



**Living Sky School Division No. 202**  
*Growth Without Limits, Learning For All*

**5.27A**  
**SEB I - Application**  
**Supplemental Employment Benefits**

I hereby apply for Supplemental Employment Benefits in accordance with Living Sky School Division No. 202  
*Procedure #5.27 Human Resources: Supplemental Employment Benefits Plan for Non-teaching Staff.*

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LAST NAME

FIRST NAME

INITIAL

Expected date of birth of child \_\_\_\_\_ (M/D/Y)

- I understand that it is my responsibility to provide the Human Resources Department with information as it becomes available with respect to my claim using the following forms as required:

**Form 5.27B - SEB II. Presumptive Period – Practitioner’s Report**  
**Form 5.27C - SEB III. Extended – Practitioner’s Report**

- I understand that it is my responsibility to provide the Human Resources Department with a copy of the letter confirming the commencement and level of my EI benefits.

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EMPLOYEE SIGNATURE

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DATE

**For Central Office Use Only**

Approved maternity leave dates: \_\_\_\_\_

Date SEB application received: \_\_\_\_\_

Practitioner verification of date of birth of child received: \_\_\_\_\_

Medical evidence for extended benefit received: \_\_\_\_\_

Commencement of EI waiting period \_\_\_\_\_

Commencement of EI benefit period \_\_\_\_\_