

Application for Parental or Adoption Leave

All sections must be completed. If completing by hand, please print clearly.



Member Information

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

Child Information

Date of birth (mm/dd/yy)	Leave start date (mm/dd/yy)	Leave end date* (mm/dd/yy)
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Note: While the full benefit is for 26 weeks, physicians have the option to spread the benefit over 52 weeks from date of birth at a reduced rate if they wish to do so.

* if not taking full 26 weeks

Adoption (if applicable)

Date of taking over care (mm/dd/yy)	Date of birth (mm/dd/yy)
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(attach supporting documentation)

Income Statement

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

Date: from (mm/yy) - to (mm/yy)	Income

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 in excess of \$1,200 per week.
- I certify that to the best of my knowledge and belief the above is true, correct and complete.

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