

Service, Earnings & Contributions Report

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.

This form, which supplements the Retirement Notice, is used by employers to report final pension information for retiring members.

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

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

Retirement date: / /
month day year

Member's last day at work: / / If there's a difference between last day at work and the retirement date,

give reason: _____

The retirement date is also the member's termination of membership date. Please complete Section A (Inactive Member) if applicable. 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 current year, provide annualized earnings for current 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	Employee required contributions		Pension adjustment for current year	Weeks of contributory service	Employee required contributions		*Pension adjustment for previous year
	Low rate	High rate			Low rate	High rate	
	\$	\$	\$		\$	\$	\$

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.

**You can calculate pension adjustments using the PA calculator in the Employers section of the hoopp.com website.*

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

Date 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: / /
month day year

End date: / /
month day year

Note: If member is on a health leave, please ensure you have submitted a Health Leave form.

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

Start date: / /
month day year

End date: / /
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 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



FL0204

Instructions

The following instructions are designed to help you complete the Service, Earnings and Contributions Report for the Healthcare of Ontario Pension Plan (HOOPP).

1. Member Information

- Provide the member's name, social insurance number and birthdate.

2. Final Pension Information

- Provide the member's retirement date and last day at work. The retirement date should be the same as the last day at work, unless:
 - member was on a leave

If the two dates are different, please provide a reason in the space provided.

A. Inactive member

- If member was inactive at retirement, 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 7 of the online HOOPP Administration Manual for details.

C. Retroactive Pay

- Complete this section if the member received any retroactive pay (pensionable earnings) 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:

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

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

3. Employment 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.