



## INSTRUCTIONS

The following instructions are designed to help you complete the Enrolment Form for the Hospitals of Ontario Pension Plan (HOOPP).

### When to use the form

This form should be completed to enrol a new member in HOOPP only in special circumstances in which an enrolment couldn't be completed on HOOPP ESE. It should not be used if:

- You are enrolling a group of employees. Instead, contact HOOPP for instructions on how to handle group enrolments.
- The new employee works full time at another HOOPP employer, is being hired to work part time at this employer and is not part of a designated part-time group, and qualifies for the option of not making contributions at this employer. If the employee does not want to make contributions at your organization, complete a Contribution Status Change Form instead.

### 1. New Member Information

- Provide the new member's mailing address, home and work (if applicable) telephone numbers, fax number, union designation (if applicable) and e-mail address. Please indicate the member's language preference. French services are being phased in. Generic French-language materials are available in print, or via the [hoopp.com](http://hoopp.com) website.
- Proof of age is necessary to determine when the new member qualifies to retire; the member's age also affects the size of the pension he or she will receive. HOOPP will ask the member for proof of age at the time a benefit is calculated if it has not already been provided. HOOPP will accept one copy of a valid Canadian passport, birth certificate, baptismal certificate, citizenship papers, 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 the member's age, made before a judge, lawyer, commissioner of oaths, or notary public.

### 2. Benefit Transfers

- Complete this section if the member belonged to another pension plan at his or her previous place of employment.
- HOOPP has reciprocal transfer agreements with the following pension plans under the Major Ontario Pension Plan (MOPPs) Portability Agreement:
  - Electrical Safety Authority Pension Plan
  - Hydro One Pension Plan
  - Independent Electricity Market Operator (IEMO) Pension Plan
  - Ontario Municipal Employees' Retirement System
  - Ontario Power Generation (OPG) Pension Plan
  - Ontario Public Service Employees' Union Pension Plan
  - Ontario Teachers' Pension Plan
  - Public Service Pension Plan (Ontario)
  - Retirement Pension Plan of Ryerson Polytechnical University
  - St. Joseph's Health Centre Pension Plan (Ontario)
  - The Colleges of Applied Arts and Technology Pension Plan
  - The Providence Centre Pension Plan
  - The St. Michael's Hospital Pension Plan

Additionally, HOOPP has reciprocal agreements with The Hospital for Sick Children Employee Pension Plan, the Retirement Plan of the Ontario Cancer Institute and the Pension Plan for Employees of OPSEU. If there is no reciprocal agreement with the member's former pension plan, it may still be possible to transfer the commuted value of the member's benefits into HOOPP if the other plan is willing to make such a transfer.

### 3. Declaration

- By signing the declaration, the new member agrees to provide HOOPP with the information it needs to administer his or her pension benefits.
- As well, by signing, the member acknowledges HOOPP's rules for the privacy of personal information.
- The Enrolment Form no longer captures spouse and non-spouse beneficiary information. For privacy reasons, this information is now provided by the member and not the employer. Spouse and non-spouse beneficiary designations can be made, at enrolment or afterwards by the member, using a Beneficiary Designation Form.

### 4. Employment Information

- The start date of employment is the new member's first day of work. The date of registration is the date the employee enrolls in HOOPP at your organization after meeting eligibility requirements and must begin making contributions.
- Please indicate whether the new member works full time or part time. If the new member has moved from part time to full time work, please indicate the date of the change in status in the space provided.
- Provide the member's hourly salary rate, the start date at this rate of pay, and the number of full-time equivalent hours in a year for the member's position.
- A late enrolment is where the member's date of registration occurs **after** the date when contributions should have been deducted – and where no contributions have yet been deducted. If this is a late enrolment, please also include the hours worked at this rate of pay. The form can handle up to four different rates of pay.
- If there's a difference between the employee's start date of employment and date of registration, please indicate why by ticking one of the boxes.
- The employer must confirm that the information provided on the Enrolment Form is accurate.

### General Information

- Please send this form to HOOPP. Our preference is to receive it by regular mail; forms are sometimes difficult to read if sent by fax. Please don't fold this form or (if printing it from the [hoopp.com](http://hoopp.com) website) reduce it in size.