



## Medical Certificate for Employment Insurance Compassionate Care Benefits Background Information

Employment Insurance Compassionate Care benefits provide temporary income support to eligible individuals who take time away from work to provide end-of-life care or support to a family member of any age who has a significant risk of dying within six months. Benefits are available for up to 26 weeks (six months) from the date you provide on the form.

The claimant must submit a medical certificate attesting that the family member has a serious medical condition and a **significant risk of death in the next 26 weeks (6 months)**, and requires the care or support of one or more family members. The medical certificate must be signed by a medical doctor or nurse practitioner. Only one medical certificate needs to be completed, even if two or more caregivers intend to claim benefits.

### Definition of "care" and "support"

For the purpose of this benefit, "care" means all care that the patient needs because of their state of health, other than the care provided by a health care professional. "Support" means all psychological or emotional support that the patient needs because of their state of health.

### Guidance for medical doctors and nurse practitioners

Caregivers of patients who do not have a significant risk of death within six months may be eligible for Employment Insurance Family Caregiver benefits which are available to eligible claimants who are providing care or support to critically ill or injured family member. For the purposes of EI Family Caregiver benefits, a "critically ill child" or "critically ill adult" is one whose baseline state of health has changed significantly and whose life is at risk as a result of illness or injury. It is not necessary for there to be a significant risk of death in the next 26 weeks to be eligible for EI Family Caregiver benefits. If you think that Family caregiver benefits are more appropriate given the health status of your patient, please complete the medical certificate available at: <http://catalogue.servicecanada.gc.ca/apps/EForms/pdf/en/SC-INS5242B.pdf>

### This form must be completed by a medical doctor or nurse practitioner.

The **Authorization to Release a Medical Certificate for Compassionate Care Benefits** is a separate form and will be provided by the individual requesting that you complete this medical certificate. This certificate and the Authorization to Release a Medical Certificate form must be submitted together when a claim for Compassionate Care benefits is made.

**Note:** For the purposes of Compassionate Care benefits, the following definitions apply:

- "care" means all care that is required because of a patient's state of health, other than the care provided by a health care professional;
- "support" means all psychological or emotional support that is required because of a patient's state of health.

## Medical Certificate for Employment Insurance Compassionate Care Benefits

A. Patient's last name \_\_\_\_\_ Patient's given name(s) \_\_\_\_\_ Date of birth (yyyy-mm-dd) \_\_\_\_\_

B. I last examined the patient on \_\_\_\_\_ and certify that:  
(yyyy-mm-dd)

- |  |     |    |
|--|-----|----|
| 1. The patient has a serious medical condition <b>and</b> a significant risk of death within the next 26 weeks (six months). | Yes | No |
| 2. The patient requires the care and/or support of one or more family members over the next six months.                      | Yes | No |

C. Compassionate Care benefits are payable to eligible family members from the date in **B** above or the week this medical is signed. In some situations, these benefits are being requested for an earlier period of time and may be payable for this period if you certify that the both conditions in **B** above applied to your patient for an earlier period of time.

- |  |     |    |
|--|-----|----|
| 3. Did the two conditions in B above apply to your patient for an earlier period within the last six months? | Yes | No |
| If yes, please provide the earlier date (yyyy-mm-dd) _____   |     |    |

D. In my professional opinion and to the best of my knowledge, the patient identified above is **unable** to give consent to the release of medical information because he or she is below the age of majority, or because of a physical or mental condition. Yes No

If yes, please elaborate:

\_\_\_\_\_  
Signature (Medical doctor or nurse practitioner)

\_\_\_\_\_  
Date (yyyy-mm-dd)

Select one: I am a medical doctor      I am a nurse practitioner

### Contact Information (To be completed by all medical doctors and nurse practitioners)

Name		Licence/Registration number	
Apartment number	Street number and name		City or town
Province, territory or state	Country	Postal or ZIP code	Phone number

### Medical doctors and nurse practitioners outside Canada must also provide the following information:

University where certificate obtained	Year certificate obtained	Country of practice
Hospital or clinic affiliation		License or registration number

The information provided on this form is collected by Employment and Social Development Canada under the authority of the EI Act to determine the eligibility for Compassionate Care benefits of one or more caregivers. For more information about Compassionate Care benefits, go to [canada.ca](http://canada.ca)

The personal information collected is administered in accordance with the Department of Employment and Social Development Act and the Privacy Act. Individuals have the right to the protection of and access to their personal information. Information will be retained for 6 years after the last administrative action, as described in Personal Information Bank, Insurance Claim File - Local Office, ESDC PPU 150. Instructions for obtaining this information are outlined in the government publication entitled "Info Source", which is available at the following address: <http://canada.ca/infosource-ESDC>. Info Source may also be accessed online at any Service Canada Centre.