

# Application for Parental or Adoption Leave

All sections must be completed, please print clearly.



## Member Information

<b>Name</b>	<b>SIN</b>
<b>Address</b>	<b>Date of birth</b> (mm/dd/yy)

## Child Information

<b>Date of birth</b> (mm/dd/yy)	<b>Leave start date</b> (mm/dd/yy)	<b>Leave end date*</b> (mm/dd/yy)
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\* if not taking full 17 weeks

## Adoption (if applicable)

<b>Date of taking over care</b> (mm/dd/yy)	<b>Date of birth</b> (mm/dd/yy)
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## Income Statement

Earned income is the income generated during the past four quarters. This is not actual cash receipts.

<b>Date: from</b> (mm/yy) - <b>to</b> (mm/yy)	<b>Income</b>

## Please attach a void cheque for direct deposit of funds

- If income is not verifiable through MSI billing data, please enclose a letter from your source of income verifying your income during the past four quarters.
- I hereby give permission for Doctors Nova Scotia to access my MSI billing data for verification of income status for the time spent on parental/adoption leave.
- I hereby certify that I am not receiving a supplement, subsidy, continuing to receive money from another source or assistance from another source in support of my parental/adoption leave or during the weeks claimed for parental/adoption benefits
- I certify that to the best of my knowledge and belief the above is true, correct and complete.

<b>Date</b> (mm/dd/yy)	<b>Signature</b>
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*This statement will be used to determine parental or an adoption leave subsidy. All information will remain strictly confidential.*