



PARENTAL LEAVE ASSISTANCE PROGRAM FOR LAWYERS

APPLICATION FOR BENEFITS

Effective January 1, 2014

Please complete all relevant sections of the application and sworn affidavit with this application form, and enclose the required documents, and forward to the Parental Leave Assistance Program Administrator at the Law Society of Ontario, Osgoode Hall, 130 Queen Street West, Toronto, Ontario, M5H 2N6. Incomplete applications may result in delays to your benefit payments.

Please note that all lawyers have access to the Law Society's Coach and Advisor Network. The Law Society's Coach and Advisor Network (CAN) provides lawyers and paralegals with access to shorter-term, outcome-oriented relationships with Coaches and Advisors drawn from the professions. Please consult the following website to find out more: <https://lso.ca/lawyers/practice-supports-and-resources/coach-and-advisor-network>

APPLICANT INFORMATION

Last Name: _____ Given Name(s): _____

Lawyer Member Number: _____ Social Insurance Number: _____

Address: _____

Street

Apt.

City

Postal Code

Telephone: _____ Alternate Telephone: _____

Email: _____

OTHER PARENT INFORMATION

If the other parent is also applying for benefits under the Parental Leave Assistance Program for Lawyers, please provide the following information:

Last Name: _____ Given Name(s): _____

Lawyer Member Number: _____

Please note that if the other parent is applying for benefits under the Parental Leave Assistance Program for Lawyers, the other parent should complete and sign a separate application form and sworn affidavit and return all the documentation to the Law Society of Ontario in one package.

AFFIDAVIT

I, [full name] _____, of the (City, Town, etc.) of _____

in the (County, Regional Municipality, etc.) of _____

affirm that:

1. I have reviewed the Guidelines and Criteria for Eligibility of the Parental Leave Assistance Program (PLAP) for Lawyers established by the Law Society of Ontario;
2. I am a member in good standing of the Law Society of Ontario;
3. I am a sole practitioner or a partner in a firm of five lawyers or less;
4. I have an active law practice with a business address in Ontario that is not a Post Office (PO) box;
5. I have insurance against professional liability with respect to my law practice in Ontario;
6. I earned income from providing legal services, advice, or opinions to clients for a period beginning on _____ and ending at the earliest of the following applicable events (the "Event") (check the appropriate box):
 - the date of birth of my child;
 - in the case of an adoption, the date upon which my child was placed with me;
 - the date of a stillbirth or miscarriage after the 19th week of gestation;
 - the date upon which I, on the advice of a physician or a midwife because of complications caused by my pregnancy, ceased to practise law;

7. For the 12 month period immediately preceding the Event described at paragraph 6, I have had the following:

Practice Revenues

Fees Earned ¹	\$ _____
Other revenue related to your overall practice (please specify and indicate amount)	
_____	\$ _____
_____	\$ _____
Total Practice Revenues \$	0.00

Practice Expenses²

Accounting/Bookkeeping Services.....	\$ _____
Administrative Salary Costs.....	\$ _____
Advertising.....	\$ _____
Bank Charges.....	\$ _____
Errors and Omission Insurance and Annual Fees.....	\$ _____
Meals & Entertainment.....	\$ _____
Office Expenses (supplies, postage, printing, etc.).....	\$ _____
Rent/Lease.....	\$ _____
Searches, etc.	\$ _____
Utilities (heat, electrical, etc.).....	\$ _____
Other (please specify and indicate amount).....	
_____	\$ _____
_____	\$ _____
Total Practice Expenses \$	0.00

Net Practice Income \$ 0.00

¹ Regardless of whether billed or not.

² Operational/overhead expenses incurred, whether or not paid in the period, excluding any expenses incurred for personal benefit, e.g. wages or salary paid to self.

8. I have no access to any maternity, parental or adoption financial benefit programs under either public or private plans as described in the PLAP Guidelines and the Criteria for Eligibility;
9. I will cease to engage in remunerative work and cease to practice law during the leave for which I am receiving payments under the PLAP. It is the lawyer's responsibility to notify the Law Society immediately regarding a change in status.

I have reported the duration of my leave through the [Law Society Portal](#)

10. Please note that benefits are only paid for full weeks with Sunday as the first day of the week. I seek benefits to start on Sunday, _____/_____/_____
mm dd yyyy

11. I seek benefits for the following number of weeks (maximum 12 weeks): _____

12. I will be on leave as described in the PLAP Guidelines and Criteria for Eligibility and I apply for the following benefits (fill in the appropriate line):

Birth of child:

The child for which I am taking leave under the PLAP guidelines was born on:

_____/_____/_____
mm dd yyyy

OR

Leave based on medical advice:

On the advice of my physician or midwife the date on which I ceased to engage in remunerative work and to practise law before the delivery of the child for which I am taking a leave under the PLAP guidelines was:

_____/_____/_____
mm dd yyyy

OR

Interruption of pregnancy:

The date of interruption of pregnancy due to stillbirth or miscarriage after 19 weeks of gestation was:

_____/_____/_____
mm dd yyyy

OR

Adoption of child

The date upon which the child for which I am taking leave under the PLAP guidelines was placed with me:

____/____/____
mm dd yyyy

13.I understand that if my application is approved, benefits will be paid to me by electronic funds transfer (EFT) on a bi-weekly basis and that partial weeks are not eligible for benefits. In order to allow the Law Society of Ontario to process my payments, should my application be approved, I am enclosing both of the following required documents:

A certified copy of my Social Insurance Number card³

A void cheque for the bank account to be used to deposit benefit payments

14.I understand that the Law Society of Ontario may require information from the Lawyers' Professional Indemnity Company or another insurer for the purposes of determining my eligibility for benefits under PLAP. I authorize the Lawyers' Professional Indemnity Company and _____ to provide the Law
Name of other insurer, if applicable
Society of Ontario any information that may be needed for the purposes of determining my eligibility for benefits under PLAP;

15.I understand that I am responsible for notifying the Law Society of Ontario immediately of any changes in my leave period. If the change in my leave period results in an overpayment of benefits, I agree to pay the Law Society of Ontario;

16.I understand that if the Law Society of Ontario determines that I was not in fact entitled to receive payments of benefits under PLAP, the Law Society of Ontario may request the repayment of the benefits paid to me. Where the Law Society of Ontario requests the repayment of benefits paid to me, I shall promptly repay the benefits;

17.I understand that a T4 will be issued to me by the end of February of the year following any year in which payments under the PLAP are made and that the payments received under the PLAP are intended to be business income replacement amounts and are taxable as such. I also understand that submitted documents will not be returned to the applicants;

³ A copy of the SIN should be certified by a licensed lawyer (other than yourself) or another individual who is approved by the Ministry of Attorney General as a commissioner for taking affidavits.

18. The information on this form is true and complete; and

19. I will inform the Law Society of Ontario of any event or any circumstances (such as my return to work) that might change my eligibility to receive benefits under the Parental Leave Assistance Program for Lawyers established by the Law Society of Ontario.

Sworn (or Affirmed) before me at the (City, Town, etc.) of

in the (County, Regional Municipality, etc.) of

on (date) _____

(Signature of Witness)

(Print Name of Witness)

(Membership No. – if applicable)

(Signature of Applicant)

Please note that this form is not a notice of change of status to the Law Society of Ontario. To change your status, please contact the Law Society's Resource Centre at 416-947-3315 or 1-800-668-7380 ext. 3315. You may also report the duration of your leave through the [Law Society Portal](#).