

Maternity or Adoption Allowance Request



Please complete, sign and return to AccessHR GTA at the address below.

Employee first name:	Employee last name:	Employee ID:
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By signing below, I acknowledge and agree to the following:

1. I must be in an eligible employee group and have obtained a minimum of six months of continuous service with Canada Post in order to receive the maternity or adoption allowance.
2. To receive the maternity or adoption allowance, I must provide AccessHR GTA with proof of receipt of employment insurance (EI) or Quebec Parental Insurance Plan (QPIP) benefits. I will provide a copy of my EI benefit statement indicating the amount paid to me by Service Canada or QPIP.
3. The duration and amount of the allowance payable is set in my terms and conditions as a management/exempt employee, or my collective agreement as applicable. The maternity or adoption allowance will pay the equivalent of the difference between the maternity leave benefits paid by EI or QPIP and 93% of my regular salary. **The maternity allowance** may be payable for a maximum of 17 weeks. **The adoption allowance** may be payable for a maximum of 12 weeks.
4. If the amount of the benefit paid by EI or QPIP changes over the course of my leave, I will provide a copy of my EI or QPIP benefit statement to AccessHR GTA.
5. If I fail to return to work for a period of at least six months for any reason other than an approved leave, I will be responsible for reimbursing Canada Post the **full** amount received for the allowance within 30 days of the termination of my employment. I also authorize Canada Post to deduct the amount owing from any amounts paid to me upon the end of my employment.

I have read and understood the terms and conditions set out for this maternity or adoption Allowance Request.

Employee's signature:	Date: (YYYY-MM-DD)
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**AccessHR GTA Transaction Centre, Canada Post Corporation
4567 DIXIE ROAD
MISSISSAUGA ON L4W 1S2
AccessHRgta@canadapost.ca**