# Application form for Maternity Benefit



#### How to complete application form for Maternity Benefit.

- Please tear off this page and use as a guide to filling in this form.
- Please use **BLACK** ball point pen.
- Please use BLOCK LETTERS and place an X in the relevant boxes.
- Please answer **all questions** that apply to you. If a question does not apply to you, please leave the answer area blank.
- You need a Personal Public Service Number (PPS No.) before you apply.

If you are an employee fill in **Parts 1, 2, 3, 5, 7 and 8** as they apply to you. You should have **your employer** complete **Part 4**. You should have your **doctor** complete **Part 6**. When form is completed, read **Part 9** and sign declaration in **Part 1**.

If you are self-employed you fill in **Parts 1, 2, 3, 5, 7 and 8** as they apply to you. You should have your doctor complete **Part 6**. When form is completed, read **Part 9** and sign declaration in **Part 1**.

If you need any help to complete this form, please contact your local Social Welfare Office or Citizens Information Centre.

For more information, log on to www.welfare.ie.

#### **Important:**

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

Please do not submit this form more than 16 weeks before the end of the week in which your baby is due.

## How to fill in first page of this form

To help us in processing your claim:

- Print letters and numbers clearly.
- Use one box for each character (letter or number).

Please see example below.

1.	Your PPS No.:	1	2	3	4	5	6	7	T									
2.	<b>Title:</b> (insert an 'X' or specify)	Mr.			Mrs	5. X		Ms				C	)the	er				
3.	Surname:	M	U	R	P	Н	Y											
4.	First name(s):	M	Α	U	R	Ε	Е	N										
5.	Your first name as it appears on your birth certificate:	M	A	R	Y													
6.	Birth surname:	M	С	D	E	R	M	0	T	Т								
7.	Your mother's birth surname:	K	Ε	L	L	Y												
8.	Your date of birth:	<b>2</b> D	8 D		<b>0</b>	2 M		1 Y	9 Y	7 Y	0 Y							
					Co	nt	act	D	eta	ils								
	.,				_				_	_	_	_	_					

9. Your address:	1		N	Ε	W		S	T	R	Ε	Е	Т				
	0	L	D		T	0	W	N								
	С	0		D	0	N	Ε	G	Α	L						
10.Your telephone number:	0	1	7	0	4	3	0	0	0							

0	8	6	1	2	3	4	5	6	7		
LΑ	NI	DL	ΙN	Е							

MOBILE

11. Your email address:



## Application form for

## Maternity Benefit



Part 1	Your own details
1. Your PPS No.:	
<b>2. Title:</b> (insert an 'X' or specify)	Mr. Mrs. Other
3. Surname:	
4. First name(s):	
5. Your first name as it appears on your birth certificate:	
6. Birth surname:	
7. Your mother's birth surname:	
8. Your date of birth:	D D M M Y Y Y Y
	Contact Details
0 V	
9. Your address:	
10.Your telephone number:	
	LANDLINE
	MOBILE
11. Your email address:	
	Declaration
I declare that all the information	I have given on this form is accurate.
	my means or circumstances change.
	Date: 2 0
	D D M M Y Y Y Y
Signature (not block letters)	

Warning: If you make a false statement or withhold information, you may be prosecuted leading to a fine, a prison term or both.



Part 1 continued	Your own details
12.Are you?	Single Widowed Remarried Divorced  Married Cohabiting Separated
13.If you are married or cohabiting, from what date?	D D M M Y Y Y Y
Part 2	Your work and claim details
14. Are you employed at present? You are 'employed' when you follow the presents of the presen	Yes No ou work for another person or company and you get paid for this work.
Employer's name:	
Employer's address:	
Employer's telephone number:	LANDLINE MOBILE
Job title:	
Gross weekly earnings: €	'Gross pay' is your pay before tax, PRSI, union dues or other deductions
Do you currently have more than one employment?  Please note that if you have	Yes No e more than one employer, each employer must complete <b>Part 4</b> .
	letter containing the same information will do.
15.If you have left work, please state the date you left?	D D M M Y Y Y Y
	Please enclose a copy of your P45 showing the date you left work.
Your last employer's name:	
Their address:	



Part 2 continued	)	(01	1r	WC	rk	aı	nd	cla	ain	n c	let	ail	S							
Employer's telephone															L	ANI	DLII	NE		
number:															М	ОВ	ILE			
Job title:																				
16.If you started work within the last 3 years, when did you start?	D	D		M	M		Υ	Υ	Y	Υ										
17.Are you related to your employer?		Ye	S				No													
If 'Yes', how are you related to them?	If y	011	are	an	emi	nlov	/66	VOI	ır e	mnl	OVE	er(c)	mı	ıct	con	nnle	ete	Par	t 4	
18.If you are getting a pension																ipiv		ı aı	L T.	
Name of country:																				
Your claim or reference number:																				
Amount: €		,						a	wee	ek										
If you have received any soc may be entitled to credited of 20. If you have ever lived or be	cont een	trib <b>em</b>	utic plo	ns (	('cre	edits	s') to	) he	elp y	/ou	qua	alify	for	Ma	terr	nity	Ber	nefit	t.	u
	Cou	untı	ry 1																	
Country:																			L	
Employer's name:																				
Employer's address:																				
Your social insurance number while there:																				
Dates you worked there:																				
Dates you worked there:		D			M	]	Y	Y	Y	Y										

Note: A separate sheet of paper can be used for more details if needed.



Part 2 continued	Your work and claim d	etails
21.Are you or have you ever been self-employed?	Yes No	
If 'No', please go to Part 3.		
If 'Yes', please complete fu	the remainder of this section.	
Your occupation:		
Date you started self- employment:	D D M M Y Y Y Y	
If you are no longer self- employed, when were you last self-employed?	D D M M Y Y Y Y	
If you recently started self-en	ployment, please send confirmation	n of registration from Revenue.
Please state your:		
Business name:		
Business address:		
Your business telephone number:		LANDLINE
		MOBILE
Your business registration number:		
22. When do you intend to start maternity leave?	D D M M Y Y Y Y	
23.Date you intend to return to self-employment after your maternity leave?	D D M M Y Y Y Y	
24.ls your company a limited	Yes No	
company?	'Yes', attach a copy of your P35 f	for the appropriate year(s).
25. Are you a sole trader?	Yes No	
	'Yes', attach a Notice of Assessm ppropriate tax year(s).	nent of Tax for the

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



## Your payment details

Your Maternity Benefit will be paid by direct payment each week in advance to an active bank or building society account. This must be a current or deposit savings account, not a mortgage account.

Financial Institution

	You will get the following details printed on statements from your financial institution.
Name of financial institution:	
Sort code:	
Account number:	
Bank Identifier Code (BIC):	
International Bank Account Number (IBAN):	
ramber (157 a.v).	
Name(s) of account holder(s):	
Name 1:	
Name 2 (if any):	
I (please sign)	ake your payment to your employer, please sign here.  authorise the Department irs to pay my Maternity Benefit to my employer's bank or



#### TO BE COMPLETED BY EMPLOYERS ONLY

Employers: please read the following information before answering questions 26 to 29.

- 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.

26. What is your employe full name?	e's																				
27.Please confirm her PP No?	S																				
28.Please give details of before her maternity	leave				's P	RSI	rec	ord	for	the	e 12	mo	onth	ı pe	rio	d in	nme	edia	tely	/	
Period of employment:																					
Fr	om:												Nu	ımb	er o	of w	eeks	s: I	PRS	l cla	ass:
To	):																				
		D	D		M	M	•	Y	Y	Y	Υ	-									
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If your employee has more A to Class J), please give Period of employment:	deta	an c ils.	one	cla	ss o	f PI	RSI	(for	ex	amı	ple,	if t	heiı	r PR	SI o	cha	nge	d fr	om	Cla	ISS
A to Class J), please give Period of employment:	deta	an c ils.	one	cla	ss o	f PI	RSI	(for	ex	amı	ple,	if t					<b>nge</b> eeks				
A to Class J), please give Period of employment:	<b>deta</b> om:	an o	one	cla	ss o	f PI	RSI	(for	ex	amı	ple,	if t									
A to Class J), please give Period of employment: From	<b>deta</b> om:	an cils.	D	cla		M M	RSI	(for	exa	am <sub>l</sub>		if t									
A to Class J), please give Period of employment: From	deta om:	D	D		M	M		Y	Y	Y	Y		Nu								

Employers: please note this section continues on the next page.



#### Part 4 continued

Surname:

PPS No.:

First name(s):

## **Employer's information**

I/We certify that the employee is entitled to the period of maternity leave stated across. Signed by or for employer Employer's official stamp **Signature** (not block letters) Position in company or organisation Date: 0 Employer's registered D D number: Employer's telephone **LANDLINE** number: **MOBILE 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. Part 5 Details of your qualified child(ren) under 30. How many children do You must attach written confirmation age 18 you wish to claim for? from the school or college for the age 18 - 22 in fullchildren aged 18 - 22 time education Please state child's: Surname: First name(s): PPS No.: Surname: First name(s): PPS No.:



Part 5		Ι	)eta	ai]	ls	of	yo	ur	qı	ıal	lifi	ed	l cl	nil	<b>d</b> (1	rer	1)				
	Surname:																				
	First name(s):															<u> </u>					
											l ]										
	PPS No.:																				
	Surname:																				
	First name(s):																				
	PPS No.:																				
Part 6			ou his		ma	ate	rn	ity	de	eta	ils	(y	ou	ır (	do	cto	or c	con	npi	let	es
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I certify that	t I have examined		lame	e of	f ap	plio	cant	:)										and			
that in my o expect to give	pinion she may ve birth on	D	D		M	М		Y	Υ	Υ	Υ										
Date of examination	1	D	D		M	M		Y	Υ	Υ	Υ										
Doctor's nan	ne.																				
Address:																					
DSFA panel	number									'		'	D	octo	or's	off	icia	l sta	amp	)	



Part 7	)	ω	ır	spe	ou	se	SO	r	oai	an	er	SC	iei	.ai	IS					
31.Their PPS No.:				Τ						]										
<b>32. Title:</b> (insert an 'X' or			1	<u> </u>			<u> </u>				_					I				
specify)	Mr.	L		Mrs	S		Ms					Othe	er							
33.Their surname:																				
34.Their first name(s):																				
35. Their birth surname:																				
36. Their mother's birth surname:																				
37. Their date of birth:																				
	D	D		М	M		Y	Y	Y	Y										
38.Their address:																				
Only answer this question if you are married and do not																				
live together.																				
Part 8	)	ίοι	ır	spo	ou	se'	s o	rţ	oai	rtn	er'	's v	۷O	rk	ar	ıd	cla	iin	1	
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less than €310 per wed 39.Do you wish to claim an i		256	for	· voi	ır çı	nou	ISA (	ar n	art	nor'	7									
one you wish to claim an i		Ye		, ,	,, J	_	No	, p			•									
If 'No', please go to Part 9	) <b>.</b>																			
If 'Yes', please complete for spouse's or partner's 6 mg													em	ber	to	inc	lude	e yo	ur	
40.If they are employed or se			-	•	-		•		ар	piic	aci	<i>,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
Gross income: €	. —			, r					wee	-k										
41.If they have income from	· L	J1 ∟ oth	or (		<b>-</b>	C116	h a				atio	ana	l no	nci	on	nla	250	cto	to:	
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Gross income: €									wee											
42.If your spouse or partner or from the Health Service	_		_						any	/ pa	ym	ent(	(s) 1	fron	n th	is [	)ер:	artr	nen	it
Name of payment:																				
Amount: €		], [						a	wee	ek										
43.If they are getting a pensi	on o	r al	low	anc	e fı	rom	an	oth	er c	our	ntry	, pl	eas	e st	ate	:				
Name of country:																				
Their claim or reference number:																				
Amount (in euros): €		, [						a	wee	ek										
					 											ľ				
	(															i.				

#### Checklist

Has your employer completed Part 4?

Has your doctor completed Part 6 after your 24th week of pregnancy?

Have you enclosed the following?

**Your marriage certificate** (if you were married outside the Republic of Ireland since you were last in touch with this Department)

Your P45 (if applicable)

If you are self-employed:

Your P35 (if applicable)

Notice of Assessment of Tax (if applicable)

Please remember to sign the declaration in Part 1.

### Send this completed application form to:

## Maternity Benefit Section

Social Welfare Services St. Oliver Plunkett Road Letterkenny

Co. Donegal

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

#### **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 according to the law.

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

90K 04-09

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