

## Healthcare of Ontario Pension Plan (HOOPP)

Submit to Benefit & Pension Administration | Human Resources  
 Fax: 905 381 5609 Email: [benefit-records@stjosham.on.ca](mailto:benefit-records@stjosham.on.ca)  
 Mail: St. Joseph's Healthcare, 100 West 5<sup>th</sup> St, Hamilton, ON, L8N 3K7

<b>Section 1 – New Member Information</b>	
<input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Mr <input type="checkbox"/> Dr <input type="checkbox"/> Sister Employee ID# _____  First & Last Name: _____	SIN#: _____
Male <input type="checkbox"/> Female <input type="checkbox"/> Preferred Language: <input type="checkbox"/> English <input type="checkbox"/> French	Date of Birth (mm-dd-yyyy): _____
Address (Number, Street, Apt/Unit): _____	
City, Province, Postal Code: _____	
Home Telephone (with area code): _____	Email Address: _____
<b>Section 2 - Are you currently collecting a HOOPP Pension</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Section 3 – Are you currently a member of HOOPP with another employer</b> Yes <input type="checkbox"/> - Full-Time <input type="checkbox"/> or Part-Time <input type="checkbox"/> No <input type="checkbox"/>	
<b>Section 4 – Benefit Transfer</b> I was a member of a pension plan at my previous place of employment and want to explore the possibility of transferring service from that plan into HOOPP. Date of termination from previous employer (mm-dd-yyyy): _____	
<b>Section 5</b> <input type="checkbox"/> <b>YES I WOULD LIKE TO ENROLL IN HOOPP</b> <span style="background-color: yellow;">(MANDATORY FOR ALL FULL-TIME &amp; MANDATORY FOR REGULAR PART-TIME/CASUAL/TEMPORARY employees if active member of HOOPP with another employer)</span>	
I consent to the use of all information contained on this form and any and all additional personal information which I may hereafter provide to the administrators of the Plan, including my social insurance number, plus information related to my salary and employment record, as may be required to administer the Plan. My consent extends to any disclosures by the Plan administrators to the Plan's auditors, actuaries and/or other professional advisors for the purpose of administering the Plan. I understand that any information collected or requested via this document is solely for the purpose of administering the Plan and will not be disclosed to any other party, except as previously indicated, without my consent. I certify that the information contained in this form is correct to the best of my knowledge.	
Members Signature: _____ Date: _____	
<input type="checkbox"/> <b>NO I DO NOT WISH TO ENROLL AND WAIVE MY RIGHT TO JOIN HOOPP</b> <span style="background-color: yellow;">(ONLY REGULAR PART-TIME/CASUAL/TEMPORARY EMPLOYEES CAN WAIVE THE RIGHT TO JOIN HOOPP only if they are not an active member of HOOPP with another employer)</span>	
I understand by waiving my right to join HOOPP, by checking no and signing this document, I am declining membership in a defined benefit formula driven pension plan that provides a lifetime pension based on my years or service and earnings. I understand that I will not make any contributions to HOOPP, nor will my employer, and that I will not be eligible for a pension benefit from HOOPP or any HOOPP ancillary benefits such as disability benefits, survivor benefits, early retirement benefits, or the opportunity to purchase past service.	
Members Signature: _____ Date: _____	

You cannot opt out of the plan once enrolled. Your membership continues until you retire or terminate employment. If you work part-time at multiple employers and join HOOPP, **you must join at “all” HOOPP employers**, so please ensure you connect with their Human Resources Department as well.

**NOTE: If you turn down your right to join today, you can apply to join at the beginning of a future pay period. You can enroll at a later date by going to [www.stjoes.ca](http://www.stjoes.ca) → I am a current staff member → additional resources → HOOPP Enrolment Form**

**Section 6 – Completed by Human Resources:**

Date of Hire: HOOPP Registration Date: Union:	Status: Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Transfer to full-time:
<input type="checkbox"/> Update Pay Authorization Group	<input type="checkbox"/> Update HOOPP Date <input type="checkbox"/> Update HOOPP ESE