

Employer Certificate for Maternity Benefit

512DF7DC

Social Welfare Services

MB 2

Data Classification R



If you are **employed**, your employer must complete this form **after your 24th week of pregnancy**.

Note: To qualify for the maximum 26 weeks Maternity Benefit, an employee must take at least 2 weeks and at most 16 weeks leave before the end of the week in which her baby is due. If your employee wishes to take the minimum 2 week period of maternity leave prior to the birth of her baby, she should commence her maternity leave on the Monday prior to the week in which her baby is due.

For example, if the due date is Wednesday 12/10/2016, the latest date the employee should commence maternity leave is Monday 03/10/2016.

PPSN of employee:

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Name of employee:

Employee's Expected
Due Date:

D	D	M	M	Y	Y	Y	Y

Maternity Leave
Start Date:

From:

D	D	M	M	Y	Y	Y	Y

Maternity Leave
End Date:

To:

D	D	M	M	Y	Y	Y	Y

Employer's Payment Method Details

This section should only be completed if your employee has authorised that Maternity Benefit payments will be made directly to you.

Financial Institution

You will find the following details printed on statements from your financial institution.

Name of financial institution:

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Bank Identifier Code (BIC):

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International Bank Account
Number (IBAN):

Account Name(s):



Employer's Contact Details

Employer's Registered number:

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Name:

Address:

County

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Postcode

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Employer's telephone number:

MOBILE

LANDLINE

Employer's email address:

Employer Declaration

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

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Signature (not block letters)

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Your name (IN BLOCK LETTERS)

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Position in company or organisation

Date of Certification:

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M M

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Y Y Y Y

Employer's official stamp

If you make any alterations after you complete the form, you must initial and date them otherwise the information supplied cannot be accepted.

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

