Please complete, sign and date this form to apply for maternity and/or parental El assistance, which is provided under the UA National Supplementary Unemployment Benefit Plan (SUB Plan).

The National Parental Wellness Program is comprised of Maternity and Parental El Assistance Benefit and the Parental Wellness Benefit. For more information about the Parental Wellness Benefit, please contact your Local Union.

1. Member information

| Last Name | First Name | | Middle Initial(s) |
|----------------------------|-------------------------|---------------|-------------------|
| Date of Birth (DD/MM/YYYY) | Social Insurance Number | | |
| Address | City | Province | Postal Code |
| Country | Phone No. | Email Address | |

2. Eligibility

In order to qualify for maternity and/or parental EI assistance under the SUB Plan, you must be a UA member in good standing for at least six months prior to applying and you must be eligible for and have applied for maternity and/or parental benefits under the Employment Insurance Act (El Act). If you are or will be eligible for both maternity and parental El assistance, then you may apply for both at once.

Maternity El assistance - The maternity El assistance benefit under the SUB Plan provides maternity leave benefits up to a maximum of 15 weeks for UA members who are eligible for maternity leave benefits under the El Act as a "top up" to benefits provided under the El Act. This benefit may begin no more than 12 weeks before the child's due date.

Parental El assistance - The parental El assistance benefit under the SUB Plan provides parental leave benefits up to a maximum of 35 weeks for UA members who are parents of a newborn or newly adoptive parents who are eligible for parental leave benefits under the El Act as a "top up" to benefits provided under the El Act. iii, iv

| 3. Supporting documents | | | | | |
|---|----------------------------|--------------------------|--|--|--|
| Please provide the following proof of application for maternity and/or pare | ental benefits under the | El Act: | | | |
| ☐ An El benefit cheque stub, or | | | | | |
| ☐ A printout of the "Payment Details" section of the Service Canada website. | | | | | |
| If unavailable at the time you apply, please provide this proof as soon as possible thereafter. | | | | | |
| 4. Benefit period | | | | | |
| Please provide your child's: | | | | | |
| □ birth date: □ expected due date: (DD/MM/YYYY) | | | | | |
| ☐ date/expected date child is placed with you for adoption: | <u>M/Y</u> YYY) | | | | |
| Benefit Requested | Start Date (DD/MM/YYYY) | End Date (DD/MM/YYYY) | | | |
| ☐ I wish to apply for Maternity EI Assistance Benefit. (Maximum 15 weeks). | | | | | |
| □ I wish to apply for Parental El Assistance Benefit (Maximum 35 weeks) | | | | | |

| 5. Direct Deposits | | | | | |
|---|--|---|--|--|--|
| If you wish to receive your benefits by direct deposit, please provide the following information, or a void cheque. | | | | | |
| Bank Institution (3 digits) | Transit Number (5 digits) | Account No. (7 digits or more) | | | |
| | | | | | |
| 6. Certification | | | | | |
| I certify that all the information provided | on this form is correct and accurate to | the best of my knowledge: | | | |
| Your signature: | Date: | (DD/MM/YYYY) | | | |
| Witness signature: | Date: | (DD/MM/YYYY) | | | |
| Witness name: | | | | | |
| Privacy Statement | | | | | |
| Trust, in accordance with the relevant | Trust Agreements, Plan Documents, ligations. The UA will not use or di | ministering the UA National Benefit Plan legislative requirements and the Plans' isclose personal information any other of to do so by law. | | | |
| | al or legal restrictions, you may wi | ollected on this form for the purposes thdraw or refuse consent. Refusal or beneficiaries. | | | |
| I hereby consent to the collection, use, a set out in this Privacy Statement. | and disclosure of my personal informa | tion in the manner and for the purposes | | | |
| Your signature: | Date: | (DD/MM/YYYY) | | | |

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ⁱ The eligibility requirements shown here apply to the UA National SUB Plan. Please be sure to research your rights under the *El Act*, and under the employment standards legislation in your province, as they may be different from those under the *El Act*. For more details regarding eligibility for the SUB Plan, please consult the Plan text.

ⁱⁱ Please note that a UA member may not receive the Maternity El Assistance Benefit and the Parental Wellness Benefit for the same period of time. (The Parental Wellness Benefit is offered under the UA National Employee Life and Health Trust in certain circumstances to UA members who are pregnant. Please consult your Local Union for more information about this benefit).

iil The Parental El Assistance Benefit is available for a maximum of 35 weeks, even if a UA member elects to receive parental leave benefits under the *El Act* for a longer period of time.

^{iv} The Parental EI Assistance Benefit is only available to UA members while they are on leave. For greater certainty, the benefit is not available to non-member spouses or partners while they are on parental leave.