

Application for Pregnancy Loss

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 12 weeks): _____
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 <i>month/year</i> to <i>month/year</i>	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.