

# Lump Sum Contributions Report

July 2011



**Print clearly using black ink. See the Instructions page for details on how to complete this form.**

Use this form to report lump sum contributions – **if the lump sum is received after you have completed your annual member data collection report** – relating to:

- a pregnancy/parental leave
- family medical leave
- strike lockout period
- other employer-approved leave
- emergency leave
- topping up contributions for a temporary period of reduced earnings

This form is only completed if the member is returning to work. If the member terminates, retires, or dies at the end of the leave/period, report contributions via a Notice of Termination; Service, Earnings and Contributions Report; or Notice of Death.

## 1. Member Information

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

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

Member's mailing address: \_\_\_\_\_  
number street apt.  
 \_\_\_\_\_  
city province postal code

Home tel: \_\_\_\_\_ Business tel: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

## 2. Service, Earnings, and Contributions Information

### A. Type of leave/period

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

Start date: |\_\_\_\_\_| |\_\_\_\_\_| |\_\_\_\_\_| End date: |\_\_\_\_\_| |\_\_\_\_\_| |\_\_\_\_\_|  
month day year month day year

### B. Lump sum service, contributions

	Current year	Previous year (if unreported)
Weeks of contributory service covered by lump sum		
Contributions (low rate)		
Contributions (high rate)		
Deemed pensionable earnings for leave/period		
Percentage of normal earnings (on which contributions made)	%	%
Revised pension adjustment		

## 3. Employer Contact 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: \_\_\_\_\_ Tel (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 Website: hoopp.com  
 Tel: 416-646-6445 Toll-free: 1-877-43HOOPP(46677) Fax: 416-369-0225 E-mail: clientservices@hoopp.com

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

## Instructions

The following instructions are designed to help you complete the Lump Sum Contribution Report for the Healthcare of Ontario Pension Plan (HOOPP).

### 1. Member Information

- Provide the member's mailing address, home and work (if applicable) telephone numbers, fax number, and e-mail address.

### 2. Service, Earnings, and Contributions Information

#### A. Indicate type of leave/period

- Include the start and end dates of the leave or temporary period of reduced earnings for which lump sum contributions are being reported.
- Provide the date of the lump sum payment.

#### B. For the current (and if applicable, previous) year, please report:

- the weeks of contributory service covered by the lump sum
- contributions made on the lump sum (at low and if applicable, high rate)
- deemed pensionable earnings for the leave/temporary period of reduced earnings – what the member would have earned had he/she been receiving pay at the pre-leave/period during the leave or period (ie. had he/she not been away from work on leave or receiving reduced earnings)
- percentage of normal earnings on which contributions were made
  - Here's an example – if a member contributes based on 75% of her pre-leave earnings for a leave, enter 75 %. If a member is topping up contributions for a temporary period of reduced earnings based on 100 % of his/her pre-period earnings, enter 100 %.
- pension adjustment

Remember, only report weeks of service and contributions and related earnings information that have not already been reported to HOOPP.

### 3. Employer Information

- Sign and date the form, indicating it is correct and complete to the best of your knowledge.

### 4. 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.

### General Information

- Contributions made as a lump sum in respect of a previous calendar year may result in a past service purchase adjustment (PSPA) that must be certified by the Canada Revenue Agency.
- For more information on contributions for leaves and/or temporary periods of reduced earnings, see Section 4 of the online HOOPP Administration Manual. For general information about leaves and temporary periods of reduced earnings, see Section 9.