



HOOPP

Notice of Rehabilitation Program

Date Received (for HOOPP use only)
April 2005

Use this form if you wish to place a HOOPP member on a rehabilitation program. HOOPP recommends that this form be completed and submitted at least four weeks prior to the beginning of the program. To be approved a rehabilitation program must have the member's return to work as its main objective. It also must have goals which are specific, measurable, and time bound.

1 MEMBER INFORMATION

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

Social insurance number (SIN): . .

Declaration: I understand that I must continue to provide HOOPP with medical evidence of my disability by the requested date while I am participating in a rehabilitation program in order to continue to be eligible for free accrual.

Member signature : .....

2 PROGRAM INFORMATION

Date the rehab program will begin: ..... Date the rehab program will end: ..... (Normally, a rehabilitation program is measured in weeks and months, rather than years.)

The member's program will be working (please check one):

Own Occupation

- [ ] their own occupation with modification to duties
[ ] their occupation with reduced hours
[ ] their own occupation with modification to duties and reduced hours

Transitional Work to Own Occupation

- [ ] a different occupation as a transition to resuming own occupation
[ ] a different occupation with reduced hours, with the goal to resume own occupation

Transitional Work to New Occupation

- [ ] a different occupation or a training program, to train for a new occupation
[ ] a different occupation or a training program with reduced hours, to train for a new occupation

How many hours will the member work per week? .....

How often will the member's progress be evaluated? (please check one) [ ] weekly [ ] every two weeks [ ] monthly

How will the member's progress be evaluated? (please check all that apply)

- [ ] Quantity of work [ ] Quality of work [ ] Level of assistance required to do work

3 EMPLOYER INFORMATION

Declaration: I agree to monitor the member's rehabilitation program as described above. If the nature of the program changes, I will notify HOOPP immediately. I understand that upon the end of this program I must notify HOOPP of the outcome in writing.

Employer signature: ..... Employer number: .....

Contact (please print) ..... Title: .....

Date: [ ] [ ] [ ] day month year

Telephone: ( ) - Fax: ( ) -

HOOPP assumes the rehab program will be successful, and therefore unless otherwise informed free accrual will cease as of the end date of the program indicated on this form. HOOPP will advise the member and the employer whether this rehabilitation program is approved.

[ ] FAX OR MAIL THIS FORM TO HOOPP [ ] KEEP A COPY FOR YOUR FILES

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