

Instructions

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

1. Member Information

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

2. Type of Event and Start and End Dates

- 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 and end dates of this event.

3. Declaration

- By signing the declaration, the 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.

4. Employer Information

- 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.
- For information on health leaves, see Section 8 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.