

Nov 2016

Print clearly using black ink. See the Instructions page for details on how to complete this form.
This form must be printed on 8½” × 14” (legal size) paper.

Use this form if you are a pensioner applying for survivor benefits for a new spouse. You can't provide survivor benefits for your new spouse if the qualifying spouse you had at retirement is still alive.

1. Pensioner Information *(Completed by pensioner)*

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

SIN: Date of birth: |_____| |_____| |_____|
mm/dd/yyyy

Mailing address: _____
number street apt. city province postal code
Home tel: _____ Work tel: _____
E-mail: _____ Fax: _____

Your language preference is: ☐ English ☐ French *(See Instructions page for details about French services.)*

2. Post-retirement Spouse Information *(Completed by pensioner)*

Name of post-retirement spouse: ☐ Miss ☐ Mrs. ☐ Ms. ☐ Mr. ☐ Dr. _____
first name last name middle initial(s)

SIN: Date of birth: |_____| |_____| |_____|
mm/dd/yyyy

Date of marriage/start date of common-law relationship: |_____| |_____| |_____|
mm/dd/yyyy

Spouse's mailing address: ☐ (check here if the same as member's, if not, please provide below)

number street apt. city province postal code

Proof of age and proof of marriage/common law relationship documents for your spouse must be submitted with this application. As well, if you had a qualifying spouse at retirement, and that spouse has died, please submit proof of death with this application. See Instructions page for acceptable proof documents. *Further information may be requested.

3. Medical Information *(Completed by pensioner)*

Please answer yes or no to the following questions, by ticking the appropriate box.

- Have you been diagnosed with any disease within the last three years? ☐ yes ☐ no
- Are you aware of any current impairment to your health? ☐ yes ☐ no
- Are you scheduled for an operation or surgery in the future? ☐ yes ☐ no

If you answered “yes” to any of these questions, please provide details in the space below:

4. Certification

I certify that any qualifying spouse I had at the time of retirement is no longer living. I consent the use of all information contained on this form and any and all additional personal information which I may hereafter provide to the administrators of the Plan, including my social insurance number, plus information related to my salary and employment record, as may be required to administer the Plan. My consent extends to any disclosures by the Plan administrators to the Plan's auditors, actuaries and/or other professional advisers for the purposes of administering the Plan. I also understand that any information collected or requested via this document is solely for the purpose of administering the Plan and will not be disclosed to any other party, except as previously indicated, without your consent. I certify that the information contained in this form is correct to the best of my knowledge.

Member's signature: _____ Date: |_____| |_____| |_____|
mm/dd/yyyy

Instructions

The following instructions are designed to help you, a HOOPP pensioner, complete the Post-Retirement Spousal Benefits Application (new spouse) for the Healthcare of Ontario Pension Plan (HOOPP).

1. Pensioner Information

- Provide your name, social insurance number, date of birth, mailing address, home and work (if applicable) telephone numbers, fax number, and e-mail address. Please indicate your language preference.

2. New Spouse Information

- Provide your new spouse's name, social insurance number, date of birth, and contact information.
- Proof of age for your new spouse is necessary to determine the cost of providing post-retirement spousal benefits. Please attach proof of age for your new spouse. HOOPP will accept one copy of a valid Canadian passport, birth certificate, baptismal certificate, citizenship papers, a valid Ontario Photo Card, 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 new spouse's age, made before a judge, lawyer, commissioner of oaths, or notary public.
- Proof of marital/common law relationship status is necessary to prove you have a new spouse entitled to survivor spousal benefits if you predecease him/her. A copy of your marriage certificate or a church-issued document is acceptable as a proof of marriage. If you are unable to provide a document to support your marriage, HOOPP will accept a statutory declaration or affidavit indicating date of marriage and your new spouse's name. Please attach the proof document to this application.
- If you are in a common-law relationship, HOOPP will need a statutory declaration or affidavit that you and your partner have been living in a conjugal relationship for at least one year, are not living separate and apart, or are the parents (natural or adoptive) of a child. A statutory declaration is a sworn statement made before a judge, notary public, or commissioner of oaths. This form is available on hoopp.com. Please attach a proof document to this application.
- If you had a qualifying spouse at the time you retired, and that spouse has subsequently died, HOOPP will require a copy of the death certificate, or a funeral director's statement, as a proof of death document for your late spouse. Please attach the proof document to this application.

3. Medical Information

- Answer the three medical questions with either a "yes" or a "no" by ticking the appropriate box. If you answer "yes" to any of the questions, please provide additional details in the space provided.

4. Declaration

- By signing and dating this section, you certify that any qualifying spouse you had at the time of your retirement is no longer alive.
- You also are agreeing to HOOPP's rules regarding the privacy of pension information, and are certifying that all information provided via this form is correct and complete to the best of your knowledge.

5. 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.