Application form for

Maternity Benefit



How to complete application form for Maternity Benefit.

- Please use this page 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.
- You need a Personal Public Service Number (PPS No.) before you apply.
- For more information, log on to www.welfare.ie.

Employee/Self-Employed:

If you are an employee or self-employed fill in Parts 1, 2, 3, 4, 6 and 7 as they apply to you. When form is completed, read Part 9 and sign declaration in Part 1.

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.

Doctor:

Please complete and stamp Part 5.

Employer:

Please complete and stamp Part 8.

If this form is completed early, you can forecast your employee's PRSI contributions up to the date she starts maternity leave.

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 previous employment.

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 application:

- 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	Т									
2.	Title: (insert an 'X' or specify)	Mr.			Mrs	5. X		Ms				C	Oth	er				
3.	Surname:	M	U	R	P	Н	Y											
4.	First name(s):	M	Α	U	R	E	E	N										
	Your first name as it appears on your birth certificate:	M	A	R	Y													
6.	Birth surname:	M	С	D	Ε	R	M	0	Т	Т								
7.	Your mother's birth surname:	K	Ε	L	L	Y												
8.	Your date of birth:	2 D	8 D		0 M	2		1 Y	9 Y	7 Y	0 Y							

1 2 3 4 5 6 7 T

Contact Details

9. Your address:	1		N	Ε	W		S	T	R	Ε	Ε	T						
	0	L	D		Т	0	W	N										
	С	0		D	0	N	E	G	Α	L								
10.Your telephone number:	0	8	6	1	2	3	4	5	6	7								
	M	ОВ	ΙL	Е											ı			
	0	1	7	0	4	3	0	0	0									
	LA	N	D L	ΙN	Е													
11.Your email address:	M	М	U	R	Р	Н	Υ	@	W	Е	L	F	Α	R	Ε	I	Е	



Application form for

Maternity Benefit



D 14	3/ 1 / 1
Part 1	Your own details
1. Your PPS No.:	
2. Title: (insert an 'X' or specify)	Mr. Mrs. Ms. 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
	Contact Details
9. Your address:	
10.Your telephone number:	
	MOBILE
	LANDLINE
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: 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	Y	oui	(O	wn	de	tai	ls												
12.Are you?		ingle 1arri				_		wed				Ren Sep					_D	ivor	rced
13.If married, please state date of marriage:	D	D	٨	A M		Y	Y	Y	Y										
14.If not married but cohabiting, from what date?	D	D	٨	A M		Υ	Y	Υ	Y										
Part 2	Y	oui	· W	ork	c ai	nd	cla	ain	n c	let	ail	S							
15. Are you employed at present?		Yes				No													
You are 'employed' when yo	ou wo	rk fo	or ai	noth	er p	erso	n o	r co	mp	any	and	d yo	u ge	et p	aid	for	this	WO	rk.
If yes, please state:					Т														
Employer's name:			_		+											<u> </u>			
Employer's address:																			
				+	+						<u> </u>								
					<u> </u>			<u> </u>								<u> </u>			
Employer's telephone														М	OB	ILE			
number:															A N.I.I	DLIN	JE.		
														L/	AINI	JLII	VE.		
Job title:																			
Gross weekly earnings: €							a	wee	ek										
	'Gros			-				e ta	x, P	PRSI	, un	ion	due	es o	r ot	her	ded	luct	ions.
Do you currently have mor			ne e	emp	<u> </u>		t?												
DI	\Box	Yes		L		No													
Please note that if you have A photocopy of Part 8 or a													COI	mpi	ete	Par	τ 8.		
16.If you have left work, please state the date you				л М				V	V										
left?	Plea	D 0								: ch	owi	nď 1	ho	dat	·	. !	oft	wo	rlz
	riea	3E E	IICIC	726 6	CO	Jy U	yı ye	Jui	P43	511	UWI	lig (liie	uai	. С у	T I	EIL	WOI	ı K.
Your last employer's name:					<u> </u>											<u> </u>			
Their address:																			
					+	<u> </u>													
					<u> </u>											<u></u>			



Part 2 continued	Yo	ur	WC	rk	aı	nd	cla	ain	n c	let	ail	S							
Employer's telephone														1 14	OB				
number:]	ОВ				
														L/	ANE	OLIN	١E		
Job title:																			
17.If you started work for the first time within the last 3 years, when did you start?	D D)	M	M		Υ	Υ	Υ	Y										
18.Are you related to your employer?	Ye	es				No													
If 'Yes', how are you related to them?	If you	are	an	emi	ploy	/ee	VOL	ır ei	mpl	ove	er(s)) mi	ust	con	nnle	ete	Par	t 8.	
19.If you are getting a pensio	-						•		-	•					-				
Name of country:																			
Your claim or reference																			
number: Amount: €							a	wee	ek	!		I	ı			1			
20.If you are getting or have a Health Service Executive,				y pa	ym	ent	(s)	fror	n tł	nis I	Dep	artı	mei	nt o	r fr	om	the		
Name of payment:																			
Amount: €							a	wee	k										
Name of payment:																			
Amount: €							a	wee	k										
21. Have you 'signed' for Jobs	eeker'	s Be	nef	it o	r Al	low	anc	e o	r fo	r 'c	redi	ts'	dur	ing	the	las	t 2	yea	rs?
	Ye	es				No													
If you have received any soc may be entitled to credited																			u
22.If you have ever lived or be below.	een en	nplo	yed	in	ano	the	r El	U co	oun	try,	ple	ase	spo	ecif	y th	ıe d	eta	ils	
Country:																			
Employer's name:																			
Employer's address:																			
Your social insurance number while there:												Co	nti	nue	ed o	ver	leaf	f —	→
												-			, u U		. vai		

Part 2 continued	Yo	ur 1	wo	rk	aı	nd	cla	air	n c	let	ail	s							
Dates you worked from: there:	D D		M	M		Y	Y	Y	Y										
Type of work:																			
Note: A separate sheet of	paper	can	be	use	d fo	or m	ore	de	etail	s if	nee	ede	d.						
23. Are you or have you ever been self-employed?	Ye	S]	No													
If 'No', please go to Part 3.																			
If 'Yes', please complete fu	Illy the	rem	nain	der	of	this	sec	ctic	n.										
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	-	-										
If you recently started self-e	mployn	nent	, ple	ease	se	nd (conf	irm	atio	n o	f re	gist	ratio	on f	rom	Re	ven	ue.	
Please state your: Business name:																			
Business address:																			
Your business telephone number:] 1	ОВ				
														LA	ANE	OLI	NE		
Your business registration number:																			
24. When do you intend to start maternity leave?																			
start materinty leave:	D D		M	M		Y	Y	Y	Y	•									
25. Date you intend to return																			
to self-employment after your maternity leave?	D D		M	M		Y	Y	Y	Y										
26.ls your company a limited	Ye	S]	No													
company?	If 'Yes	', at	tacł	ı a c	сор	y o	f yo	ur l	P35	for	the	e ap	pro	pria	ate	yea	r(s)).	
27. Are you a sole trader?	Ye	S]	No													
	If 'Yes	ar(s) .																е
Remember to send in the	he rele	vant	t ce	rtif	ica	tes	and	do	ocu	mei	nts	wit	h th	nis a	app	lica	tio	n.	

Your payment details

You can get your payment direct to your current, deposit or savings account in a financial institution or directly to your employer. Please complete one option below.

		F	ına	ano	cıa	l lî	nst	ıtu	t10	n										
	You finar		_				ving	det	ails	prir	ntec	l on	sta	tem	ents	s fro	m y	our		
Name of financial institution:																				
Sort code:																				
Account number:																				
Bank Identifier Code (BIC):																				
International Bank Account Number (IBAN):																				
radilibel (IBAN).																				
Name(s) of account holder(s):																				
Name 1:																				
Name 2 (if any):																				
If you want us to make your I authorise the Department bank or building society acc	of Sc	cia		-			oloy								o m	ıy er	mple	oye	r's	
Signature (not block letters)																				



Details of your qualified child(ren)

A qualified child is a child For more information, log	d for whom you wish to claim an allowance. g on to www.welfare.ie.
28. How many children do you wish to claim for?	under age 18
	age 18 - 22 in full-time education*
	* You must attach written confirmation from the school or college for the children aged 18 - 22
Please state child's:	
Surname:	
First name(s):	
PPS No.:	
Surname:	
First name(s):	
PPS No.:	
Surname:	
First name(s):	
PPS No.:	
Surname:	
First name(s):	
PPS No.:	
Surname:	
First name(s):	
PPS No.:	



Doctor's Signature (not block letters)

Your doctor should only complete this section after your 24th week of pregnancy. I certify that I have examined (Name of applicant) and that in my opinion she may expect to give birth on D D M M Date of examination MM **Doctor's name: DSFA** panel number: **IMC** number: **Address: Doctor's official stamp**

Part 6)	ou	r s	po	ous	se'	s o	r	oar	tn	er'	s c	let	ail	S					
29. Does your spouse		Yes]	۷o													
currently live with you? If 'No', please give details																				
of your spouse's address:																				
Please answer questions 30	to 3	6 if y	ou	are	ma	arrie	ed o	r liv	/ing	wit	h y	our	par	tne	r as	hus	bar	nd a	nd	wife
30. Their PPS No.:																				
31.Title: (insert an 'X' or specify)	Mr.		٨	Mrs			Ms				C)the	er							
32. Their surname:																				
33. Their first name(s):																				
34. Their birth surname:																				
35.Their mother's birth surname:																				
36.Their date of birth:	D	D		M	M		Υ	Υ	Υ	Y										
Part 7)	ou1	1 S]	po	us	e's	or	pa	rtn	er	's v	VO 1	r k a	an	d c	lai	m	det	ail	ls
A qualified adult is someone are wholly or mainly mainta gross weekly pay is less thar 37.Do you wish to claim an in	inin 1€3	g. Yo 10 pe ase f	ou r er w	may /ee	/ cla k.	aim pou	an i se d	incr	eas	e fo	r yo									
If 'No', please go to Part 8.		Yes					No													
If 'Yes', please complete fu	llv t	he r	em	ain	der	of	this	se	ctio	n.										
38.If they are employed , pleas	-										ps v	with	yo	ur a	ppl	icat	ion	and	sta	ate:
Gross income: €		,						a	wee	ek										
39.If they are self-employed,	ple	ase i	ncl	ude	th	eir	mo	st r	ece	nt	Not	ice	of .	Ass	ess	me	nt a	nd	sta	te:
Gross income: €		,] .			a	wee	ek										
40.If they have income from a	any	othe	r sc	our	ce,	suc	h as	s an	oc	cup	atio	ona	l pe	nsi	on,	ple	ase	sta	te:	
Gross income: €		,						a	wee	ek										
41.If your spouse or partner i or from the Health Service									any	pa	ym	ent((s) f	ron	n th	is C)ера	artn	nen	nt
Name of payment:																				
Amount: €		,						a	wee	ek										
42.If they are getting a pension	n o	r allo	owa	anc	e fr	om	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										

Employer's information

TO BE COMPLETED BY EMPLOYERS ONLY

43. What is your empl full name?	oyee's																				
44.Please confirm the No:	eir PPS																				
45.Please confirm the	date en	nplo	yee	e fir	rsts	star	ted	wo	rkir	ng f	or y	ou:									
		D	D		M	M		Y	Y	Y	Y										
46.Please give details before her matern					's P	RSI	rec	ord	for	the	e 12	2 mc	onth	ı pe	rio	d in	nme	edia	itely	′	
Period of employment:	From:												Nu	mb	er o	of w	eeks	s: I	PRSI	l cla	ss:
. ,	To:																				
		D	D		M	M		Y	Y	Y	Y										
If your employee has A to Class J), please g			ne	cla	SS C	of Pl	RSI	(for	ex	am	ple,	if t	heiı	r PR	SI	cha	nge	d fr	om	Cla	SS
Period of employment:	From:												Nu	mb	er o	of w	eeks	s: I	PRSI	l cla	ss:
. ,	To:																				
		D	D		M	M		Y	Y	Y	Y										
47. Please give full de	tails of y	our	em	plo	yee	e's n	nate	erni	ty l	eav	e d	ates	5.								
	From:																				
	To:																				

D D M M Y Y Y Y

Continued overleaf ---



Part 8 continued

Employer's information

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

Name:														
	IN BLOCK LETTERS													
Signed	by or for employer													
						Emp	oloy	er's	offi	icia	l st	am	р	
Signat	cure (not block letters)													
Dositie	on in company or organizati													
Date:		2 0 Y Y Y Y												
Emp num	ployer's registered ober:													
Emp	oloyer's telephone ober:								MC	BI	LE			
11011									LA	ND	LIN	1E		
Emp	ployer's email address:													
			Ī	ii	i			ĺ						

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



Has your employer completed Part 8?

Has your doctor completed Part 5 after your 24th week of pregnancy?

Have you enclosed the following?

- Letter from school or college (if you have child(ren) aged between 18 and 22 who are in full-time education).
- Your P45 (if applicable).
- A verified copy of your GNIB Card/Work Permit (Non-EEA citizens only)*.

If you are self-employed (if applicable):

- Your P35.
- Notice of Assessment of Tax.

In respect of your Spouse/Partner (if applicable):

- If employed their 6 most recent payslips.
- If self-employed their Notice of Assessment of Tax.

If married outside the Republic of Ireland:

A verified copy of your marriage certificate*.

You should note that your claim for Maternity Benefit cannot be processed until we receive the documentation indicated above.

Please remember to sign the declaration in Part 1.

Send this completed application form to:

Maternity Benefit Section

FREEPOST

Department of Social Protection

McCarter's Road

Ardarvan

Buncrana

C

Co. Donegal

LoCall: 1890 690 690 (from the Republic of Ireland only)
Telephone: + 353 1 4715898 (from Northern Ireland or overseas)

Note

The rates charged for using 1890 (LoCall) numbers may vary among different service providers.

Data Protection and Freedom of Information

We, the Department of Social Protection, 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.

8 Edition: September 2010

^{*} to have verified, please bring to any Garda Station or office of the Department of Social Protection. Please note that only verified copies of the original versions of certificates are acceptable.