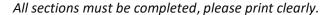
Application for Pregnancy Loss





Member Information

Name:	SIN:		Date of birth:	
				MM/DD/YY
Preferred mailing address:				
Return to work date (if not taking full 12 week		MM/DD/YY		
Leave Information				
Leave start date:				
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
Q1		
Q2		
Q3		
Q4		

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 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 leave or during the weeks claimed for 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 bereavement leave subsidy. All information will remain strictly confidential.

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