

HOOPP Enrollment / Waiver Form

Permanent Part-Time & Casual Employees, and other Non-Full Time Individuals

- Enrollment into HOOPP remains optional for Permanent Part-Time & Casual Employees, and other Non-Full time Individuals
- If you are currently eligible to join HOOPP, you are required to complete this form
- If you would like to join HOOPP at a later date, please complete this form then, indicating that you would like to enroll
- **Do not complete this form if you are:** a Non-Paid Individual (i.e., Contractor, RNPA, Volunteer).

In accordance with the conditions set forth in the Healthcare of Ontario Pension Plan (HOOPP),
I, _____, employee ID number, _____ hereby elect to:

- a) Waive my option to join HOOPP** (I understand that I can join HOOPP, if eligible, in the future)
- b) Join HOOPP**

_____ Dated on this _____ day of _____, 20____
Signature

Important: If we do not receive this form indicating your option, we will assume that you have declined the offer to enroll in HOOPP at this time.