

Leave Commencement (Non-Health)

July 2011



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.

Complete this form to report:

- the start of a pregnancy/parental leave, strike/lockout period, emergency leave, family medical leave, or other type of non-health leave
- the start of a temporary period of reduced earnings.

When the leave/temporary period ends, and no contributions have been made, please provide HOOPP with a Leave Completed Form.

Don't use this form to report:

- the start of a health leave, instead, use the Health Leave Form.
- any leave where the member plans to make contributions for a period where he/she was not receiving earnings – the contributions and start and end dates of such leaves are reported via the annual member data collection process or at the time the member retires, terminates, or dies.

Note: Any non-health leave under 31 days requires mandatory contributions.

1. Member Information

Name: Miss Mrs. Ms. _____
 Mr. Sister Dr. first name last name middle initials

Social insurance number (SIN):

Member's mailing address: _____
number street apt.

city province postal code

Home tel: _____ Work tel: _____

E-mail: _____ Fax: _____

2. Type of Event and Start Date (Completed by employer)

Type of event: Please indicate the type of event.

- pregnancy/parental leave strike/lockout period emergency leave
 family medical leave other leave (personal) temporary period of reduced earnings

Start date: Indicate the start date for the leave/temporary period.

Start date: |_____| |_____| |_____|
month day year

3. Declaration (Completed by member – if signature can not be obtained, leave blank but advise member)

I certify that I understand my rights and the rules concerning contributions for a leave or temporary period of reduced earnings. Further, I understand that if I am not making contributions for a leave, I may have the opportunity to purchase the service related to the leave later through HOOPP's past service purchase program, subject to *Income Tax Act* limits. (Service related to a temporary period of reduced earnings cannot be purchased under HOOPP's past service purchase provision.) I also 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.

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

4. Employer Information (Completed by employer)

I certify that the information on this form is complete and accurate to the best of my knowledge.

Name of employer: _____ Employer code:

Employer contact name: _____

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

Employer contact e-mail: _____ Phone (and ext.): _____

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



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Instructions

The following instructions are designed to help you complete the Leave Commencement (Non-Health) Form for the Healthcare of Ontario Pension Plan (HOOPP).

1. Member Information

- Please provide the member's name, address, social insurance number, and other contact information in the space provided.

2. Type of Event and Start Date *(Completed by employer)*

- Please indicate the type of event (i.e., the type of leave, or whether this is a temporary period of reduced earnings) by ticking the appropriate box.
- Please indicate the start date of this event.
- If contributions are made for this leave/temporary period of reduced earnings, you will need to provide details via:
 - a Leave Completed Form (if member returns to work/full hours after the leave/period)
 - Notice of Termination (if the member terminates employment after the leave/period)
 - Service, Earnings & Contributions Report (if the member retires after the leave/period)
 - Notice of Death (in the unlikely event the member dies after the leave/period)

The actual contributions and weeks of contributory service are reported via the annual member data collection process, or – if contributions are received as a lump sum after the year-end data collection process has ended – via a Lump Sum Contributions Report.

- Don't use this form to report the start of a health leave. Instead, use a Health Leave Form. For details on health leaves, please see Section 8 of the online HOOPP Administration Manual.

3. Declaration

- By signing the declaration, the member agrees to provide HOOPP with the information it needs to administer the member's pension benefits.
- As well, by signing, the member acknowledges HOOPP's rules for the privacy of personal information.

4. Employer Section

- Please sign and date the form, indicating that the information provided is accurate and complete to the best of your knowledge.

5. General Information

- For further information on leaves and temporary periods of reduced earnings, see Section 9 of the online HOOPP Administration Manual.

6. 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.