



Employment Relations (Government Funded Paid Maternity Leave Scheme) Regulations 2012

Sir Frederick Goodwin, KBE

Queen's Representative

Order in Executive Council

At Avarua, Rarotonga this 19th day of December 2012

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

Regulations

- 1 **Title**
These regulations are the Employment Relations (Government Funded Maternity Leave) Regulations 2012.
- 2 **Commencement**
These regulations come into force on the day after the date on which they are made.

Price \$3.00

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: ____/____/____

Rarotonga date received: ____/____/____

Received by: _____

Received by: _____

Office: _____

Office: _____

EMP

☐ EM

☐ UNE

RSD

☐ CI

MFEM

☐ YES

VCHR NO.

☐ PRV

☐ PSE

☐ PR

☐ NO

☐ FT/PT

☐ CS

☐ CH/SP

☐ 1E

☐ 2+

☐ FW

Recommendation: Approve/ Decline

Receiving Officer:

Signed: _____

Secretary Use only

Approved Declined

Date: _____

Signed: _____

Aukino Tairea

Acting **Clerk of the Executive Council**

These regulations are administered by the Ministry of Internal Affairs

These regulations were made on the _____ day of _____ December 2012.