



IBEW LOCAL 353

Pension & Benefits Plan

Pregnancy/Parental Leave Form

Complete, sign and date this form to maintain benefits coverage and pension credits during Pregnancy/Parental Leave and return to TEIBAS for processing. If you have any questions or need any assistance in completing this form, please contact TEIBAS at 416-637-6789 or 1-800-267-0602 (toll free). All leaves are subject to the provisions and standards outlined in the *Ontario Employment Standards Act*.

1. Member Information (please print clearly in ink) – Required

Social Insurance Number (SIN) - (optional)	PIN – 10-digit number found on drug card	
Last Name	First Name	Middle Initial(s)

2. Eligibility

A birth mother can take up to 17 weeks of pregnancy leave and up to 61 weeks for parental leave, for a combined maximum pregnancy/parental leave of 78 weeks. Other parents may take up to 63 weeks of parental leave. In order to qualify for benefit coverage and pension credits during pregnancy or parental leave you must have commenced employment at least 13 weeks prior to the expected due date, in the case of pregnancy leave, or be employed for at least 13 weeks prior to the commencement of leave, in the case of parental leave, and be covered under the IBEW Local 353 Group Benefit Plan. The length of the leave is up to you, however, once a leave has commenced it must be taken all at once. Any return to work or partial return to work will end the leave. If you do not meet these requirements, you may be eligible for self-pay benefits.

Your health and welfare benefits coverage and pension credits will be based on the leave dates indicated on your application form. For leaves starting or ending mid-month, credits will be pro-rated.

3. Requirements

- You will need to provide a completed Change/Update of Information Form to TEIBAS as well as a copy of your child's birth certificate or adoption order as soon as this information becomes available.
- You may also qualify for SUB Plan Benefits, which will require submitting Proof of Employment Insurance (EI) coverage. Contact the IBEW Local 353 Union Office for more information.

4. Leave Information

Leave Requested	Start Date (DD/MM/YYYY)	End Date (DD/MM/YYYY)
<input type="checkbox"/> I wish to apply for pregnancy leave on the following dates:		
<input type="checkbox"/> I wish to apply for parental leave on the following dates:		
Employer Name	Child Name	Child Date of Birth (DD/MM/YYYY)

I consent to the collection, use and disclosure of all information provided on this form for the purposes outlined in the TEIBAS Privacy Policy. I also certify that all of the information provided on this form is correct and accurate to the best of my knowledge.

Your Signature: _____ Date: _____ (DD/MM/YYYY)



Mail, fax, or scan and email to members@teibas.com

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