

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 - fax: 902 566 3934 mail: 2 Myrtle Street, Stratford PE, C1B 2W2)

Name: _____

Dates: Saturday to Friday Claim Periods		All other gross income earned during this period:				
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)