



Canadian Parental Wellness Program Pregnancy Benefit

Please complete, sign and date this form to apply for the Parental Wellness Benefit, which is provided under the UA National Employee Life and Health Trust (ELHT).

The National Parental Wellness Program is comprised of the **Parental Wellness Benefit** and **Maternity and Parental EI Assistance Benefits**. For more information about Maternity and Parental EI Assistance, 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

You are eligible to receive up to 24 weeks of benefits under this Plan if you are pregnant and the conditions of your work environment are a hazard to your health or the health of your unborn child, and your employer is unable to accommodate you by providing alternative work. To be eligible you must be medically fit to work and be available to be reassigned to other duties, if possible.ⁱ

You must also be a member of the U.A. in good standing for at least 6 months prior to applying and be eligible to receive benefits under your Local's health and welfare plan based on active contributions.

You are not eligible if:

- You are eligible to receive benefits through any other means, such as time loss benefits from your employer, a local union benefit plan or government program;ⁱⁱ
- You have received these benefits under the UA Parental Wellness Program within the past twenty-four (24) months;
- You are a surrogate parent.

3. Supporting documents

Please provide the following proof of your inability to perform your usual duties by reason of your pregnancy:

- a copy of the letter from your doctor provided to your employer stating that you are unable to perform your normal duties due to your pregnancy for the relevant period.

4. Benefit period

Please provide your child's expected due date: _____
(DD/MM/YYYY)

Benefit Requested	Start Date (DD/MM/YYYY)	End Date (DD/MM/YYYY)
<input type="checkbox"/> I wish to apply for the Parental Wellness Benefit for the following period:		

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 I am unable to perform my usual duties by reason of my pregnancy and that my employer was unable to accommodate me by providing alternative work during this period of my pregnancy. I further certify that I meet all other eligibility conditions as summarized above and 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

The UA Canadian office collects the information on this form for the purpose of administering the UA Canadian National Benefit Plan Trust, in accordance with the relevant Trust Agreements, Plan Documents, legislative requirements and the Plans' Trustees' fiduciary and other legal obligations. The UA will not use or disclose personal information any other purpose, except with the consent of the member or where permitted or required to do so by law.

By signing below, you consent to the use of your personal information collected on this form for the purposes identified above. Subject to contractual or legal restrictions, you may withdraw or refuse consent. Refusal or withdrawal of consent may prevent the provision of benefits to you and/or your beneficiaries.

I hereby consent to the collection, use, and disclosure of my personal information in the manner and for the purposes set out in this Privacy Statement.

Your signature: _____

Date: _____
(DD/MM/YYYY)

7. Local Union Certification

The Local Union Business Manager or his/her delegate confirms that the applicant is a member of the U.A. in good standing for at least 6 months prior to this application and is eligible to receive benefits under the Local's health and welfare plan based on active contributions.

Signature
Local Union Business Manager or his/her
delegate

Date

Print Name
Local Union Business Manager or his/her
delegate

ⁱ Please note that you should consult with your Local Union before leaving your employment to understand any implication on your job security and other legal rights. You may also be eligible for maternity and/or parental benefits under the UA National Supplementary Unemployment Benefit Plan. Please inquire for more details. Also, please be sure to research your rights under the *EI Act*, and under the employment standards legislation in your province, as they may be different from those under the *EI Act*.

ⁱⁱ You may receive the Pregnancy Benefit while you are eligible to receive maternity benefits under the *EI Act* and the Maternity *EI Assistance Benefit*, if you meet all other eligibility criteria set out above, your expected due date is in 12 weeks or less, and you wish to delay commencing your maternity benefits. However, you may not receive the Pregnancy Benefit for the same period of time during which you are receiving maternity benefits under the *EI Act* and/or the Maternity *EI Assistance Benefit*.