



Application form for Maternity Benefit

How to complete this application form.

- 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.

Employee or Self-Employed:

If you are an employee or self-employed fill in **Parts 1, 2, 3, 5, 7 and 8** 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 6**.

Employer:

Please complete and stamp **Part 4**.

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 P45 from her previous employment.

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 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	T											
2. Title: (insert an 'X' or specify)	Mr.	<input type="checkbox"/>	Mrs.	<input checked="" type="checkbox"/>	Ms.	<input type="checkbox"/>	Other												
3. Surname:	M	U	R	P	H	Y													
4. First name(s):	M	A	U	R	E	E	N												
5. Your first name as it appears on your birth certificate:	M	A	R	Y															
6. Birth surname:	M	C	D	E	R	M	O	T	T										
7. Your mother's birth surname:	K	E	L	L	Y														
8. Your date of birth:	2	8		0	2		1	9	7	0									
	D	D		M	M		Y	Y	Y	Y									

Contact Details

9. Your address:	1		N	E	W		S	T	R	E	E	T								
	O	L	D		T	O	W	N												
	C	O		D	O	N	E	G	A	L										
10. Your telephone number:	0	8	6	1	2	3	4	5	6	7										
	MOBILE																			
	0	1	7	0	4	3	0	0	0											
	LANDLINE																			
11. Your email address:	M	M	U	R	P	H	Y	@	W	E	L	F	A	R	E	.	I	E		

SAMPLE

Part 3

Your payment details

If you want to get your payment direct to your current, deposit or savings account in a financial institution, please fill in your account details below. Alternatively, if you want us to make your payment to your employer, please fill in your employer's account details and sign the declaration below.

Name of financial institution:

Address of financial institution:

Sort code:

Account number:

Bank Identifier Code (BIC):

International Bank Account Number (IBAN):

Name(s) of account holder(s):

Name 1:

Name 2 (if any):

Payment direct to my employer

I authorise the Department of Social Protection to pay my Maternity Benefit to my employer's bank or building society account.

Signature (not block letters)

Part 4

Employer's information

TO BE COMPLETED BY EMPLOYERS ONLY

28. What is your employee's full name?

29. Please confirm their PPS No.:

30. Please confirm the date employee first started working for you:

D D M M Y Y Y Y

Continued overleaf →



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

From:

To:

D D M M Y Y Y Y

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

Period of employment: From: Number of weeks: PRSI class:

To:

D D M M Y Y Y Y

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.

Period of employment: From: Number of weeks: PRSI class:

To:

D D M M Y Y Y Y

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

Name: _____

IN BLOCK LETTERS

Signed by or for employer

Signature (not block letters)

Position in company or organisation

Employer's official stamp

Date:

D D M M Y Y Y Y

Employer's registered number:

Employer's telephone number:

MOBILE

LANDLINE

Employer's email address:

If you make any alterations after you complete the form, please initial and date them.

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



Your doctor should only complete this section after your 24th week of pregnancy.

I certify that I have examined

Grid for name of applicant

(Name of applicant)

and that in my opinion she may expect to give birth on

Grid for date of birth (DD MM YYYY)

Date of examination

Grid for date of examination (DD MM YYYY)

Doctor's name:

Grid for doctor's name

DSP panel number:

Grid for DSP panel number

IMC number:

Grid for IMC number

Address:

Grid for address

Doctor's telephone number:

Grid for doctor's telephone number

LANDLINE

Box for doctor's signature

Doctor's Signature (not block letters)

Box for doctor's official stamp

If you make any alterations after you complete the form, please initial and date them.



Part 7

Your spouse's, civil partner's or cohabitant's details

34. Their PPS No.:

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35. Title: (insert an 'X' or specify)

Mr.

Mrs.

Ms.

Other

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36. Their surname:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

37. Their first name(s):

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38. Their birth surname:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

39. Their mother's birth surname:

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40. Their date of birth:

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D D

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M M

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Y Y Y Y

41. Do they currently live with you?

Yes

No

42. If they do not live with you, please state their address:

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Part 8

Your spouse's, civil partner's or cohabitant's work and claim details

You may be entitled to an increase for your spouse, civil partner or cohabitant if their gross weekly pay is less than €310 per week.

43. Do you wish to claim an increase for them?

Yes

No

If 'No', please go to Part 9.

If 'Yes', please complete fully the remainder of this section.

44. If they are **employed**, please include their **6 most recent payslips** with your application and state:

Gross income: €

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 a week

45. If they are **self-employed**, please include their **most recent Notice of Assessment** and state:

Gross income: €

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 a week

46. If they have income from any other source, such as an occupational pension, please state:

Gross income: €

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 a week

47. If they are getting or have applied for any payment(s) from this Department or from the Health Service Executive, please state:

Name of payment:

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Amount:

€

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 a week

48. If they are getting a pension or allowance from another country, please state:

Name of country:

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Their claim or reference number:

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Amount (in euros):

€

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 a week



Has your employer completed Part 4?

Has your doctor completed Part 6 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) - see question 20
- A verified copy of your GNIB Card/Work Permit (Non-EEA citizens only)*

If you are self-employed (if applicable):

- Your most recent P35
- Your most recent Notice of Assessment of Tax

In respect of your spouse, civil partner or cohabitant (if applicable):

- If employed - their 6 most recent payslips (if gross weekly earnings are less than €310)
- If self-employed - their most recent Notice of Assessment of Tax or P35

If you were married or entered into a civil partnership or a civil union outside the Republic of Ireland:

- A verified marriage certificate or civil partnership or a civil union registration certificate*

* 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.

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

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.

