



GOVERNMENT FUNDED PAID MATERNITY LEAVE SCHEME APPLICATION FORM

To be completed by the **Employee**

Please read **GUIDE SECTION** before completing this application.

1. APPLICANTS DETAILS *It is important that you complete this entire section*

First name: _____
 Surname: _____
 Date Of Birth: ____/____/____
 Marital status: Single De facto Married

2. CONTACT DETAILS

Island: _____ Village: _____
 Phone: _____ Mobile: _____ Fax: _____
 Email: _____
 Postal Address: _____

3. APPLICANTS EMPLOYMENT DETAIL *In order to determine your eligibility you must complete this entire section*

Are you: Employed Unemployed
 Sector of employment: Private Sector Public Service
 Type of employment: Full time Part time Casual
 Industry of employment: _____
 Name of Employer: _____
 (primary employment) _____
 Your position/ title: _____ Commencement date: ____/____/____
 Name of all other employers _____

4. RESIDENCY *You must provide proof of your residency status, refer to guidelines for more information*

I (the employee) am a:
 Cook Islander Cook Island Permanent Resident
 Spouse of Cook Islander or Permanent Resident Child of Cook Islander or Permanent Resident

5. OTHER

RMD Number: _____ CINSF Number: _____
 Expected Date of Delivery: _____ (you must provide medical certificate confirming EDD)

6. DECLARATION

I _____ declare that the information I have provided is true and complete.
 Signature _____ Date: _____

You must take your form to Revenue Management Division for verification

Revenue Management Division – Ministry of Finance and Economic Management

This is to verify that the applicant is a tax registered employee. RMD no _____

Name _____ Signed _____ Date stamp _____



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7. EMPLOYERS DETAILS

Name of Company or Business: _____
 Director/ Managers name: _____
 Business RMD Number: _____ Employees RMD Number: _____
 Contact person: _____

8. EMPLOYERS CONTACT DETAILS

Island: _____ Location: _____
 Phone: _____ Mobile: _____ Fax: _____
 Email: _____
 Postal Address: _____

9. EMPLOYERS BANK DETAILS *This is required so that the Ministry can deposit GFPML into your account for payment.*

Account Name: _____
 Account Number: _____

10. MATERNITY LEAVE DETAILS *This should be discussed with your employee*

Commencement Date: _____ Last day of leave: _____

11. EMPLOYERS CONTRIBUTION *(tick the options that apply to your employment arrangement with this employee)*

In addition to the Government Fund Paid Maternity Leave Scheme we will be providing our employee with:

Top up payment Extended paid leave Extended unpaid leave

12. CONFIRMATION OF EMPLOYMENT AND PAYMENT

I declare at the baby's expected date of birth that _____ (enter employees name) will have been employed by me for _____ year(s) _____ month(s) and I agree to pay GFPML to the employee during the dates set out in item 10.

Signed: _____ Date: _____

OFFICIAL USE ONLY

Outer Island date received: ____/____/____ Received by: _____ Office: _____
 Rarotonga date received: ____/____/____ Received by: _____ Office: _____

EMP EM UNE **RSD** CI **MFEM** YES VCHR NO. _____
 PRV PSE PR NO
 FT/PT CS CH/SP
 1E 2+ FW

Secretary Use only

Recommendation: Approve/ Decline
 Rec Officer: _____
 Signed: _____

Approved Declined Date: _____
 Signed: _____