

Re-enrolment Estimate Request Form

July 2011



Print clearly using black ink.

1. Retired Member Information

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

Social insurance number (SIN):

Home tel: _____ Work tel (optional): _____

Please send my estimate to (choose one):

The following facsimile number: _____ The following address: _____

_____ apt. _____
number street

_____ postal code _____
city province

2. Re-enrolment Information

Date (must be the last day of the month you're considering temporarily stopping your pension, and resuming HOOPP contributions): _____ _____ _____ month day year	Date (must be the first day of the month you think you would choose to resume receiving your pension): _____ _____ _____ month day year	Expected annualized earnings at HOOPP employer (each year until pension resumes): \$ _____
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(Annualized earnings are what you earn in a calendar year that count toward your HOOPP pension. These earnings don't include special pay, such as overtime pay, shift premiums, "percentage-in-lieu," and certain bonuses. If you work part time, or for only part of the year, your annualized earnings will be based on what you'd earn if you worked full time for the whole year.)

You'll be working: full time part time

If part time, please provide:

Approximate hours worked per week: _____ Normal full-time hours for same position: _____

3. Request for Re-enrolment Estimates

Please provide me with an estimate of what my pension would be if I temporarily stopped receiving it, started making contributions to HOOPP again, and then resumed pension payments on the date shown in Section 2 above. I understand that this estimate is based only on figures supplied by me, and that any change in my pension entitlements will be based on verified information, the Plan's provisions, and relevant legislation in place during the period I am re-enrolled in HOOPP.

Signature: _____ Date: |_____| |_____| |_____|
month day year

Please return your form to HOOPP at the address or facsimile number listed below. It will take up to four weeks to supply you with a confidential estimate. If, in the meantime, you have any questions about your pension, talk to your employer's human resources department or contact a HOOPP customer service representative. Representatives are available to help you Monday to Friday, from 8 a.m. to 5 p.m.

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