

# Pension Resumption Form

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. Retired 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

Mailing address (if it has changed since you stopped receiving your pension):  
 \_\_\_\_\_  
number      street      apt.      city      province      postal code

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

## 2. Banking Information for Direct Deposit of Pension

Please attach a blank cheque marked "void," with your social insurance number written on the front of the cheque.

## 3. Declaration (Completed by member)

I want my pension payments to resume on the first of the month following the date on which I stop making HOOPP contributions. I understand that once my pension resumes, I will not make any further HOOPP contributions or build additional benefits. I certify that the information provided on this form is correct to the best of my knowledge.

Date you will stop making HOOPP contributions : |\_\_\_\_\_| |\_\_\_\_\_| |\_\_\_\_\_|  
month      day      year

Member's signature: \_\_\_\_\_ Date: |\_\_\_\_\_| |\_\_\_\_\_| |\_\_\_\_\_|  
month      day      year

Name of witness: \_\_\_\_\_ Signature of witness: \_\_\_\_\_

## 4. Final Weeks and Contribution Information (Completed by employer)

YEAR	ACTIVE MEMBERS		PENSION ADJUSTMENT	
	Weeks of contributory service	Employee required contributions		
		Low	High	
For current year:		\$ _____	\$ _____	\$ _____
For previous year:		\$ _____	\$ _____	\$ _____

If no contributions were made by an active member, please give reason: \_\_\_\_\_

## 5. Pensionable Retroactive Pay Adjustment Information (Completed by employer)

Year for which adjustment applies:	Amount of adjustment for that year:	Year adjustment paid:
_____	\$ _____	_____ (current year)
_____	\$ _____	_____ (previous year)
_____	\$ _____	
_____	\$ _____	

## 6. Leave Information (Completed by employer)

Name of employer: \_\_\_\_\_ Employer code:

If the retired member was on a leave (other than a health leave) in the last 12 months – and did not make contributions for the leave – please provide the leave's start and end dates.

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

If the retired member made contributions for a leave (or "topped up" contributions for a temporary period of reduced earnings) please attach a completed Lump Sum Contributions Report to this form, unless you have already reported the contributions to HOOPP on an MDC Report.

## 7. Contact Information (Completed by employer)

Employer contact name: \_\_\_\_\_ Tel (and ext.) : \_\_\_\_\_

Employer contact signature: \_\_\_\_\_ Date: |\_\_\_\_\_| |\_\_\_\_\_| |\_\_\_\_\_|  
month      day      year

### 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

## **Instructions**

### **1. Retired Member Information**

- Provide your name and social insurance number. If your address has changed since you temporarily stopped receiving pension payments, please provide your new address.

### **2. Banking Information**

- Always include a void cheque from your new account.

### **3. Retired Member Declaration**

- Complete this section to stop making HOOPP contributions, and begin receiving your HOOPP pension benefits again. Your monthly pension will resume on the first day of the month following the date you stop making HOOPP contributions.
- If you participate in HOOPP at more than one employer, you cannot receive a pension from HOOPP until you have completed a Pension Resumption Form at all your HOOPP employers.

### **4. Weeks and Contribution Information**

- Report the retired member's total weeks of contributory service (to two decimal places) that he or she has built to date this year and, if not already reported on a previous Member Data Collection (MDC) Report, last year. Also, report the required contributions made at the low and high rates.
- Report the retired member's pension adjustment (PA) for the current year (and, if applicable, the previous year). It should be based on the period up to and including the date of retirement.

### **5. Pensionable Retroactive Pay Adjustment Information**

- Complete this section of the form if the retired member received a retroactive pay adjustment that has not been reported to HOOPP on your Member Data Collection (MDC) Report. Report the year(s) for which the pensionable retroactive pay adjustment applies, the amount of the adjustment for each year, and the year(s) – either the current year or previous year – in which the adjustment was paid to the member. (Only report retroactive pay adjustments that apply to years when the employee was re-enrolled in HOOPP)

### **6. Leave Information**

- If the retired member was on a leave (not including health leaves) in the last 12 months, and was not making HOOPP contributions, please provide the start and end dates of the leave. If the member made contributions for a leave, or "top up" contributions for a temporary period of reduced earnings that have not already been reported on an MDC Report, please attach a completed Lump Sum Contributions Report.

### **7. Contact Information**

- Sign and date the form. Please provide your telephone number, so that we can contact you if questions arise.