



HOOPP

Health Leave Form

Date Received (for HOOPP use only)

Updated December 2007

1 MEMBER INFORMATION

Name:
(last name) (first name) (middle initial)

Social insurance number (SIN): • • Date of birth:
month day year

Address:
(no. and street) (unit no.)

.....
(city/town) (province) (postal code)

Occupation: Phone: (.....) -

2 HEALTH LEAVE INFORMATION

Health leave start date: Health leave end date:
month day year month day year

Only complete end date if member has returned to work permanently.

3 EARNINGS INFORMATION

A. Is member receiving full remuneration during first 15 weeks?

Yes (skip to question 4) No (go to question B)

B. Is member topping up pension contributions?

Yes If the member is contributing at 100 per cent and has elected to top up to 100 per cent, please skip to section 4.
 No Members who elect not to top up will have their contributory service for the period prorated, go to C.

C. Please indicate member's earnings during first 15 weeks:

Partial None

Partial start date: Partial end date:
month day year month day year

Please provide percentage of earnings %

4 EMPLOYER INFORMATION

Name of employer: Employer code:

Employer contact name: Phone: (.....) - (ext.)

I hereby certify that the information contained in this form is correct to the best of my knowledge.

Employer signature: Date:
month day year

MAIL THIS FORM TO HOOPP KEEP A COPY FOR YOUR FILES PROVIDE A COPY TO THE MEMBER

HOOPP, 1 Toronto Street, Suite 1400, Toronto ON M5C 3B2 Tel: 416-369-9212