

Instructions

The following instructions are designed to help you complete the Notice of Rehabilitation 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. Program Information

- When a HOOPP member is on an approved rehabilitation program, they can continue to receive free accrual – contributions to their pension plan made by HOOPP, rather than by member and employer until the program ends.
- It's important for you to provide the date the rehab program is expected to end – even if it is an approximate date. If no end date is entered, the program will not be approved, and your organization will be asked to start deducting pension contributions from the member.
- Provide the data the program will begin, and the date it will end.
- Indicate whether the member will be working their own occupation, transitional work to their own occupation, or transitional work to a new occupation.
- Let us know how many hours per week the member will be working. (If space is a problem, please attach a sheet to this form.)
- Indicate how often the member's progress will be evaluated.
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3. Employer Information

- Please sign and date the form, indicating that the information provided is accurate and complete to the best of your knowledge.

4. General Information

- For further information on rehabilitation programs, see Section 8 of the online HOOPP Administration Manual.

5. Returning this Form

- Return this form to HOOPP.