

# ELCIC Group Services Inc.

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## PARENTAL LEAVE FORM

Eligible members will receive the supplemental income benefit upon providing confirmation and details of receipt of employment insurance maternity/parental benefits. Matters regarding the qualifying period, length of leave and required notice, shall be governed by the employment legislation in the jurisdiction applicable.

ELCIC Pension and Group Benefits administered by GSI will continue during leave as per those respective policies.

### Applicant Information

Member name:	Last	First	Member number:	
E-mail address:				
Mailing address:				
City:		Province:		Postal Code:
Employer (Congregation):				

### Leave Dates

Date leave commences:		Date leave ends:	
<b>The following forms are required to be attached to process the parental leave application:</b>	<b>Confirmation from Employment Insurance</b> <b>Copy of (ROE) record of employment</b> <b>Salary Calculation Form (30% of pre leave salary)</b>		

Eligible members who receive supplemental income benefits are expected to return to work for a period of at least six months after the end of the leave.

### Employer Reimbursement

Once each month GSI will reimburse the employer an amount of 30% of pre-leave salary as per the authorized and accepted salary calculation form (note GSI will not reimburse for required pension contributions or benefit premiums). Please fax or email monthly to GSI for reimbursement:

- Copy of this form
- Copy of employee's pay stub(s) for the period

### Authorization

<b>Employee's Signature</b>	_____	<b>Date</b>	_____
			<i>Day Month Year</i>
<b>Employer's Signature</b>	_____	<b>Date</b>	_____
<b>Title of Signer</b>	_____		<i>Day Month Year</i>