



**APPLICATION FOR
MATERNITY & PARENTAL LEAVE & SUPPLEMENTARY BENEFIT PLAN**

EMPLOYEE NAME: _____ **Tel:** _____

EMPLOYEE #: _____ **UNION STATUS:** _____

MATERNITY LEAVE

Every employee who is a birth mother is entitled to apply for and be granted a leave of absence from employment without pay for a period not to exceed seventeen (17) weeks.

An employee is eligible for Maternity and Parental unpaid leave effective their first day of employment. Supplementary paid benefits are only available for employees with six (6) months of continuous employment and meet the definition of eligibility as outlined within the current plan:

MATERNITY LEAVE SUPPLEMENTAL BENEFIT

- Every employee who is a birth mother and who is a Union Member, Welfare Paying Casual eligible for benefits under the ILWU/Employer Association Health and Benefit Plan or a Casual with at least one (1) year of service and who has worked at least 75% of the employee's casual board's non trade hours in the previous 12 months is entitled to apply for and be granted a Maternity Supplementary Benefit.
- The benefit period is a maximum of fifteen (15) weeks.
- The benefit will be equivalent to \$1,266.72/ week (70% of a 40 hour week at the prevailing base wage rate), less the total weekly Employment Insurance (EI) benefit received. The total benefits paid (EI, Supplemental Benefit or any other remuneration) cannot exceed 95% of pre-leave earnings averaged over the preceding 12 months. This is a taxable benefit.
- To qualify, a birth Mother must be in receipt of EI Maternity Leave benefits and no supplemental benefit will be paid during the two (2) week EI waiting period.

Such Leave and Supplemental Benefit may begin not earlier than eleven (11) weeks prior to the estimated date of confinement and end not later than seventeen (17) weeks following the date of confinement.

A birth mother is expected to provide four (4) weeks' notice prior to the expected due date.

Information Required in Support of Application:

- Certificate of a qualified medical practitioner certifying that the member is pregnant including expected date of birth (attached)
- Proof of Receipt of Employment Insurance Maternity Leave benefit

Requested Period of Leave:

From: ____/____/____
 DD/MM/YYYY

To: ____/____/____
 DD/MM/YYYY

Number of Weeks: _____



PARENTAL LEAVE

Every employee who provides the BCMEA with satisfactory evidence that the employee has or will have actual care and custody of a new-born child (birth certificate) or has commenced legal proceeding to adopt a child or obtains an order under the law of the Province for the adoption of a child and will have actual care and custody of that child is entitled to apply for and be granted a leave of absence from employment without pay for a period not to exceed thirty-five (35) weeks.

An employee is eligible for Maternity and Parental unpaid leave effective their first day of employment. Supplementary paid benefits are only available for employees with six (6) months of continuous employment and meet the definition of eligibility as outlined within the current plan:

PARENTAL LEAVE SUPPLEMENTARY BENEFIT

- Union Members and Welfare Paying Casuals eligible for benefits under the ILWU/Employer Association Health and Benefit Plan, and birth mothers who qualified for the Maternity Supplemental Benefit, are eligible to receive a Supplementary Parental Leave Benefit.
- The benefit period is a maximum of 37 weeks.
- The benefit will be equivalent to \$904.80/ week (50% of a 40 hour week at the prevailing base wage rate), less the total weekly Employment Insurance (EI) benefit received. The total benefits paid (EI, Supplemental Benefit or any other remuneration) cannot exceed 95% of pre-leave earnings averaged over the preceding 12 months. This is a taxable benefit.
- To qualify, an eligible employee must be in receipt of EI Parental Leave benefits and no supplemental benefits will be paid during the two (2) week EI waiting period.

Such Leave and Supplemental Benefit may begin after the child's birth or adoption, must be completed within the 52 week period following the birth or adoption, and cannot coincide with the Maternity leave or Maternity Leave Supplemental Benefit period.

An eligible employee is expected to provide four (4) weeks' notice prior to the expected commencement of the leave period.

Information Required in Support of Application:

- Certificate of birth of adoption or evidence of commencement of legal proceedings to adopt a child (attached)
- Proof of Receipt of Employment Insurance Parental Leave benefit

Requested Period of Leave:

From: ____/____/____
DD/MM/YYYY

To: ____/____/____
DD/MM/YYYY

Number of Weeks: _____



Additional Terms & Conditions:

- Only one (1) employee is eligible for Supplementary Benefits for the same child/children at one time.
- An employee shall not be eligible for dispatch while on Parental or Maternity leave.
- Employees who receive pre-approved leave in accordance with the foregoing will receive credited time in accordance with the current formula for granting such credit.
- Once leave has been granted it will be uninterrupted unless mutually agreed.
- If the duration of the original request for Parental Leave is less than the maximum allowed, an extension will be granted up to the maximum of the allowable leave period, if applied for and approved prior to the expiry of the original leave period. Only one (1) extension will be granted.

***I certify that I have read and understood the terms outlined in this document.
I further certify that I will notify Waterfront Employers of BC of any change in income earned during the leave period(s) that could impact my entitlement to these benefits.
In the event that an overpayment is made I irrevocably authorize Waterfront Employers of BC (WEBC) to deduct up to \$200 from my weekly pay until repayment made.***

SIGNATURE OF APPLICANT

DATE

ASSOCIATION DECISION

APPROVED _____

REJECTED _____

SIGNATURE ON BEHALF OF ASSOCIATION

WEBC SIGNATURE

DATE