

Application form for Maternity Benefit



Submit this form at least 6 weeks (12 weeks if self-employed) before you intend to start maternity leave.

Do not submit this form more than 16 weeks before the start of your maternity leave.

- Employees:**
- Complete Parts 1, 2, 3, 6 to 9 and 11
 - Have your employer complete and stamp Part 4.
- Self-employed:**
- Complete Parts 1, 2, 5 to 9 and 11.

Remember, your doctor must complete and stamp Part 10.

- Please use BLOCK LETTERS and place a tick (✓) in the boxes provided.
- Please answer all questions. If some questions do not apply to you, draw a line through the answer box.
- If you fail to answer all questions, your application will be delayed.

Part 1

Your own details

Please state:

Mrs.
 Ms.
 Other _____
Please specify

1. What is your full name?

Last name
First name(s)

2. What is your birth surname (your surname before you married)?

3. What is your address?

4. What is your telephone number?

Code Number

5. What is your date of birth?

Day
 Month
 Year

6. What is your Personal Public Service Number (PPS No.)?

Figures						Letter(s)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

7. Are you....?

Married
 Single
 Separated
 Widowed
 Divorced
 Cohabiting

8. If you are married, when did you marry?

Day
 Month
 Year

9. Are you employed at present?

 Yes No

You are 'employed' when you work for another person or company and you get paid for this work.

If 'Yes', please state:

Who you work for:

Employer's name

Address

Their telephone number:

Code

Number

Your occupation:

Your gross weekly pay:

€

a week

'Gross pay' is your pay before tax, PRSI, union dues or other deductions.

10. If you have left work, when did you leave?

Day

Month

Year

Please enclose a copy of your P45 showing the date you left work.

Who did you work for?

Employer's name

Address

What is their telephone number?

Code

Number

What was your occupation?

11. If you started work within the last 3 years, when did you start?

Day

Month

Year

12. Are you related to your employer?

 Yes No

If 'Yes', how you are related to them?

If you are an employee your employer must complete Part 4. —>

Employers: please read the following information before answering questions 13 to 16.

- A woman should apply for Maternity Benefit 6 weeks before she starts her maternity leave.
- If this form is completed early, you can forecast your employee's PRSI contributions up to the date she starts maternity leave.
- To qualify for the maximum period of 26 weeks maternity leave, an employee must take at least 2 weeks before the end of the week in which her baby is due.
- You must complete the 'From' and 'To' dates for the period of maternity leave, whether or not the employee is returning to work.
- Please make sure you sign and stamp this part of the form.
- If your employee has been working for you for less than 12 months before the start of her maternity leave, please forward a copy of her P45 from her previous employment.

13. What is your employee's full name?

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14. What is her PPS No?

Figures						Letter(s)	

15. Please give details of your employee's PRSI record for the 12 month period immediately before her maternity leave starts.

Period of employment						Number of weeks	PRSI class
From			To				
Day	Month	Year	Day	Month	Year		

If your employee has more than one class of PRSI (for example, if their PRSI changed from Class A to Class J), please give details.

Periods of employment						Number of weeks	PRSI class
From			To				
Day	Month	Year	Day	Month	Year		

16. Please give full details of your employee's maternity leave dates.

From Day Month Year

To Day Month Year

I/We certify that the employee is entitled to the period of maternity leave stated above.

Signed by or for employer

Signature (not block letters)
Position in company or organisation
Employer's registered number
Telephone number Code Number

Employer's official stamp
Date

Warning

If you make a false or misleading statement to obtain Maternity Benefit for another person, you may face a fine, a prison sentence of up to 3 years, or both.

17. Are you or have you ever been self-employed?

 Yes

 No

You are 'self-employed' when you work for yourself.

If 'Yes', please state:

Your occupation:

When you started self-employment:

 Day Month Year

If you are no longer self-employed, when were you last self-employed?

 Day Month Year

If you recently started self-employment, please send confirmation of registration from Revenue.

18. Please give details of your self-employment:

Business name

Address

Your telephone number:

Code

Number:

Your business registration number:

19. When do you intend to start maternity leave?

 Day Month Year

20. What date do you intend to return to self-employment after your maternity leave?

 Day Month Year

21. Is your company a limited company?

 Yes

 No

If 'Yes', attach a copy of your P35 for the appropriate year(s).

22. Are you a sole trader?

 Yes

 No

If 'Yes', attach a Notice of Assessment of Tax for the appropriate tax year(s).

Remember to send in the relevant certificates and documents with this application.

Part 6

Work details in another EU country

23. Have you ever been employed in an EU country other than Ireland? Yes No

If 'Yes', complete the following:

Country where you worked	Your employer's name and address	Dates you worked there		Your Social Security Number there
		From	To	

24. Have you been employed in Ireland since you returned? Yes No

Part 7

Other claim details

If you have received any social welfare payments (other than Child Benefit) in the last 2 years, you may be entitled to credited contributions ('credits') to help you qualify for Maternity Benefit.

25. Have you 'signed' for Jobseeker's Benefit or Allowance* or for 'credits' during the last 2 years? Yes No

*formerly known as Unemployment Benefit/Assistance

If 'Yes', please state:

Date you last signed: Day Month Year

Name and address of local Social Welfare Office you attended:

Local Social Welfare Office
Address

26. Are you getting any other payment(s) from the Department of Social and Family Affairs? Yes No

If 'Yes', please state:

Type of payment:

Claim or reference number:

Amount you get: € a week

27. Are you getting a payment from the Health Service Executive (HSE)? Yes No

If 'Yes', please state:

Type of payment:

Name of HSE office that pays you:

28. What is your spouse's or partner's full name?

Last name
First name(s)

29. What is their PPS Number?

Figures							Letter(s)	

30. Is your spouse or partner in employment?

Yes No

31. What is their gross weekly income?

'Gross income' is their pay before tax, PRSI, union dues or other deductions.

If they are earning less than €280.00 a week, please state their gross weekly income and send in their last 6 payslips, as you may get a higher rate of payment.

€	per week
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32. Is your spouse or partner getting a weekly payment from...?

the Department of Social and Family Affairs

Yes No

or

the Health Service Executive

Yes No

If 'Yes', please state:

Type of payment:

Payment 1	Payment 2

Amount they get:

€	€
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Their claim or reference number:

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Name of office or HSE office that pays them:

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To help us to work out the correct amount of Maternity Benefit for you, you must give details of your child dependants (your children under age 18 or aged between 18 and 22 in full-time education).

33. Do you have a child or children under age 18 or aged between 18 and 22 in full-time education? Yes No

If 'Yes', please give details here, starting with your eldest child:

Child's last name	Child's first name(s)	Date of birth			Relationship to you	Is this child living with you?
		Day	Month	Year		

Your doctor should complete this section within 16 weeks of your due date.

To I certify that I have examined you and
(Name of applicant)

that in my opinion you may expect to give birth on Day Month Year

Date of examination Day Month Year

Doctor's signature:
(not block letters)

Address

Doctor's Official Stamp

I wish to apply for Maternity Benefit.

The information I have given is true and complete. I will tell you if there is any change in my details.

Signed
(not block letters)

Date

If you cannot sign, make a mark and have it witnessed. The witness should sign below:

Signed
(not block letters)

Date

Address of witness

Warning: If you make a false statement or withhold information you can face a fine, a prison sentence or both.

Send this completed application form at least 6 weeks (12 weeks if you are self-employed) before you start maternity leave to:

Maternity Benefit Section
Social Welfare Services Office
St. Oliver Plunkett Road
Letterkenny
Co. Donegal
Telephone: LoCall 1890 690 690

If you need help to fill in this form, please phone us at the telephone number above or call to your local Social Welfare Office.

If you are self-employed remember to send in the relevant documentation with this application.

Checklist

1. **Has your employer completed Part 4?**
2. **Has your doctor completed Part 10 within 16 weeks of your due date?**
3. **Have you signed the declaration at Part 11 above?**





DATA PROTECTION AND FREEDOM OF INFORMATION

We, the Department of Social and Family Affairs, will treat all information and personal data you give as confidential. We will only disclose it to other people or bodies in accordance with law. We are responsible for it under the Data Protection Act and Freedom of Information Act.

Explanations and terms used in this form are intended as a guide only and do not purport to be a legal interpretation.