tel: _____

E-mail: _____ Fax: _____

New member's language preference is: English French (See Instructions page for details about French services.)

2. Benefit Transfers (Complete this section, if applicable)

The member named above was a member of a pension plan at his/her previous place of employment and wants to explore the possibility of transferring service from that plan into HOOPP. Please indicate, in the space below, the name of the member's previous pension plan – for a list of plans with which HOOPP has reciprocal transfer agreements and other details on transfers, see the Instructions page.

Date of termination from previous employer: |_____| |_____| |_____| Previous plan: _____
month day year

3. Declaration (Completed by member – see Instructions page)

I consent to the use of all information contained on this form and any and all additional personal information which I may hereafter provide to the administrators of the Plan, including my social insurance number, plus information related to my salary and employment record, as may be required to administer the Plan. My consent extends to any disclosures by the Plan administrators to the Plan's auditors, actuaries and/or other professional advisors for the purposes of administering the Plan. I also understand that any information collected or requested via this document is solely for the purpose of administering the Plan and will not be disclosed to any other party, except as previously indicated, without my consent. I certify that the information contained in this form is correct to the best of my knowledge.

This form no longer captures beneficiary designation information. See Instructions page for details.

New member's signature: _____ Date: |_____| |_____| |_____|
month day year

4. Employment Information (Completed by employer)

Name of employer: _____ Employer code:

New member works: full time part time New member's start date of employment: |_____| |_____| |_____|
month day year

Date of HOOPP registration: |_____| |_____| |_____| Date of change from part time to full time: |_____| |_____| |_____|
month day year (if applicable) month day year

If there's a difference between the employee's start date of employment and the date of registration, please explain why:

status change from part time to full time late enrolling member part time and is now choosing to enrol

If this is a late enrolment, and the member has received more than one rate of pay, please enter the rates of pay and start dates in the space provided. (You can enter up to four rates of pay.)

Please report the following information for the new member:

Hourly base rate(s) of pay	Start date at this rate of pay	Full time equivalent hours for this position	Hours worked at this rate of pay (if this is a late enrolment)
Rate 1: \$			
Rate 2: \$			
Rate 3: \$			
Rate 4: \$			

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

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

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

Employer contact e-mail: _____

Healthcare of Ontario Pension Plan

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

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

Instructions

The following instructions are designed to help you complete the Enrolment Form for the Healthcare of Ontario Pension Plan (HOOPP).

When to use the form

This form should be completed to enrol a new member in HOOPP only in special circumstances in which an enrolment couldn't be completed on HOOPP ESE. It should not be used if:

- You are enrolling a group of employees. Instead, contact HOOPP for instructions on how to handle group enrolments.
- The new employee works full time at another HOOPP employer, is being hired to work part time at this employer and is not part of a designated part-time group, and qualifies for the option of not making contributions at this employer. If the employee does not want to make contributions at your organization, complete a Contribution Status Change Form instead.

1. New Member Information

- Provide the new member's mailing address, home and work (if applicable) telephone numbers, fax number, union designation (if applicable) and e-mail address. Please indicate the member's language preference. French services are being phased in. Generic French-language materials are available in print, or via the hoopp.com website.
- Proof of age is necessary to determine when the new member qualifies to retire; the member's age also affects the size of the pension he or she will receive. HOOPP will ask the member for proof of age at the time a benefit is calculated if it has not already been provided. HOOPP will accept one copy of a valid Canadian passport, birth certificate, baptismal certificate, citizenship papers, or a valid Canadian driver's licence. Alternatively, HOOPP will accept a copy of any two of the following documents: a valid foreign passport, an expired Canadian passport, an Ontario picture health card, Canadian immigration papers, marriage records, or an Ontario age of majority card. If none of these documents can be obtained, HOOPP will accept a statutory declaration of the member's age, made before a judge, lawyer, commissioner of oaths, or notary public.

2. Benefit Transfers

- Complete this section if the member belonged to another pension plan at his or her previous place of employment.
- HOOPP has reciprocal transfer agreements with the following pension plans under the Major Ontario Pension Plans (MOPPs) Portability Agreement:
 - Electrical Safety Authority Pension Plan
 - Hydro One Pension Plan
 - Independent Electricity Market Operator (IEMO) Pension Plan
 - Ontario Municipal Employees' Retirement System
 - Ontario Power Generation (OPG) Pension Plan
 - Ontario Public Service Employees' Union Pension Plan
 - Ontario Teachers' Pension Plan
 - Public Service Pension Plan (Ontario)
 - Retirement Pension Plan of Ryerson Polytechnical University
 - St. Joseph's Health Centre Pension Plan (Ontario)
 - The Colleges of Applied Arts and Technology Pension Plan
 - The Providence Centre Pension Plan
 - The St. Michael's Hospital Pension Plan

Additionally, HOOPP has reciprocal agreements with The Hospital for Sick Children Employee Pension Plan, the Retirement Plan of the Ontario Cancer Institute and the Pension Plan for Employees of OPSEU. If there is no reciprocal agreement with the member's former pension plan, it may still be possible to transfer the commuted value of the member's benefits into HOOPP if the other plan is willing to make such a transfer.

3. Declaration

- By signing the declaration, the new member agrees to provide HOOPP with the information it needs to administer his or her pension benefits.
- As well, by signing, the member acknowledges HOOPP's rules for the privacy of personal information.
- The Enrolment Form no longer captures spouse and non-spouse beneficiary information. For privacy reasons, this information is now provided by the member and not the employer. Spouse and non-spouse beneficiary designations can be made, at enrolment or afterwards by the member, using a Beneficiary Designation Form.

4. Employment Information

- The start date of employment is the new member's first day of work. The date of registration is the date the employee enrolls in HOOPP at your organization after meeting eligibility requirements and must begin making contributions.
- Please indicate whether the new member works full time or part time. If the new member has moved from part-time to full-time work, please indicate the date of the change in status in the space provided.
- Provide the member's hourly salary rate, the start date at this rate of pay, and the number of full-time equivalent hours in a year for the member's position.
- A late enrolment is where the member's date of registration occurs **after** the date when contributions should have been deducted – and where no contributions have yet been deducted. If this is a late enrolment, please also include the hours worked at this rate of pay. The form can handle up to four different rates of pay.
- If there's a difference between the employee's start date of employment and date of registration, please indicate why by ticking one of the boxes.
- The employer must confirm that the information provided on the Enrolment Form is accurate.

5. Returning this form

- Return this form to HOOPP. Barcodes cannot be read if the form is sent by fax. If you are printing this form, please do not reduce it in size or fold it.