

PARENTAL LEAVE POLICY

The Parental Leave Policy was implemented to provide financial support to physicians who would like to spend time with their newborn or adopted child, as well as individuals who are acting as a surrogate or have experienced pregnancy loss after week 20 or later (including stillbirth).

Newborn babies or newly adopted children

The program provides \$2,000 per week for 26 consecutive weeks. Physicians have the option to spread this benefit over a maximum of 52 consecutive weeks from date of birth at a reduced rate if they wish to do so.

Benefits for parental leave are accessible from the child's birthdate, however eligible leaves may begin at a later date provided the weeks fall within 52 weeks from the child's birthdate. Benefits for adoptive parents start from the date of taking over care of the child, providing the child is aged five or younger.

Surrogacy leave

The program provides \$2,000 per week for 12 consecutive weeks. Benefits for surrogacy leave are accessible from the baby's date of birth.

Loss of a pregnancy leave

The program provides \$2,000 per week for 12 consecutive weeks for members who have experienced the loss of a pregnancy at week 20 or later (including stillbirth).

Eliaibility:

To be eligible to apply for any of the above-mentioned benefits, a physician member must meet the following criteria:

- must be a resident of Nova Scotia;
- must be a member in good standing with Doctors Nova Scotia;
- must maintain a Full membership or Special Consideration: Members on Leave membership* with Doctors Nova Scotia while on leave;
- must have \$50,000 in billings or contract earnings during the immediate 12 months prior to baby's date of birth or leave start date;
- earnings cannot exceed \$1,200 per week while benefits are being received.

^{*} Members on parental leave may be eligible to apply for the Special Consideration: Members on Leave membership category and pay reduced membership fees. For more information, contact our membership department: catherine.gervais@doctorsns.com or deborah.wentzell@doctorsns.com

Policy:

- Application for benefits must be received within the 52 weeks from date of birth (parental leave or surrogacy leave), within the 52 weeks from date of taking over care of the child (adoption leave) or within 52 weeks of loss of pregnancy. Benefits will not extend beyond the 52 weeks. Applications received beyond 52 weeks will not qualify for benefits.
- Leaves may begin at any time during the first year but must be completed during the first year.
- Members may take up to 26 consecutive weeks (parental or adoption leave) or 12 consecutive weeks (surrogacy or loss of pregnancy). Leave weeks cannot stop and be restarted at a later date. Once a claim has stopped, benefits for that child will cease.
- Members applying for parental or adoption leave have the option to spread the benefit over a maximum of 52 consecutive weeks from date of birth or taking over care of the child at a reduced rate if they wish to do so.
- If both parents are physicians, each member is eligible to apply for the full amount of benefits associated with their leave.

Documentation required:

- Date of birth of child or, if the child is detained in hospital, date of hospital release.
- Date of taking over care of child (adoption leave).
- Leave start date (pregnancy loss).
- An income statement providing your gross earned income for the past four quarters.
- Permission to access MSI billing for verification of income status for the time spent on parental leave. Earned income must not exceed \$1,200 per week while claiming parental leave benefits.
- Void cheque for deposit of benefits.

Payment:

- Benefits will be paid on a monthly basis. Benefits are paid on the 15th of each month and represent eligible weeks in the prior month (November benefits are paid in December).
- Electronic transfer of funds is mandatory.

Parental leave benefits are taxable benefits and physician members will be issued a T4A in the physician's name. T4As cannot be issued to a corporation.

Appeals:

Appeals will be individually assessed.

Review Date: Annually

Date: June 1, 2024