

Parental Leave Program Consent and Declaration Form

To: The Ministry of Health (MOH)

And To: Doctors of BC

- I give consent and make this declaration in connection with my application for benefits under the Parental Leave Program (PLP).
- I hereby declare that:
 - I am a physician registered with the College of Physicians and Surgeons of British Columbia, and
 - I practice medicine in British Columbia.
- I understand that, in order for the Doctors of BC to administer the PLP and for the MOH to monitor the administration of the PLP, both the Doctors of BC and the MOH must know all amounts earned by me during the calendar year or in the twelve months prior to my leave and while I am receiving benefits under the PLP:
 - from MSP (fee-for-service income and/or LFP Payment Model income)
 - from MOH (sessional income)
 - from a non-salaried Service Contract
- To give effect to paragraphs 3 and 4 above,
 - I hereby authorize the MOH to disclose to the Doctors of BC the total amount of payments for services rendered by me during the calendar year or in the twelve months prior to my leave, all amounts paid to me while I am receiving benefits under the PLP.
 - I hereby authorize the Health Authority/Agencies to which I rendered services during the calendar year or in the twelve months prior to my leave to disclose to the Doctors of BC the total amount paid to me under the Sessional and/or Service Contract Agreement(s) during this period.
 - c. I hereby authorize the Doctors of BC to disclose to the MOH, and the MOH to collect from the Doctors of BC, all information in their possession relating to my benefits under the PLP, any information relating to my medical professional income during the calendar year or in the twelve months prior to my leave and while I am receiving benefits under the PLP; for the purposes of the administration or the monitoring of the PLP, including the recovery of any amounts under paragraph 5.
- I understand that if I receive a maternity, pregnancy or parental leave benefit from another provincial program in any week while receiving benefits under the PLP, I will not be eligible to receive a benefit for that week.

Name of Applicant (please print): _____

Signature of Applicant: _____

Date (mm/dd/yyyy): _____

The personal information on this form is collected only for the purposes of administration of the PLP.

Parental Leave Program Direct Deposit Form

Doctors of BC PLP benefit payments will be deposited directly into your bank account on a bi-weekly basis following online declaration. Please link your banking to PLP Benefit Payments on our website [here](#) (login required).

If you have already linked a bank account for the program previously, this same account will be used unless you change it on the website prior to payments being made.

If necessary, you can provide a copy of a void cheque for the bank account into which your benefit payments are to be deposited. If the payments are to be issued to your corporation, please include a copy of your certificate of incorporation if it has not been previously provided.

First and Last Name:

E-mail Address:
(for deposit confirmation)

Account Type: Corporate Personal

I hereby authorize the Doctors of BC to deposit my DOCTORS OF BC PLP benefit payments directly to my bank account. I have linked the appropriate bank account online or have attached a copy of a void cheque for the account to be used for this purpose.

Signature:

Date (mm/dd/yyyy):

Please email all completed forms to benefits@doctorsofbc.ca

Please note that Doctors of BC PLP benefit payments will not be made without receipt of this information.

If you have any questions regarding this procedure, please contact the Parental Leave Program Administrator:

T 604.638.2969

benefits@doctorsofbc.ca