



Notice of Death

Print clearly using black ink. See the Instructions page for details on how to complete this form.

December 2006

1. Deceased Member Information (Completed by employer)

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

Member's social insurance number (SIN): Date of birth: month day year

Member's last mailing address: number street apt. city province postal code

2. Spousal/Contact Information (Completed by employer - if this information is not known, leave this section blank)

At time of death, member: did not have a spouse/contact did have a spouse/contact (go to Section 3) (please complete the rest of this section)

Name of qualifying spouse/contact: Miss Mrs. Ms. Mr. Dr. last name first name middle name

Spouse's social insurance number (SIN): Spouse's date of birth: month day year

Spouse/contact's mailing address: (check here if same as deceased member's, if not, please provide below): number street apt. city province postal code

Spouse/contact's home tel: Spouse/contact's work tel:

If contact is not spouse, indicate relationship to member: non-spouse beneficiary executor trustee other, specify:

3. Final Pension Information (Completed by employer)

Member's date of death: month day year

Member's last day at work: month day year If there's a difference between last day at work and date of death, give reason:

A. Inactive Member If member was inactive in final year, provide annualized earnings for final year: \$

If member was inactive in previous year, provide annualized earnings for previous year: \$

B. Weeks and Contribution Information

Table with 4 columns: CURRENT YEAR (Weeks of contributory service, Required contributions Low rate, High rate) and PREVIOUS YEAR (Weeks of contributory service, Required contributions Low rate, High rate)

C. Retroactive Pay Information (Complete this section if the deceased member received retroactive pay.)

Table with 5 columns: Year retro payment was made, Year covered by retro payment, Amount of payment that applies to specific year, Member contributions Low rate, High rate

D. Leaves/temporary periods in current year

Type of event: pregnancy/parental leave emergency leave other leave (personal) strike/lockout period family medical leave temporary period of reduced earnings

Start date: month day year End date: month day year Note: If member is on a health leave, please ensure you have submitted a Health Leave form.

Please indicate the part of the leave/period where no earnings were received.

Start date: month day year End date: month day year

Contributions (complete the rest of this section only if contributions were made on deemed earnings.)

Table with 3 columns: Deemed pensionable earnings for leave/period on which contributions were based, Current year, Previous year

4. Employer 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:

Employer contact signature: Date: month day year

Employer contact e-mail: Phone (and ext.):

SEND A COPY TO HOOPP KEEP A COPY FOR EMPLOYER FILES



INSTRUCTIONS

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

1. Deceased Member Information

- Provide the deceased member's full name, social insurance number (SIN) and mailing address in the space provided.
- HOOPP needs the late member's date of birth because pension benefits are based, in part, on the late member's age. In the case of a death before retirement, return this form with a copy of any proof of age document you have on file for the member.

2. Spousal/Contact Information

- Complete this section if you know the name and contact information of the late member's spouse or contact for settlement. If this information is not known, leave this section blank.
- HOOPP must establish the deceased member's spousal status. Under HOOPP, a qualifying spouse is someone who, at the time a determination is needed:
 - was legally married to the member, but not separated from the member; or
 - had been living with the member continuously in a conjugal relationship for at least a year; or
 - was the mother or father (natural or adoptive) of the member's child, and lived with the member in a relationship of some permanence.
- Provide the qualifying spouse's name, social insurance number, date of birth, and other information in the space provided. This section advises HOOPP of whom to contact to settle the death benefit. The contact can be a spouse, non-spouse beneficiary, executor, or other person; please indicate the relationship to the member.

3. Final Pension Information

Provide the date of death and the member's last day at work. These are usually the same, unless the member:

- was on a leave
- was on termination notice period
- already terminated membership (i.e., retirement, deferred pension)

If the dates are different, provide the reason in the space provided.

A. Inactive member

If deceased member was inactive at date of death, provide annualized earnings for the current and previous year in the space provided.

B. Weeks and Contributions Information

- Provide, for the current year, the deceased member's weeks of contributory service, and contributions (low, and if applicable, high rate). If the deceased member made contributions for a leave (or topped up contributions for a temporary period of reduced earnings) in the current year that have not been reported to HOOPP, include that information (as it relates to the leave and/or temporary period of reduced earnings) in the totals reported here. Provide the same information for the previous year, if not already reported to HOOPP.
- There are only a couple of situations where there can be no contributions reported for a member on this form. Refer to Section 6 of the online HOOPP Administration Manual for details.

C. Retroactive Pay

Complete this section if the deceased member received any retroactive pay (pensionable earnings) that applies to previous years (paid in the current or previous year)

D. Leaves/temporary periods completed in current year

- If the member completed a leave or temporary period of reduced earnings **that has not already been reported to HOOPP**, provide the type of leave/period and its start and end dates.
- Please indicate the start and end dates of the part of the leave/period where no earnings were received.
Example – a member might receive earnings for the first 13 weeks of a pregnancy/parental leave, but none after that.
- Indicate, for the current and previous year, the deemed earnings on which contributions were based. Deemed earnings represent the difference between what the member would have earned had he/she worked as scheduled during the leave/period, and his/her actual earnings during the leave period.
- If the employee works part time, base his or her deemed earnings on the average weekly earnings received by the member for the 10 weeks prior to the leave.

Here are some examples:

Example 1: If a member earning \$1,000 per week takes a 13-week employer approved leave, and receives no employment earnings, and chooses to contribute for the leave period, the deemed earnings on which contributions are based would be \$13,000, and that would be the figure you enter in the deemed earnings field.

Example 2: If a member earning \$1,000 per week takes a one-year pregnancy/parental leave, and is paid 40 per cent of his/her pre-leave earnings for the first 13 weeks of the leave, the deemed earnings are calculated as follows:

$\begin{aligned} & \$1,000 \text{ per week} \times 52 \text{ weeks} = \$52,000 \\ & \text{Deemed earnings} = \$52,000 - [13 \text{ weeks} \times .40 \times \$1,000] \\ & = \$52,000 - [13 \times \$400] \\ & = \$52,000 - \$5,200 \\ & = \$46,800 \end{aligned}$

For more information about leaves and temporary periods of reduced earnings, please refer to Section 9 of the online HOOPP Administration Manual.

4. 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 sometimes 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 barcode reasons.