



WELCOME TO HAMILTON HEALTH SCIENCES!!

As a Resident of McMaster University and employee of Hamilton Health Sciences, you are entitled to benefits. In order to ensure you are signed on in a timely manner, please complete the forms below within 15 days of receipt of this notification.

It should take you approximately 30 minutes to complete this sign on process. You will be able to save your work and print these documents once you have completed them.

Once you have completed the forms please email them to myHR@hhsc.ca.

Please print, fill out and mail the Sun Life Beneficiary Nomination form to:

Human Resources Shared Services
Hamilton Health Sciences - King West
P.O. Box 2000
Hamilton ON L8N3Z5

Please read all instructions carefully. If you have any difficulties or questions as you work through this documentation, please contact HR Services at 905-521-2100 ext 46947.

Employee Benefits Information

Below is a listing of enrollment rules that apply to the Health and Dental plans for PARO administered through Manulife Financial at HHS.

**Note – the information provided below pertains to your benefits enrollment only. For details regarding your benefits coverage, please refer to your specific Benefit Overview and/or Collective Agreement for additional information.*

Coverage Effective Date

- Coverage commences on your date of hire.
- The premium for these benefits starts in the month the coverage begins (100% employer paid).

Extended Health Care (EHC) & Dental Participation

- Mandatory, unless you have comparable, alternate spousal coverage under another plan. If alternate coverage exists, you must provide proof of this coverage to myHR@hhsc.ca for processing.
- Should you decide to decline enrollment when first eligible because you have comparable coverage under an alternate plan, you will be eligible for coverage under this policy on the date immediately following the termination date of coverage under your alternate plan, as long as a written application is submitted within the 31 day period following the termination of your alternate coverage. This documentation should be supplied to myHR@hhsc.ca for processing.
- All EHC and Dental benefits terminate when you retire, end your employment with HHS or reach age 70, whichever is earlier.
- The premiums for your EHC and Dental coverage are 100% employer-paid. There is, however, an annual deductible for EHC that must be satisfied prior to receiving reimbursement for eligible claims under this benefit. *For details on deductible amounts please refer to your Benefit Overview.*
- You may enroll in Health, but not Dental, or vice versa only if alternate coverage exists for the benefit you are opting out of.
- Your coverage options are single (yourself only), or family (yourself and one or more dependents, please refer to dependent eligibility below).

Alternate Proof of Coverage:

- If alternate coverage exists, you must provide proof of this coverage. A photocopy of your spouse's drug card or letter from your spouse's employer or insurance company must confirm that you have comparable coverage under this alternate plan. This documentation should be supplied to myHR@hhsc.ca for processing.

Late Applicant Process

You, your spouse and/or dependents will be considered late applicants:

- If you previously declined coverage because you had comparable coverage under your spouse's plan, and application for benefits is later requested while still under your spouse's plan or if you apply for coverage more than 31 days after benefits terminated under your spouse's plan, you and/or any dependents will be considered Late Applicants **OR**
- If you previously declined coverage for your spouse and/or dependents because they had comparable coverage under your spouse's plan, and application for benefits is later requested while still under your spouse's plan also considered coordination of benefits, or if you apply for their coverage more than 31 days after benefits terminated under your spouse's plan, dependents will be considered Late Applicants

If application for coverage is made after 31 days, the following rules apply:

- You will need to notify HR Services to apply as a Late Applicant for benefits coverage. You will be required to submit written evidence/proof of good health on behalf of yourself and/or any dependents you want to include on your benefits plan. Manulife will review your application and determine whether or not benefits can be extended to you and/or your dependents. Any cost incurred in providing evidence of health will be your responsibility.
- If you and/or your dependents have been accepted as Late Applicants into the benefit plan, there are conditions which apply to their coverage. For the Dental Benefit, coverage will commence on the 1st of the month following your approval from Manulife, however, the amount payable will be limited to \$150 per person during the first 12 months the coverage is in force.

Coordination of Benefits

If you have EHC and/or Dental coverage under another benefit plan, and you also choose to be covered under the HHS benefit plan, you will have the ability to coordinate your benefits to maximize your coverage so that you may be reimbursed up to 100% of the eligible expenses incurred. This option is beneficial if you have less than 100% coverage on any one plan.

How the Process works:

- Employee must submit claims to their own plan first; your spouse must also submit claims to their own plan first.
- Once the claim has been reimbursed under the primary plan, any remaining amount would then be submitted under the secondary plan.
- For dependent children – claims would be submitted under the parent whose birthday comes first in the calendar year.
- Example: your birthday is in February and your spouse's birthday is in July, regardless of the year – since your birthday comes first on the calendar all claims for dependent children must be submitted to your insurance carrier first. Any unpaid balance can then be submitted to your spouse's insurance carrier.

Eligible Dependents:

- Your Legal Spouse (either by marriage or common-law).
- Dependent children who are unmarried, unemployed – this includes natural, adopted or step children. Children of a common-law spouse may be covered if they are living with you full time.

Coverage for Dependent Children:

- Dependent children are eligible for benefits up to 21 years of age. Upon their 21st birthday, coverage ceases.

Coverage for Disabled Dependents:

- If you have a dependent child who is unmarried, unemployed, over the age of 21 and is dependent on you by reason of a mental or physical disability and has been continuously disabled since the age of 21 they may be eligible for coverage under your plan.
- You must request a disabled dependent form from HR Services and complete the necessary information. All forms must then be submitted to HR Services to be certified. Once this is complete, HR Services will send your documentation to Manulife for processing.

Once your enrollment documentation has been completed and submitted to HR for processing, employees that are enrolled in the EHS benefit will receive a Manulife wallet card. Wallet cards can be used at the pharmacy for submitting prescription claims.

Should you have any questions with respect to the benefits and/or enrollment rules please contact

HR Services at: 905-521-2100 ext 46947 or myHR@hhsc.ca

In the event of a discrepancy between the information provided in this enrollment form and the Group Policy, the applicable language in the Group Policy will prevail.

Employee Benefits- Life, STD and LTD

Under the PARO plan you are provided with Group Life Insurance which is offered through Sun Life Assurance Company of Canada, as well as disability benefits offered through Desjardins Financial Security. These benefits are referred to as: Group Life Insurance, Short Term Disability and Long Term Disability. Below is a listing of enrollment rules applying to each of these benefits.

Note – the information provided below pertains to your benefits enrollment only. For details regarding your benefits coverage, please refer to your specific Benefit Overview and/or Collective Agreement for additional information.

Group Life Insurance

- Group Life offers basic life insurance protection to all benefits-eligible interns and residents in PARO at Hamilton Health Sciences (HHS). In the event of your death while actively employed with HHS, the insurer will pay the specified insurance proceeds to your designated beneficiary. Please refer to your OCOH Group Benefit Plan booklet and/or Benefit Overview for information about the amount of Group Life coverage you are eligible for.
- Participation in Group Life Insurance is mandatory while working in a benefits-eligible position.
- Premiums for this insurance are 100% employer-paid.
- Your coverage for Group Life Insurance is effective immediately upon your date of hire; there is no waiting period.
- Coverage ceases at age 65 or the earlier of retirement or termination from HHS. Conversion options would then be available.

Naming a Beneficiary

- The beneficiary is the person(s) selected by the insured member to receive the specified insurance proceeds upon the death of the insured.
- You may choose to name one or multiple beneficiaries who will receive the proceeds of your Group Life Insurance. If choosing to name multiple beneficiaries, please allocate a percentage to each beneficiary that would provide a grand total of one hundred percent (100%). When naming a beneficiary, it is important to consider the legal implications of your choice (i.e. Naming a beneficiary under the age of 18).
- If you do not designate a beneficiary, in the event of your death, the specified insurance proceeds will be paid to your Estate. Your Estate may be subject to Estate taxes and Probate fees. Please seek advice from your legal representative if you have questions about beneficiary designation. If the named beneficiary is under the legal age of 18, a trustee should be appointed on their behalf, whereby the proceeds would then be held in trust until the child(ren) reach(es) the legal age.

Short Term Disability (STD)

- This benefit is intended to provide all PARO members with financial support when absent due to a non-work related illness or injury and to facilitate an early and safe return to work.
- As a PARO member you are entitled to receive STD coverage, when supported by medical documentation. In the event that you have experienced a non-work related illness or injury, the plan covers 100% of your salary until the earlier of either: the end of the academic year (July 1st to June 30th) or the first 6 months of your absence.
- Premiums for your STD benefit are 100% employer-paid.

Long Term Disability (LTD)

- In the event that you have exhausted your STD benefits, and you are unable to return to work, PARO offers a Long Term Disability program through Desjardins Financial Security (DFS). An application needs to be submitted to Desjardins to receive LTD benefits. Desjardins will adjudicate your claim for LTD benefits based on medical information provided.
- The LTD benefit provides you with income in the event that you become totally disabled due to a non-work related illness or injury. As a PARO member your LTD benefit provides you with 70% of your basic salary and call stipends tax-free to a monthly maximum of \$6,000. For specific details, please refer to your Benefit Overview or LTD policy handbook.
- LTD is payable upon approval from Desjardins. During this period, LTD premiums are waived while in receipt of LTD benefits.
- Premiums for LTD are deducted from your pay monthly and coverage commences on your date of hire.
- Your LTD benefit ceases at the age of 65, less the 26-week eligibility period.

Should you have any questions with respect to the enrollment rules please contact HR Services at:

905-521-2100 ext 46947 or myHR@hhsc.ca

In the event of a discrepancy between the information provided in this enrollment form and the Group Policy, the applicable language in the Group Policy will prevail.

Employee Personal Data Form - Resident

Legal First Name:		Legal Last Name:	
Address:			
City:	Province:	Postal Code:	
Email Address:		Date of Birth (MM/DD/YYYY):	
Home Phone Number:		Cell Phone Number:	
Gender:	SIN:		

BANKING INFORMATION

Bank Name:
Bank Address:
Transit #:
Bank #:
Account #:

Jane Doe
123 First Ave.
Toronto, On MIW 3X2

Date _____

Pay To The
Order Of _____ \$ _____

/100 Dollars

Bank Name
Bank Address

Memo _____

⑆ 1 2 3 4 5 ⑆ 1 2 3 ⑆ 4 5 6 7 ⑆ 8 9 0 ⑆ 1 2 ⑆

Transit #	Bank #	Account #
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PLEASE INCLUDE A VOID CHEQUE OR DIRECT DEPOSIT FORM FROM YOUR BANK.

Address outside of Ontario

If you have provided an address outside of Ontario, please review the below:

Employees of Hamilton Health Sciences are required to reside in Ontario throughout the duration of their employment, and are subject to regulations of Ontario tax laws, CPP, WSIB and EI, and the Employment Standards Act, 2000. For hybrid models where a remote work agreement may be in place, employees are still required to reside in Ontario as they may also be required to report to a hospital location for their shifts, as needed on short-notice to respond to emergent situations or upon request of leaders. As you have provided an out of province address, please note that you are required to relocate to Ontario prior to your start date. Please advise Human Resources of your up to date address by emailing myHR@hhsc.ca.

Employee Benefit Enrollment

Legal First Name:	Legal Last Name:
SIN:	Date of Birth:

Step 1 – Choose Your Coverage Below

- I would like to **participate** in **Extended Health Care Benefits**
- I would like to **participate** in **Dental Benefits**
- I choose to **waive** participation in **Extended Health Care Benefits**. I will provide proof of alternative coverage to Human Resources. I understand that I may be required to submit medical information and provide proof of loss of coverage in the event that I choose to apply for these benefits at a later date.
- I choose to **waive** participation in **Dental Benefits**. I will provide proof of alternative coverage to Human Resources. I understand that I may be required to submit medical information and provide proof of loss of coverage in the event that I choose to apply for these benefits at a later date.
- I choose to **waive** participation in **Extended Health Care Benefits AND Dental Benefits**. I will provide proof of alternative coverage to Human Resources. I understand that I may be required to submit medical information and provide proof of loss of coverage in the event that I choose to apply for these benefits at a later date.

Step 2 – Type of Coverage

	SINGLE	FAMILY
EXTENDED HEALTH CARE BENEFITS		
DENTAL BENEFITS		

Step 3 - If you have chosen Couple or Family Coverage, please complete dependent information below:

Dependant	Name (Last, First, Middle Initial)	Gender	Date of Birth (MM/DD/YYYY)	Does dependent have alternative Dental coverage?	Does dependent have alternative Extended Health Care coverage?
SPOUSE					
CHILD					
CHILD					
CHILD					
CHILD					

For additional questions please contact:

HR Services
Phone: 905-521-2100 ext. 46947
Email: myHR@hhsc.ca

Pledge of Confidentiality

Legal First Name:

Legal Last Name:

Address:

City:

Province:

Postal Code:

I hereto agree as follows:

The terms and conditions of employment shall be amended to incorporate this agreement.

That in consideration of allowing me to maintain access to the Hamilton Health Sciences 'Information System' I agree then to comply with the following conditions:

1. As an employee of Hamilton Health Sciences, I must hold all clinical or health related, personal, social and/or psychological information concerning patients, visitors and staff in strictest confidence, whether means of access to such information be verbal, documented, computerized or otherwise obtained.
2. Any unique system USERNAME(S) issues to me and/or any PASSWORD(S) created and personally entered by me into the Hamilton Health Sciences Information System is a unique code that identifies me to the HHS Information System, and that all entries that I make will associate with my identity.
3. I may access only Information which is to be used in the performance of my duties and that within the HHS system, the aforementioned unique code is the equivalent to my legal signature and that should any information which is entered using my USERNAME(S) AND PASSWORD(S) becomes a part of any record I am legally responsible for those entries.
4. My PASSWORD is known only to me and I may change it anytime at will. If at any time I feel that the confidentiality of my code has been or might be breached, I will change my PASSWORD promptly and report any concern I may have to my supervisor.
5. It is my responsibility to periodically change my PASSWORD(S).
6. If I forget my PASSWORD(S), a new code of access will be provided by Information Services. I may be required to provide conclusive personal identification.

I understand that should I disregard the confidentiality of my signature code, use the code of another person, enable another person to know or use my code and/or fail to comply with any of the above, I will be committing an unauthorized and unprofessional act and will be subject to disciplinary action, which may include termination of my employment

I have reviewed and understand the above content.



2024 Personal Tax Credits Return

TD1

Read page 2 before filling out this form. Your employer or payer will use this form to determine the amount of your tax deductions.

Fill out this form based on the best estimate of your circumstances.

If you do not fill out this form, your tax deductions will only include the basic personal amount, estimated by your employer or payer based on the income they pay you.

Last name		First name and initial(s)	Date of birth (YYYY/MM/DD)	Employee number
Address		Postal code	For non-residents only Country of permanent residence	Social insurance number

1. Basic personal amount – Every resident of Canada can enter a basic personal amount of \$15,705. However, if your net income from all sources will be greater than \$173,205 and you enter \$15,705, you may have an amount owing on your income tax and benefit return at the end of the tax year. If your income from all sources will be greater than \$173,205 you have the option to calculate a partial claim. To do so, fill in the appropriate section of Form TD1-WS, Worksheet for the 2024 Personal Tax Credits Return, and enter the calculated amount here.

15,705

2. Canada caregiver amount for infirm children under age 18 – Only one parent may claim \$2,616 for each infirm child born in 2007 or later who lives with both parents throughout the year. If the child does not live with both parents throughout the year, the parent who has the right to claim the "Amount for an eligible dependant" on line 8 may also claim the Canada caregiver amount for the child.

3. Age amount – If you will be 65 or older on December 31, 2024, and your net income for the year from all sources will be \$44,325 or less, enter \$8,790. You may enter a partial amount if your net income for the year will be between \$44,325 and \$102,925. To calculate a partial amount, fill out the line 3 section of Form TD1-WS.

4. Pension income amount – If you will receive regular pension payments from a pension plan or fund (not including Canada Pension Plan, Quebec Pension Plan, old age security, or guaranteed income supplement payments), enter whichever is less: \$2,000 or your estimated annual pension income.

5. Tuition (full-time and part-time) – Fill in this section if you are a student at a university or college, or an educational institution certified by Employment and Social Development Canada, and you will pay more than \$100 per institution in tuition fees. Enter the total tuition fees that you will pay if you are a full-time or part-time student.

6. Disability amount – If you will claim the disability amount on your income tax and benefit return by using Form T2201, Disability Tax Credit Certificate, enter \$9,872.

7. Spouse or common-law partner amount – Enter the difference between the amount on line 1 (line 1 plus \$2,616 if your spouse or common-law partner is infirm) and your spouse's or common-law partner's estimated net income for the year if two of the following conditions apply:

- You are supporting your spouse or common-law partner who lives with you
- Your spouse or common-law partner's net income for the year will be less than the amount on line 1 (line 1 plus \$2,616 if your spouse or common-law partner is infirm)

In all cases, go to line 9 if your spouse or common-law partner is infirm and has a net income for the year of \$28,041 or less.

8. Amount for an eligible dependant – Enter the difference between the amount on line 1 (line 1 plus \$2,616 if your eligible dependant is infirm) and your eligible dependant's estimated net income for the year if all of the following conditions apply:

- You do not have a spouse or common-law partner, or you have a spouse or common-law partner who does not live with you and who you are not supporting or being supported by
- You are supporting the dependant who is related to you and lives with you
- The dependant's net income for the year will be less than the amount on line 1 (line 1 plus \$2,616 if your dependant is infirm and you cannot claim the Canada caregiver amount for infirm children under 18 years of age for this dependant)

In all cases, go to line 9 if your dependant is 18 years or older, infirm, and has a net income for the year of \$28,041 or less.

9. Canada caregiver amount for eligible dependant or spouse or common-law partner – Fill out this section if, at any time in the year, you support an infirm eligible dependant (aged 18 or older) or an infirm spouse or common-law partner whose net income for the year will be \$28,041 or less. To calculate the amount you may enter here, fill out the line 9 section of Form TD1-WS.

10. Canada caregiver amount for dependant(s) age 18 or older – If, at any time in the year, you support an infirm dependant age 18 or older (other than the spouse or common-law partner or eligible dependant you claimed an amount for on line 9 or could have claimed an amount for if their net income were under \$15,705) whose net income for the year will be \$19,666 or less, enter \$8,375. You may enter a partial amount if their net income for the year will be between \$19,666 and \$28,041. To calculate a partial amount, fill out the line 10 section of Form TD1-WS. This worksheet may also be used to calculate your part of the amount if you are sharing it with another caregiver who supports the same dependant. You may claim this amount for more than one infirm dependant age 18 or older.

11. Amounts transferred from your spouse or common-law partner – If your spouse or common-law partner will not use all of their age amount, pension income amount, tuition amount, or disability amount on their income tax and benefit return, enter the unused amount.

12. Amounts transferred from a dependant – If your dependant will not use all of their disability amount on their income tax and benefit return, enter the unused amount. If your or your spouse's or common-law partner's dependent child or grandchild will not use all of their tuition amount on their income tax and benefit return, enter the unused amount.

13. TOTAL CLAIM AMOUNT – Add lines 1 to 12.
Your employer or payer will use this amount to determine the amount of your tax deductions.

Filling out Form TD1

Fill out this form **only** if any of the following apply:

- you have a new employer or payer, and you will receive salary, wages, commissions, pensions, employment insurance benefits, or any other remuneration
- you want to change the amounts you previously claimed (for example, the number of your eligible dependants has changed)
- you want to claim the deduction for living in a prescribed zone
- you want to increase the amount of tax deducted at source

Sign and date it, and give it to your employer or payer.

More than one employer or payer at the same time

If you have more than one employer or payer at the same time and you have already claimed personal tax credit amounts on another Form TD1 for 2024, you **cannot** claim them again. If your total income from all sources will be more than the personal tax credits you claimed on another Form TD1, check this box, enter "0" on Line 13 and do not fill in Lines 2 to 12.

Total income is less than the total claim amount

Tick this box if your total income for the year from **all** employers and payers will be **less** than your total claim amount on line 13. Your employer or payer will not deduct tax from your earnings.

For non-resident only (Tick the box that applies to you.)

As a non-resident, will 90% or more of your world income be included in determining your taxable income earned in Canada in 2024?

Yes (Fill out the previous page.)

No (Enter "0" on line 13, and do not fill in lines 2 to 12 as you are not entitled to the personal tax credits.)

Call the international tax and non-resident enquiries line at **1-800-959-8281** if you are unsure of your residency status.

Provincial or territorial personal tax credits return

You also have to fill out a provincial or territorial TD1 form if your claim amount on line 13 is more than \$15,000. Use the Form TD1 for your province or territory of **employment** if you are an employee. Use the Form TD1 for your province or territory of **residence** if you are a pensioner. Your employer or payer will use both this federal form and your most recent provincial or territorial Form TD1 to determine the amount of your tax deductions.

Your employer or payer will deduct provincial or territorial taxes after allowing the provincial or territorial basic personal amount if you are claiming the basic personal amount **only**.

Note: You may be able to claim the child amount on Form TD1SK, 2024 Saskatchewan Personal Tax Credits Return if you are a Saskatchewan resident supporting children under 18 at any time during 2024. Therefore, you may want to fill out Form TD1SK even if you are **only** claiming the basic personal amount on this form.

Deduction for living in a prescribed zone

You may claim **any** of the following amounts if you live in the Northwest Territories, Nunavut, Yukon, or another prescribed **northern** zone for more than six months in a row beginning or ending in 2024:

- \$11.00 for each day that you live in the prescribed northern zone
- \$22.00 for each day that you live in the prescribed northern zone if, during that time, you live in a dwelling that you maintain, and you are the only person living in that dwelling who is claiming this deduction

Employees living in a prescribed **intermediate** zone may claim 50% of the total of the above amounts.

For more information, go to canada.ca/taxes-northern-residents.

\$

Additional tax to be deducted

You may want to have more tax deducted from each payment if you receive other income such as non-employment income from CPP or QPP benefits, or old age security pension. You may have less tax to pay when you file your income tax and benefit return by doing this. Enter the additional tax amount you want deducted from each payment to choose this option. You may fill out a new Form TD1 to change this deduction later.

\$

Reduction in tax deductions

You may ask to have less tax deducted at source if you are eligible for deductions or non-refundable tax credits that are not listed on this form (for example, periodic contributions to a registered retirement savings plan (RRSP), child care or employment expenses, charitable donations, and tuition and education amounts carried forward from the previous year). To make this request, fill out Form T1213, Request to Reduce Tax Deductions at Source, to get a letter of authority from your tax services office. Give the letter of authority to your employer or payer. You do not need a letter of authority if your employer deducts RRSP contributions from your salary.

Forms and publications

To get our forms and publications, go to canada.ca/cra-forms-publications or call **1-800-959-5525**.

Personal information (including the SIN) is collected and used to administer or enforce the Income Tax Act and related programs and activities including administering tax, benefits, audit, compliance, and collection. The information collected may be disclosed to other federal, provincial, territorial, aboriginal or foreign government institutions to the extent authorized by law. Failure to provide this information may result in paying interest or penalties, or in other actions. Under the Privacy Act, individuals have a right of protection, access to and correction of their personal information, or to file a complaint with the Privacy Commissioner of Canada regarding the handling of their personal information. Refer to Personal Information Bank CRA PPU 120 on Information about Programs and Information Holdings at canada.ca/cra-information-about-programs.

Certification

I certify that the information given on this form is correct and complete.

Signature _____

It is a serious offence to make a false return.

Date _____

Read page 2 before filling out this form. Your employer or payer will use this form to determine the amount of your provincial tax deductions.

Fill out this form based on the best estimate of your circumstances.

Last name	First name and initial(s)	Date of birth (YYYY/MM/DD)	Employee number
Address	Postal code	For non-residents only Country of permanent residence	Social insurance number

1. Basic personal amount – Every person employed in Ontario and every pensioner residing in Ontario can claim this amount. If you will have more than one employer or payer at the same time in 2024, see "More than one employer or payer at the same time" on page 2. **12,399**

2. Age amount – If you will be 65 or older on December 31, 2024, and your net income will be \$45,068 or less, enter \$6,054. You may enter a partial amount if your net income for the year will be between \$45,068 and \$85,428. To calculate a partial amount, fill out the line 2 section of Form TD1ON-WS, Worksheet for the 2024 Ontario Personal Tax Credits Return.

3. Pension income amount – If you will receive regular pension payments from a pension plan or fund (not including Canada Pension Plan, Quebec Pension Plan, Old Age Security, or Guaranteed Income Supplement payments), enter **whichever is less**: \$1,714 or your estimated annual pension.

4. Disability amount – If you will claim the disability amount on your income tax and benefit return by using Form T2201, Disability Tax Credit Certificate, enter \$10,017.

5. Spouse or common-law partner amount – Enter \$10,528 if you are supporting your spouse or common-law partner and **both** of the following conditions apply:

- Your spouse or common-law partner lives with you
- Your spouse or common-law partner's net income for the year will be \$1,053 or less

You may enter a partial amount if your spouse's or common-law partner's net income for the year will be between \$1,053 and \$11,581. To calculate a partial amount, fill out the line 5 section of Form TD1ON-WS.

6. Amount for an eligible dependant – Enter \$10,528 if you are supporting an eligible dependant and **all** of the following conditions apply:

- You do **not** have a spouse or common-law partner, or you **have** a spouse or common-law partner who does not live with you and who you are not supporting or being supported by
- The dependant is related to you and lives with you
- The dependant's net income for the year will be \$1,053 or less

You may enter a partial amount if the eligible dependant's net income for the year will be between \$1,053 and \$11,581. To calculate a partial amount, fill out the line 6 section of Form TD1ON-WS.

7. Ontario caregiver amount – You may claim this amount if you are supporting an eligible infirm dependant aged 18 or older:

- your child or your grandchild (or your spouse or common-law partner);
- your parent, grandparent, brother, sister, aunt, uncle, niece or nephew who is resident in Canada (or your spouse or common-law partner)

To calculate this amount, fill out the line 7 section of Form TD1ON-WS.

8. Amounts transferred from your spouse or common-law partner – If your spouse or common-law partner will not use all of their age amount, pension income amount, or disability amount on their income tax and benefit return, enter the unused amount.

9. Amounts transferred from a dependant – If your dependant will not use all of their disability amount on their income tax and benefit return, enter the unused amount.

10. TOTAL CLAIM AMOUNT – Add lines 1 to 9.
Your employer or payer will use this amount to determine the amount of your provincial tax deductions.

Filling out Form TD1ON

Fill out this form only if you are an employee working in Ontario or a pensioner residing in Ontario and **any** of the following apply:

- you have a new employer or payer, and you will receive salary, wages, commissions, pensions, employment insurance benefits, or any other remuneration
- you want to change the amounts you previously claimed (for example, the number of your eligible dependants has changed)
- you want to increase the amount of tax deducted at source

Sign and date it, and give it to your employer or payer.

If you do not fill out Form TD1ON, your employer or payer will deduct taxes after allowing the basic personal amount **only**.

More than one employer or payer at the same time

- If you have more than one employer or payer at the same time and you have already claimed personal tax credit amounts on another Form TD1ON for 2024, you **cannot** claim them again. If your total income from all sources will be more than the personal tax credits you claimed on another Form TD1ON, check this box, enter "0" on line 10 and do not fill in lines 2 to 9.

Total income is less than the total claim amount

- Tick this box if your total income for the year from **all** employers and payers will be **less** than your total claim amount on line 10. Your employer or payer will not deduct tax from your earnings.

Additional tax to be deducted

If you want to have more tax deducted at source, fill out section "Additional tax to be deducted" on the federal Form TD.

Reduction in tax deductions

You may ask to have less tax deducted at source if you are eligible for deductions or non-refundable tax credits that are not listed on this form (for example, periodic contributions to a registered retirement savings plan (RRSP), child care or employment expenses, charitable donations, and tuition and education amounts carried forward from the previous year). To make this request, fill out Form T1213, Request to Reduce Tax Deductions at Source, to get a letter of authority from your tax services office. Give the letter of authority to your employer or payer. You do not need a letter of authority if your employer deducts RRSP contributions from your salary.

Forms and publications

To get our forms and publications, go to canada.ca/cra-forms-publications or call **1-800-959-5525**.

Personal information (including the SIN) is collected and used to administer or enforce the Income Tax Act and related programs and activities including administering tax, benefits, audit, compliance, and collection. The information collected may be disclosed to other federal, provincial, territorial, aboriginal or foreign government institutions to the extent authorized by law. Failure to provide this information may result in paying interest or penalties, or in other actions. Under the Privacy Act, individuals have a right of protection, access to and correction of their personal information, or to file a complaint with the Privacy Commissioner of Canada regarding the handling of their personal information. Refer to Personal Information Bank CRA PPU 120 on Information about Programs and Information Holdings at canada.ca/cra-information-about-programs.

Certification

I certify that the information given on this form is correct and complete.

Signature _____

Date _____

It is a serious offence to make a false return.

THANK YOU!!!

You have now completed this portion of the sign on documentation for Hamilton Health Sciences.

All documentation listed below must be submitted to Human Resources in order to activate your pay:

1. Employee Personal Data Form
2. Void Cheque or Pre-Authorized Direct Deposit Form
3. Employee Benefits Enrollment Form
4. Pledge of Confidentiality Form
5. 2023 Federal Personal Tax Credits Return – TD1
6. 2023 Ontario Personal Tax Credits Return – TD1ON
7. Sun Life Beneficiary Nomination form (**MAIL ONLY**)

NOTE: Please ensure you mail your Sun Life Beneficiary Nomination form.

All other documentation, **except for the Life Beneficiary Designation form**, may be submitted in one of two ways:

1. Via email to: myHR@hhsc.ca
2. Mail to: **Human Resources Shared Services
Hamilton Health Sciences - King West
P.O. Box 2000
Hamilton ON L8N3Z5**