



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.

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.

EMPLOYEE SIGNATURE

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 _____