



Instructions for the completion of MSI Safe Maternity Program Forms

Forms	Directions
MSI-2 Employer's Form	This form must be completely filled out and signed by the employer. Ensure that it is signed and dated by both the representative completing the report and employer. The employer must provide an official pay stub or written proof of income.
MSI-4 Safe Maternity Program	This form must be completely filled out by the claimant (pregnant worker) under SECTION A-PATIENT'S INFORMATION, and the physician under SECTION B- PHYSICIAN'S INFORMATION. Ensure that it is signed and dated by both the claimant (pregnant worker) and the physician on the bottom of the page.
MSI-21 Temporary Work Assignment Form	This form must be completely filled out by the Claimant (pregnant worker), the employer and the physician. Ensure that the physician signed and dated the bottom of the form.

All completed forms are to be hand delivered by the claimant to the MSI Claims Officer. Failure to complete all information and required signatures on the MSI forms will not be reviewed.

The mere fact that you are making a claim to MSI does not guarantee a positive response, in some circumstances an investigation may proceed the processing of a claim.

* There is normally a fee charged from the physician at the hospital/clinic for completing the form(s), pay the fee and get a receipt, which you will be reimbursed by MSI.

If you have any questions, please contact Lorna Delaronde at 450-632-9595 ext. 61329