



HOOPP

Re-enrolment Estimate Request Form

Date Received (for HOOPP use only)

January 2002

1 Retired Member Information *Please print.*

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

Social insurance number: _____

Home telephone: (_____) _____ - _____ Business telephone (optional): (_____) _____ - _____

Please send my estimate to (*choose one*):

the following facsimile number: (.....)..... the following address:

(number) (street) (apt.)

(city) (province) (postal code)

2 Re-enrolment Information

Date (must be the last day of the month) you're considering temporarily stopping your pension, and resuming HOOPP contributions:

Date (must be the first day of the month) you think you would choose to resume receiving your pension:

Expected annualized earnings at HOOPP employer (each year until pension resumes):

day month year

0 1 _____
day month year

\$ _____

(Annualized earnings are what you earn in a calendar year that count toward your HOOPP pension. These earnings don't include special pay, such as overtime pay, shift premiums, "percentage-in-lieu," and certain bonuses. If you work part time, or for only part of the year, your annualized earnings will be based on what you'd earn if you worked full time for the whole year.)

You'll be working: full time part time

If part time, please provide:
 approximate hours worked per week: _____ normal full-time hours for same position: _____

3 Request for Re-enrolment Estimates

Please provide me with an estimate of what my pension would be if I temporarily stopped receiving it, started making contributions to HOOPP again, and then resumed pension payments on the date shown in Section 2 above. I understand that this estimate is based only on figures supplied by me, and that any change in my pension entitlements will be based on verified information, the Plan's provisions, and relevant legislation in place during the period I am re-enrolled in HOOPP.

Signature: _____ Date: _____
day month year

Please return your form to HOOPP at the address or facsimile number listed below. It will take up to four weeks to supply you with a confidential estimate. If, in the meantime, you have any questions about your pension, talk to your employer's human resources department or contact a HOOPP customer 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 Street, Suite 1400, Toronto ON M5C 3B2
 Tel: 416.369.9212 Toll free: 1.888.333.3659 Fax: 416.369.0225
 Web site: www.hoopp.com E-mail: clientservices@hoopp.com