



# HOOPP

## Employer Request For Pension Estimates

Date Received (for HOOPP use only)

Updated August 2007

### 1 MEMBER INFORMATION

Estimate required for: Member name: \_\_\_\_\_  
(last name) (first name) (middle initial)

Social insurance number (SIN): \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
day month year

Please send estimate to: member's home address employer  
\_\_\_\_\_  
(number) (street) (apt.)  
\_\_\_\_\_  
(city) (province) (postal code)

Home telephone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Business telephone (optional): (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

I authorize HOOPP to provide the employer named below with my pension estimate.

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
day month year

Member is currently (choose all that apply):  
a full-time employee a part-time/casual employee participating in HOOPP at more than one employer  
(indicate percentage of time worked at this employer: \_\_\_\_)

Spouse's name: \_\_\_\_\_ Spouse's Date of Birth: \_\_\_\_\_  
day month year

2 Proposed Retirement Date: \_\_\_\_\_  
day month year

### 3 Employer Contact Information

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

Employer contact name: \_\_\_\_\_ Phone (and extension): (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ x \_\_\_\_\_

Employer contact signature: \_\_\_\_\_ Employer contact e-mail: \_\_\_\_\_

Please return this form to HOOPP at the address or facsimile number listed below. It will take up to ten days to supply a confidential estimate. If, in the meantime, you have any questions about the estimate please contact a HOOPP client service representative. Representatives are available to help you Monday to Friday, from 8 a.m. to 5 p.m.

✓ SEND ORIGINAL TO HOOPP ✓ MAKE ONE COPY FOR YOUR FILES  
HOOPP, 1 Toronto St., Suite 1400, Toronto ON M5C 3B2  
Tel: 416-369-9212 TOLL FREE: 1-888-333-3659 Fax: 416-369-0225  
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