Doctors Nova Scotia
Application for Parental or Adoption Leave

All sections must be completed, please print clearly.

Member Information:

Name:_____ **SIN:**_____ **Date of birth:** _____
MM/DD/YY

Preferred mailing address: _____

Return to work date (if not taking full 26 weeks):_____
MM/DD/YY

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.

Return to work date (if electing to spread benefits over more than 26 weeks): _____
MM/DD/YY

Child Information:

Date of birth: _____ **Leave start date:** _____
MM/DD/YY **MM/DD/YY**

Adoption (if applicable):

Date of taking over care: _____ **(attach supporting documentation)** **Date of birth:** _____
MM/DD/YY **MM/DD/YY**

Income Statement Earned income is the income generated during the past four quarters. This is not your actual cash receipts.	
from: month/year to month/year	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 (month/day/year) **Signature**

This statement will be used for the purpose of determining parental or an adoption leave subsidy. All information will remain strictly confidential.