



GOVERNMENT FUNDED PAID MATERNITY LEAVE SCHEME

- Do you qualify for Government Funded Paid Maternity Leave (GFPML)
- Do you know when your maternity leave will start
- Your employer also needs to fill in this form.
- You must apply for the Government Funded Paid Maternity Leave BEFORE you take leave
- The payments will be directly credited to your bank account by your employer
- Government Funded Paid Maternity Leave will be paid at the minimum wage rate for 40 hours per week for a total of 6 weeks.
- Paid Maternity Leave is effective from **1 January 2013**

What is Government Funded Paid maternity Leave?

Paid maternity leave is a government funded entitlement paid to eligible working-women in the Cook Islands while they take leave from their job(s) to recover from giving birth to a baby.

Who is eligible for Government Funded Paid maternity leave?

To be eligible for the Government funded paid maternity leave, the employee must:

- be pregnant; and
- be a Cook Islander or
- hold permanent resident status, or
- be the spouse or child of a Cook Islander or person who holds permanent resident status;

- be a tax registered employee working in the Cook Islands as a full time or part time employee in the private sector at the time of birth

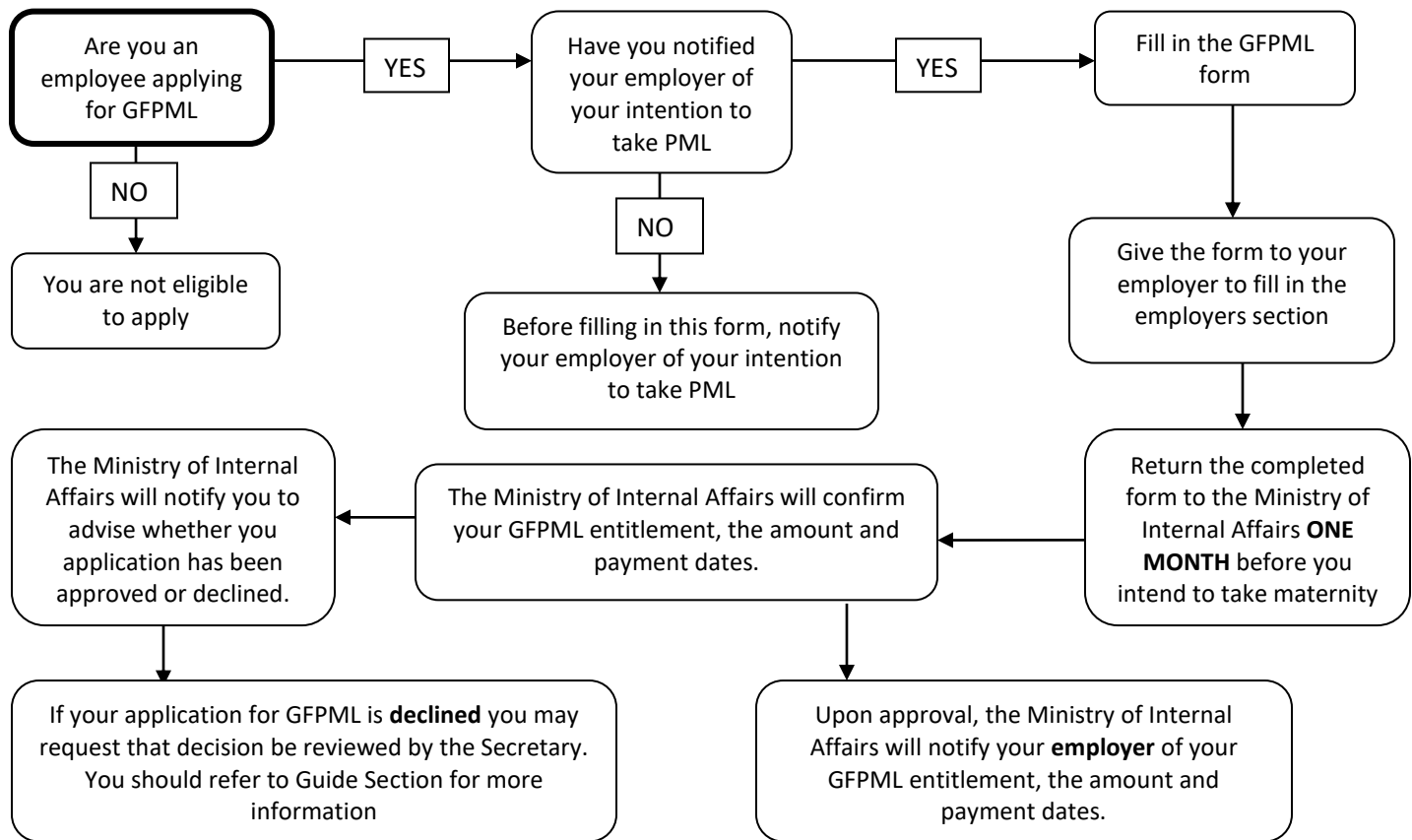
Who doesn't qualify for Government Funded Paid Maternity Leave?

- Public servants (*refer to Public Service Commission*)
- Casual Workers
- Foreign workers (*you may be entitled to Employer Funded Paid Maternity Leave*)

A foreign worker means an employee who is not

- (a) a Cook Islander; or
- (b) a permanent resident; or
- (c) the child or spouse of a Cook Islander or permanent resident

HOW TO APPLY FOR GOVERNMENT FUNDED PAID MATERNITY LEAVE





GOVERNMENT FUNDED PAID MATERNITY LEAVE SCHEME

GUIDE SECTION

GENERAL INFORMATION

You are only entitled to Government Funded Paid Maternity Leave (GFPML) payments if you satisfy the eligibility criteria. You can not transfer the Government funded maternity leave payments to your spouse.

WHEN SHOULD I FILE MY APPLICATION FOR GFPML

In order to avoid delays in processing your application and payment, you should file your application for GFPML no less than **ONE MONTH** before the day you commence leave.

WHEN WILL MY GFPML PAYMENTS BEGIN

If your application for GFPML is approved your GFPML entitlement will be credited to your employer. GFPML payments will be paid to you by your employer and should be paid as per your regular pay periods.

Your first payment should start from the date your PML starts.

TAX AND SUPERANNUATION DEDUCTIONS

Your employer is required to deduct tax and superannuation from your GFPML payments; the net will be directly credited into your bank account by your employer.

LENGTH OF TIME YOU WILL BE PAID

You will receive GFPML for a period of 6 weeks.

PENALTIES

It's an offence to give false and misleading information, or don't provide information with the intention to mislead, to enable you or another person to be entitled to GFPML. There is a fine of up to \$1000.00 for an employee and \$5000.00 for an employer convicted of this offence.

NOTES FOR EMPLOYEES

Note 1: Applicants details

You must ensure all questions in this section are completed. You are also required to provide proof of your identity; this may include but is not limited to your Cook Islands Drivers License and Passport.

Note 2: Contact details

You must ensure that your full contact details have been provided.

Note 3: Applicants employment details

You must disclose your full employment details; this also includes any secondary employment you have.

Note 4: Residency

You must provide proof of your residency; this may include but is not limited to your passport, permanent resident certificate, and proof of partnership.

If you are a Cook Islander and do not have a passport the Ministry will accept a birth certificate and/or genealogy.

If you are the partner of a Cook Islander or Permanent Resident you will need to provide proof of your partnership such as evidence of shared bank accounts, bills, and commitment to a life together.

Note 5: Other

You must provide your RMD number.

You must indicate the child's date of birth or expected due date (EDD). You will need to attached to your application a EDD certificate from a Medical Practitioner.

Note 6: Declaration

This is to confirm that the information you have provided is true and complete to the best of your knowledge.

Note 7: Ministry of Finance & Economic Management – RMD.

It is important that you take your application to MFEM to verify you are a tax registered employee.

REVIEW OF DECISION

If your application for GFPML is declined the Ministry will write to you to advise why your application was not successful.

If you do not agree with the decision, you may write to the Secretary of Internal Affairs within 5 days to seek a review (appeal)

In your request to review the decision you must set out the grounds of your appeal, respond to all the reasons identified by the Ministry and provide supporting information.

The Secretary will review your request and make a decision.

NOTES FOR EMPLOYERS

Note 8: Employers Details & Contact Details

Enter the company/ business details and ensure you have provided the RMD number for your company/ business & employee.

Note 9: Employers Bank Details

GFPML payments for your employee will be paid into your Cook Islands bank account for you to disburse to the employee. Please enter the bank account number you want the payments to go to.

Note 10: Maternity Leave Details

Please enter the commencement date of the employee's maternity leave. This will be start date of their GFPML payment period.

Note 11: Employers Contribution (OPTIONAL)

State any applicable options that you may provide to your employee either by top-up payment, extended paid or unpaid leave.

Note 12: Confirmation of Employment & Payment

As the applicant's employer you must confirm she is employed by you. You will also guarantee that you will make payment of the GFPML to your employee during the prescribed leave she applied for or at least within the six weeks of her maternity leave.

Developed by: The Ministry of Internal Affairs PO Box 98, RAROTONGA



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 _____



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
 Rec Officer: _____
 Signed: _____

Approved Declined Date: _____
 Signed: _____