



Use this form to report lump sum contributions – **if the lump sum is received after you have completed your annual member data collection report** – relating to:

- a pregnancy/parental leave
- strike lockout period
- emergency leave
- family medical leave
- other employer-approved leave
- topping up contributions for a temporary period of reduced earnings

This form is only completed if the member is returning to work. If the member terminates, retires, or dies at the end of the leave/period, report contributions via a Notice of Termination; Service, Earnings and Contributions Report; or Notice of Death.

1 Member Information *(Please print. See the Instructions page for details on how to complete this form.)*

Name: Miss Mrs. Ms. _____
 Mr. Sister Dr. _____ (last name) (first name) (middle name)

Social insurance number (SIN): • •

Member's mailing address _____
(number) (street) (apt.) (city) (province) (postal code)

Home Tel: _____ Business Tel: _____

E-mail: _____ Fax: _____

2 Service, Earnings, and Contributions Information

A. Type of leave/period

- pregnancy/parental leave strike/lockout period emergency leave family medical leave
 other leave temporary period of reduced earnings

Start date: End date: Date of lump sum payment:

B. Lump sum service, contributions

	Current year	Previous year (if unreported)
Weeks of contributory service covered by lump sum		
Contributions (low rate)		
Contributions (high rate)		
Deemed pensionable earnings for leave/period		
Percentage of normal earnings (on which contributions made)	_____ %	_____ %
Revised pension adjustment		

Important: Please only 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.

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

3 Employer Contact 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: _____ Phone (and ext.) _____

Employer contact signature: _____ Employer contact e-mail: _____

Date: _____

SEND A COPY TO HOOPP • KEEP A COPY FOR EMPLOYER FILES

INSTRUCTIONS

The following instructions are designed to help you complete the Lump Sum Contribution Report for the Hospitals of Ontario Pension Plan (HOOPP).

1. Member Information

Provide the member's mailing address, home and work (if applicable) telephone numbers, fax number, and e-mail address.

2. Service, Earnings, and Contributions Information

- A.**
- Indicate type of leave/period
 - Include the start and end dates of the leave or temporary period of reduced earnings for which lump sum contributions are being reported.
 - Provide the date of the lump sum payment
- B.** For the current (and if applicable, previous) year, please report:
- the weeks of contributory service covered by the lump sum
 - contributions made on the lump sum (at low and if applicable, high rate)
 - deemed pensionable earnings for the leave/temporary period of reduced earnings – what the member would have earned had he/she been receiving pay at the pre-leave/period during the leave or period (ie. had he/she not been away from work on leave or receiving reduced earnings)
 - percentage of normal earnings on which contributions were made
 - Here's an example – if a member contributes based on 75 per cent of her pre-leave earnings for a leave, enter 75 per cent. If a member is topping up contributions for a temporary period of reduced earnings based on 100 per cent of his/her pre-period earnings, enter 100 per cent
 - pension adjustment

Remember, only report weeks of service and contributions and related earnings information that have not already been reported to HOOPP.

3. Employer Information

- Sign and date the form, indicating it is correct and complete to the best of your knowledge.

General information

- Please send this form to HOOPP. Our preference is to receive it by regular mail; barcodes are difficult to read if the form is sent by fax. Please don't fold this form, or (if printing it from the hoopp.com website), reduce it in size, again for bar code reasons.
- Contributions made as a lump sum in respect of a previous calendar year may result in a past service purchase adjustment (PSPA) that must be certified by the Canada Revenue Agency.
- For more information on contributions for leaves and/or temporary periods of reduced earnings, see Section 4 of the online HOOPP Administration Manual. For general information about leaves and temporary periods of reduced earnings, see Section 9.