



## **Employment Relations (Government Funded Paid Maternity Leave Scheme) Regulations 2013**

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**Sir Frederick Goodwin, KBE**

**Queen's Representative**

### **Order in Executive Council**

At Avarua, Rarotonga this

day of

2013

#### **Present:**

#### **His Excellency the Queen's Representative in Executive Council**

Pursuant to sections 41 and 88(1)(g) of the Employment Relations Act 2012, His Excellency the Queen's Representative, acting on the advice and with the consent of the Executive Council, makes the following regulations—

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#### **Schedule**

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### **Regulations**

- 1 Title**  
These regulations are the Employment Relations (Government Funded Maternity Leave) Regulations 2013
- 2 Commencement**  
These regulations come into force on the day after the date on which they are made.
- 3 Interpretation**
  - (1) In these regulations, unless the context otherwise requires,—  
**Act** means the Employment Relations Act 2012.
  - (2) Any term or expression that is defined in the Act and used, but not defined in these regulations has the same meaning as in the Act.

**4 Application for payment of maternity leave**

- (1) Every application for payment of maternity leave must be lodged with the Ministry at least 1 month before the applicant intends to take maternity leave.
- (2) Every application must be in the form prescribed in the Schedule.
- (3) Every application must be accompanied by proof of—
  - (a) identity; and
  - (b) residency; and
  - (c) expected date of birth for child.
- (4) The Secretary may prescribe the accepted forms of proof as required under subclause (3).
- (5) An employer must fill in all relevant sections of an application when requested by the applicant.

**5 Payments are to be made by the Employer**

- (1) If the application is approved by the Secretary, payment of maternity leave will be made by the Ministry to the employer.
- (2) The employer must deduct from the payment of maternity leave, tax and superannuation amounts as required by the Income Tax Act 1997 and Cook Islands National Superannuation Fund Act 2000 respectively.
- (3) The employer must pay the applicant the net amount of payment of maternity leave directly and in the usual manner the applicant is paid, unless otherwise agreed upon by the employer and applicant.

**6 Review of application**

- (1) If the Secretary declines an application, he or she must notify the applicant and state the grounds for that decision.
- (2) The applicant may request the Secretary to review his or her decision within 7 days of receiving notification under subclause 1.
- (3) The Secretary may request for additional information in support on the application before he or she reviews the application.
- (4) The Secretary must notify the applicant of his or her final conclusion.

**7 Offences**

- (1) A person commits an offence against these regulations if the person gives false or misleading information, or omits information with the intention to mislead.
- (2) A person who commits an offence under subclause (1) is liable, on conviction to a fine not exceeding \$1000 if an employee, or a fine not exceeding \$5000 if an employer.

**8 Transitional provision**

Despite regulation 4 the Secretary may waive the prescribed time period for the lodgement of an application on a case by case basis, where the Secretary is satisfied the applicant cannot meet that requirement.

## Schedule



### 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 MFEM – Revenue Management Division for verification*

#### **Ministry of Finance and Economic Management – Revenue Management Division**

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

Name \_\_\_\_\_ Signed \_\_\_\_\_ Date stamp \_\_\_\_\_



**GOVERNMENT FUNDED PAID MATERNITY LEAVE SCHEME  
APPLICATION FORM**

To be completed by the **Employer**

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

**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**  
 Receiving Officer:  
 Signed: \_\_\_\_\_

**Approved      Declined      Date:** \_\_\_\_\_  
 Signed: \_\_\_\_\_

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**Clerk of the Executive Council**

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These regulations are administered by the Ministry of Internal Affairs  
These regulations were made on the \_\_\_\_\_ day of \_\_\_\_\_ December 2013.

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