

Form 8-II

# Confirmation of Date of Delivery, or Verification of Adoption or Surrogacy

Provincial Collective Bargaining Agreement – Supplemental Employment Benefits (8.5.1.2)

The information provided will be used solely to verify the date of delivery, or official date of adoption or surrogacy to support my claim for Supplemental Employment Benefits.

## Part I: Teacher Identification and Authorization

Last Name	First Name	Initial
<input type="text"/>	<input type="text"/>	<input type="text"/>

I hereby authorize the release of the information requested in Part 2 below to the relevant administrative personnel of the board of education of the  School Division to verify this claim for SEB Plan benefits in accordance with the Provincial Collective Bargaining Agreement.

Teacher's Signature	Date Signed
<input checked="" type="text"/>	<input type="text"/>
	(Day/Month/Year, e.g., 31 JAN 2000)

## Part II: Qualified Medical Practitioner's Statement (Confirmation of Delivery)

Actual date of delivery:   
(Day/Month/Year, e.g., 31 JAN 2000)

Name of Qualified Medical Practitioner	Phone
<input type="text"/>	( <input type="text"/> ) <input type="text"/>

Address of Qualified Medical Practitioner

City/Town	Province	Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Signature of Qualified Medical Practitioner	
<input checked="" type="text"/>	<input type="text"/>
	(Day/Month/Year, e.g., 31 JAN 2000)

## Part IIB: Verification of Adoption or Surrogacy Statement

Official date of adoption:   
(Day/Month/Year, e.g., 31 JAN 2000)

Documentation of adoption is included with this form.

Official surrogacy delivery date:   
(Day/Month/Year, e.g., 31 JAN 2000)

Documentation of surrogacy is included with this form.