

Enrollment Form

(for Sault Area Hospital use only)



HOOPP

I am a new HOOPP member

1. New Member Information (please print clearly)

Name: _____ (last) _____ (first)

Social Insurance Number (SIN): _____

Date of Birth: _____
month day year

Gender: Male Female

Union membership, if applicable: ONA OPSEU UNIFOR Non-Union

Mailing Address: _____
(number) (street) (apt)

(city) (province) (postal code)

Phone number: Home _____ Mobile: _____ Email: _____

Employee Signature: _____ Date: _____
month day year

2. Employment Information (completed by Human Resources)

Hire Date: _____
Month day year

Full-time Part-time

HOOPP Enrollment Date: _____
Month day year

Annual Salary: _____

<p>Reason:</p> <p><input type="checkbox"/> full-time employee</p> <p><input type="checkbox"/> status change part-time to full-time</p> <p><input type="checkbox"/> part-time choosing to enroll</p>
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HR Name: _____ HR Signature: _____

Date: _____
Month day year

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