

# MATERNITY/PARENTAL BENEFITS PROGRAM

## BI-WEEKLY CLAIM FORM



Please use this form to claim your bi-weekly benefit and to report your bi-weekly receipt of income from all other sources during your maternity/parental leave. Mail/Email or Fax to the Medical Society of PEI ([admin@mspei.org](mailto:admin@mspei.org) - fax: 902 599 3934 mail: 2 Myrtle Street, Stratford PE, C1B 2W2)

Name: \_\_\_\_\_

<b>Dates:</b> Saturday to Friday Claim Periods		<b>All other gross income earned during this period:</b>				
From:	To:	Fee for Service	Salary/Contract/Sessional	Disability Income	Employment Insurance	All other Sources (please specify)

I certify I have disclosed all the income I received during the two weeks claim period indicated and was a resident of PEI.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ (d/m/y)