

# Notice of Termination

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.**

## 1. Member Information *(Completed by employer)*

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

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

Address: \_\_\_\_\_  
number      street      apt.      city      province      postal code

Home tel: \_\_\_\_\_ Work tel: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

## 2. Final Pension Information *(Completed by employer)*

Termination of membership date: / /   
month      day      year

Member's last day at work: / /       If there's a difference between last day at work and date of termination, give reason:  
month      day      year

Please complete Section A (Inactive Member) if applicable, and then complete Section B. Complete Section C if the member received retroactive pay that applies to previous calendar years, and Section D if the member was on a leave or topped up contributions for a temporary period of reduced earnings in the current year.

**A. Inactive Member**      If member was inactive in final year, provide annualized earnings for final year: \$ \_\_\_\_\_  
 If member was inactive in previous year, provide annualized earnings for previous year: \$ \_\_\_\_\_

## B. Weeks and Contribution Information

CURRENT YEAR			PREVIOUS YEAR				
Weeks of contributory service	Required contributions		*Pension adjustment for current year	Weeks of contributory service	Required contributions		*Pension adjustment for previous year
	Low rate	High rate			Low rate	High rate	
	\$	\$	\$		\$	\$	\$

\*You can calculate pension adjustments using the PA calculator in the Employers section of the [hoopp.com](http://hoopp.com) website.

## C. Retroactive Pay Information *(Complete this section if the member received retroactive pay)*

Year retro payment was made	Year covered by retro payment	Amount of payment	Member contributions on retroactive pay (pensionable earnings)	
			Low rate	High rate
		\$	\$	\$
		\$	\$	\$

## D. Leaves/temporary periods in current year

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

Start date: / /       End date: / /       *Note: If member is on a health leave, please ensure you have submitted a Health Leave form.*  
month      day      year      month      day      year

Please indicate the part of the leave/period where **no earnings** were received.

Start date: / /       End date: / /   
month      day      year      month      day      year

## Contributions *(complete the rest of this section only if contributions were made on deemed earnings.)*

	Current year	Previous year
Deemed pensionable earnings for leave/period on which contributions were based	\$	\$

## 3. Employer Information *I certify that the information provided on this form is correct 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: \_\_\_\_\_      Tel (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](http://hoopp.com)      E-mail: [clientservices@hoopp.com](mailto: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 Notice of Termination for the Healthcare of Ontario Pension Plan (HOOPP).

If a part-time employee wants to stop making HOOPP contributions at your organization because he or she is now employed full time at another HOOPP employer, this form does not need to be completed. Instead, a Contribution Status Change Form should be completed.

### 1. Member Information

- Provide the member's mailing address, home and work (if applicable) telephone numbers, fax number, and e-mail address.
- Proof of age for the member, and if applicable, the member's spouse is necessary to determine termination benefits; age also affects the size of the benefit. HOOPP will ask the member for proof of age 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 your age, made before a judge, lawyer, commissioner of oaths, or notary public.

### 2. Final Pension Information

#### Termination of membership date

- Provide the member's termination of membership date. Also provide the member's last day at work. These two dates are usually the same unless the member was on a health leave or termination notice period. If the dates are different, give reason in the space provided.
- An additional point to be aware of:
  - If the member participates in HOOPP at more than one employer, he or she cannot receive a pension from HOOPP until membership in HOOPP has been terminated at all the HOOPP employers where the member works.

#### A. Inactive member

- If member was inactive at termination of membership, provide annualized earnings for the current and/or previous year in the space provided.

#### B. Weeks and Contributions Information

- Provide, for the current year, the member's weeks of contributory service, contributions (low, and if applicable, high rate) and pension adjustment. If the member made contributions for a leave (or topped up contributions for a temporary period of reduced earnings) in the current year that have not been reported to HOOPP, include that information (as it relates to the leave and/or temporary period of reduced earnings) in the totals reported here. Provide the same information for the previous year, if not already reported to HOOPP.
- There are only a couple of situations where there can be no contributions reported for a member on this form. Refer to Section 5 of the online Administration Manual for details.

*Important: Please also include weeks and contributions that relate to a leave (or to "top up" contributions for a temporary period of reduced earnings) that have not already been reported to HOOPP in the table above. Also fill out Section D.*

#### C. Retroactive Pay

- Complete this section if the member received any retroactive pay that applies to previous years paid in the current or previous year.

#### D. Leaves/temporary periods completed in current year

- If the member completed a leave or temporary period of reduced earnings **that has not already been reported to HOOPP**, provide the type of leave/period and its start and end dates.
- Please indicate the start and end dates of the part of the leave/period where no earnings were received.

**Example** – a member might receive earnings for the first 13 weeks of a pregnancy/parental leave, but none after that.

- Indicate, for the current and previous year, the deemed earnings on which contributions were based. Deemed earnings represent the difference between what the member would have earned had he/she worked as scheduled during the leave/period, and his/her actual earnings during the leave period.
- If the employee works part time, base his or her deemed earnings on the average weekly earnings received by the member for the 10 weeks prior to the leave.

Here are some examples:

**Example 1:** If a member earning \$1,000 per week takes a 13-week employer approved leave, and receives no employment earnings, and chooses to contribute for the leave period, the deemed earnings on which contributions are based would be \$13,000, and that would be the figure you enter in the deemed earnings field.

**Example 2:** If a member earning \$1,000 per week takes a one-year pregnancy/parental leave, and is paid 40 per cent of his/her pre-leave earnings for the first 13 weeks of the leave, the deemed earnings are calculated as follows:

$\$1,000 \text{ per week} \times 52 \text{ weeks} = \$52,000$
$\text{Deemed earnings} = \$52,000 - [13 \text{ weeks} \times .40 \times \$1,000]$
$= \$52,000 - [13 \times \$400]$
$= \$52,000 - \$5,200$
$= \$46,800$

For more information about leaves and temporary periods of reduced earnings, please refer to Section 9 of the online HOOPP Administration Manual.

### 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.