

## Maternity and/or Parental Benefits Annex 3

This questionnaire is to be completed if you are applying for maternity and/or parental benefits under the Employment Insurance Act (1996). The information is used to determine your entitlement to these special benefits.

Name
Social Insurance Number

### A - MATERNITY BENEFITS

I am pregnant and my expected due date is or was: 

Day	Month	Year
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 AND I gave birth on 

Day	Month	Year
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### B - HOSPITALIZATION OF CHILD

If your newborn or newly-adopted child is hospitalized during the period in which you are eligible to receive maternity or parental benefits, contact us by calling 1-800-206-7218 to ensure that you receive all of the benefits to which you are entitled.

If you wish to receive parental benefits after your maternity benefits, also complete part C. If not, go to part E.

### C - PARENTAL BENEFITS

#### (1) Claimant Information

(i) - Parental benefits are payable either to biological, or adoptive parents to care for their newborn, or adopted child, up to a maximum combined total of 35 weeks. Consequently, the 35 weeks can be paid to one parent, or shared between both parents.

I wish to claim \_\_\_\_\_ weeks to care for my child(ren). The other parent of the child(ren) wishes to receive \_\_\_\_\_ weeks.

(ii) - Choose one of the following:  I am the biological parent of the child(ren)

I am the adoptive parent of the child(ren)

Other - A person who has been granted custody of a child for a temporary period of time, including foster care and does not intend to proceed with adoption

(iii) - Will you be returning to work after your maternity/parental leave  Yes  No if yes, when? \_\_\_\_\_ DD/MM/YEAR

#### (2) Verification of other parent's information

(iv) - For verification, we require the other parent's name and Social Insurance Number

Are you able to provide this information now?  Yes  No

Name \_\_\_\_\_ Social Insurance Number \_\_\_\_\_

Choose one of the following:

I will provide the other parent's name and Social Insurance Number to Service Canada as soon as possible

I am unable to provide information regarding the other parent.

#### (3) Waiting Period

(v) - Only one unpaid 2-week waiting period needs to be served in certain instances. The waiting period can be deferred (postponed) when:

- the other parent has received maternity or parental benefits for the same child and has already served the waiting period;
- the other parent has received benefits for parents of critically ill children and has already served the waiting period;
- both parents are applying at the same time and the other parent will be serving the waiting period; or
- a new claim is being established in order for you to receive the remaining parental benefits for the same birth or adoption.

The waiting period is deferred (postponed) until another type of benefits is claimed

I meet one of the above conditions and I want my waiting period deferred (postponed).  Yes  No

#### (4) - Biological Parents

(vi) - The expected date of birth is/was: \_\_\_\_\_ DD/MM/YEAR Have you had your baby?  Yes  No

The actual date of birth is/was: \_\_\_\_\_ DD/MM/YEAR

#### (5) - Adoptive Parent(s)

(vii) - On what date was this child placed in your care? \_\_\_\_\_ DD/MM/YEAR

#### (6) - Applicable Adoptive situation:

(Choose the adoptive parent situation that applies to you)

A - A person who is permanently designated as the parent of the child pursuant to the laws governing adoption in their province of residence;

B - A person who has initiated the process of becoming designated as the parent:

C - A person who committed to adopt a child who has been placed in their care for the purpose of adoption under a "foster to adopt" or other similarly-styled program;

D - A person who is granted custody of a child under the Aboriginal Custom Adoption Recognition Act;

E - A person who is recognized in their Province as the legal parent of the child on the child's birth certificate, or

F - A person who attests that they consider the placement a permanent one and that it is their intent to adopt a child placed with them by a recognized authority because circumstances exist that render the legally recognized parent(s) incapable of caring for the child.

**(7) - Attestation – choose the attestation applicable to your adoptive situation:**

**Attestation for Parental Benefits for category A to E above**

I certify that this child (children) has been placed in my care for the purpose of adoption, pursuant to the law governing adoption in

\_\_\_\_\_, in which I reside.  
Province

**Attestation for Parental Benefits for category F above**

I attest that the child was placed with me by a recognized authority because circumstances exist that renders the legally recognized parent(s) incapable of caring for the child. I further attest I consider the placement of the child to be permanent and that it is my intention to adopt this child.

I, \_\_\_\_\_ have read and accept the attestation indicated above

\_\_\_\_\_  
Signature Date

**(8) - Full name of the adoption agency or person with the authority to act in the placement transaction for adoption**

Check this box if the Agency/Authority is outside Canada

Name of Agency/Authority: \_\_\_\_\_

Name of the person who arranged the placement \_\_\_\_\_

**Address of Agency/Authority:**

\_\_\_\_\_  
Number and Street Apt./Suite City, Town or Village

\_\_\_\_\_  
Province, Territory Postal Code Telephone number with area code

**D - QUEBEC PARENTAL INSURANCE PLAN (QPIP) -**

**(9) - The province of Quebec administers its own Quebec Parental Insurance Plan (QPIP) for Maternity, Paternity, Parental or Adoption benefits.**

Will you or have you received such benefits from the QPIP? Yes \_\_\_\_\_ No \_\_\_\_\_

Indicate the period for which you were or will be in receipt of benefits from the provincial program

Start Date (DD/MM/YEAR) \_\_\_\_\_ End Date (DD/MM/YEAR) \_\_\_\_\_

**(10) - Has the child's other parent received, is receiving or will receive Maternity, Parental or Adoption benefits from the Quebec Parental Insurance Plan (QPIP)?** Yes \_\_\_\_\_ No \_\_\_\_\_

**(11) - Do you and the child's other parent reside at the same address?** Yes \_\_\_\_\_ No \_\_\_\_\_

**E - EXEMPTION FROM COMPLETING CLAIMANTS REPORTS**

Note: If you are applying for Self-Employed benefits, skip section E and go directly to the "declaration and signature" section.

**(12) - Normally you are asked to complete a report every two weeks to receive your EI payment. Each completed report becomes a claim for benefits for the weeks of unemployment. You could be exempted from completing reports.**

Before being exempted, you must agree to the following statement. I understand that, I am making a claim for benefits covering every week of my period of eligibility and I accept that I will not be required to complete reports for this period. I also agree to inform Service Canada immediately if, while I am collecting Employment Insurance benefits

- I work,
- I receive money, or
- any situation arises that affects my Employment Insurance benefits.

Following receipt of my last payment of benefits, I agree to notify Service Canada to confirm that I have declared any situation or earnings that have the effect of reducing or eliminating my benefits. I am aware that I may be penalized or subject to prosecution for failing to report any of the above. I am aware that I may be penalized or subject to prosecution for failing to report any of the above.

I agree to the above statements and wish to be exempted from completing reports.  Yes  No

**DECLARATION AND SIGNATURE**

I declare that the information provided in this form is true to the best of my knowledge and I understand that it will be used to determine my eligibility for Employment Insurance benefits. The information provided may be subject to verification and there are penalties for making false or misleading statements.

<b>Day</b>	<b>Month</b>	<b>Year</b>

<b>Signature</b>

The information collected on this form is used for the provision of maternity and parental benefits pursuant to the Employment Insurance Act. Under the Privacy Act, you have a right of access to this information which is also protected from unauthorized disclosure under the Employment Insurance Act. The information collected will be contained in the Personal Information Bank No. HRSDC PPU 150 listed in the Info Source available in all Service Canada Centres.

You should also be aware that your personal information may be used and or disclosed under certain conditions as listed in the above-noted personal Information Banks, in accordance with the provision of the Privacy Act and Employment Insurance Act. The information may also be shared with the province of Quebec for the administration of the Act respecting parental insurance.