

**APPLICATION/AGREEMENT FORM  
SUPPLEMENTAL EMPLOYMENT BENEFITS (SEB) PLAN**

For OSSTF District 12 Employees

TO BE COMPLETED BY THE EMPLOYEE

In accordance with the terms and conditions of employment currently in force and the Supplemental Employment Benefits (SEB) Plan set out thereunder, I hereby request that the Board issue payment to me as follows as long as I remain in receipt of EI benefits from HRSDC:

<input type="checkbox"/> Pregnancy leave	<input type="checkbox"/> Parental/Adoption leave	<input type="checkbox"/> Family Medical leave, or <input type="checkbox"/> Critically ill Child Care Leave
<ul style="list-style-type: none"> <li>• One (1) week (waiting period) paid at 100% by the Board.</li> <li>• The following seven (7) weeks paid at 100%, less weekly EI payment.</li> <li>• Employees not eligible for EI benefits are entitled to 8 weeks at 100% salary.</li> </ul>	<ul style="list-style-type: none"> <li>• One (1) week (waiting period) paid at 90% of the insurable earnings, paid by the Board.</li> <li>• The following one (1) week paid at 90%, less EI payment.</li> <li>• Top-up payment of \$75 for up to 15 weeks of parental/adoption leave where applicable.</li> <li>• The first two weeks of Parental Leave the employee's EI benefits will be topped up to ensure the employee receives a weekly rate equal to 90% of the Teacher's weekly insurable earnings as determined by ESDC. This period may include a one week waiting period. If there is no waiting period it will be deemed to have been served and the teacher will receive the full two week entitlement as noted above</li> </ul>	<ul style="list-style-type: none"> <li>• One (1) week (waiting period) paid at 100% by the Board.</li> <li>• The following seven (7) weeks paid at 100%, less weekly EI payment.</li> </ul>

**I have attached the following:**

- a) proof of my eligibility to receive Employment Insurance pregnancy/adoption benefits from Service Canada including
- (1) the "start date of claim"
  - (2) dates for the "waiting period" if served
  - (3) the number of "weeks of maternity benefits paid".

**You can access the information on-line under "My Service Canada Account", or by obtaining a letter from Service Canada with this information.**

b) verification of the approval of my Employment Insurance claim indicating the weekly amount to be paid by Service Canada.

**[PLEASE PRINT]**

Name \_\_\_\_\_ Employee # \_\_\_\_\_

Address \_\_\_\_\_  
*Street # and name*

\_\_\_\_\_ *Apt. #* \_\_\_\_\_ *City* \_\_\_\_\_ *Postal Code*

Home telephone \_\_\_\_\_ Business telephone \_\_\_\_\_

Signature of employee \_\_\_\_\_ Date \_\_\_\_\_

Signature for the Board \_\_\_\_\_ Date \_\_\_\_\_

**NOTE: Please return completed form along with 1) The proof of eligibility and 2) Verification from Service Canada as outlined above to:**

**Payroll Services  
Toronto District School Board  
5050 Yonge Street, 4<sup>th</sup> Floor North York, Ontario M2N 5N8  
Fax # 416-395-8300**