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.
- You need a Personal Public Service Number (PPS No.) before you apply.

Employee:

If you are an **employee** 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**.

Self-employed:

If you are **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**.

Doctor:

Please fill in **Part 5** of the form. Please make sure you sign and stamp this part of the form.

Employer:

If you are an **employer** fill in **Part 8**. Please make sure you sign and stamp this part of the form.

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.

. Your PPS No.:	1	2	_	_	T _			_		1							
. Tour FF3 No	•	2	3	4	5	6	7	Ι									
Title: (insert an 'X' or specify)	Mr.			Mrs	s. 🛚 🗙		Ms				C	Othe	er				
3. Surname:	M	U	R	P	Н	Y											
I. First name(s):	M	Α	U	R	Ε	Ε	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	T	T								
'. Your mother's birth surname:	K	Ε	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	Е	W		S	Т	R	Е	Ε	Т							
7. Tour address.				_	**			•		_	_	•							
	0	L	D		T	0	W	N											
	С	0		D	0	N	Е	G	Α	L									
10.Your telephone number:	0	8	6	1	2	3	4	5	6	7									
	M	B	ΙL	E						•					•				
	0	1	7	0	4	3	0	0	0										
	LA	N	D L	ΙN	Е														
11.Your email address:	M	M	U	R	P	Н	Y	@	W	Ε	L	F	Α	R	E	•	I	E	



Application form for

Maternity Benefit



Part 1	Y	ou	ır (ow	'n	de	tai	ls										
1. Your PPS No.:																		
2. Title: (insert an 'X' or specify)	Mr.			Mrs	5.		Ms				C)the	er					
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			_	Y		Y								
				Cor	nta	ct I	Det	tail	.S									
9. Your address:																		
10.Your telephone number:																		
	M () B	I L	Е														
	LA	NI) L	IN	E													
11.Your email address:																		
				D	ecl	ara	atio	on										
I declare that all the information I will tell the Department when				n or	n thi	s fo	rm i	s ac										
								Dat					N/		 2	0	Y	
Signature (not block letters)												7	14	. 19	- 1			

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	N	л М		Y	Y	Y	Y										
14.If not married but cohabiting, from what date?	D	D	<u> </u>	л М		Υ	Υ	Υ	Y										
Part 2	Y	oui	r w	orl	c a	nd	cla	ain	n c	let	ail	S							
15. Are you employed at present?		Yes				No													
You are 'employed' when yo	u wo	rk fo	or a	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:																			
Employer's name:			+	+	<u> </u>											<u> </u>			
Employer's address:																			
. ,			+					<u> </u>											
			$\frac{1}{1}$	+	1														
Employer's telephone														M	OB	ILE			
number:															ΔΝΙ	DLIN	JF		
			_											L/	7141	<u> </u>	12		
Job title:																			
Gross weekly earnings: €								wee											
5 41.1	'Gros		-	-				e ta	x, P	PRSI	, un	ion	due	es o	r ot	her	ded	luct	ions.
Do you currently have mor			ne (emp	—		t?												
Diggs note that if you have		Yes		no 0		No		ch d	2 122 1	بماد	0 K 10	21164		m n l	oto	Day	4 0		
Please note that if you have A photocopy of Part 8 or a l													. COI	mpi	ete	Par	τδ.		
16.If you have left work, please state the date you			L	л м															
left?	D	D												.1 . 4					
	Plea	se e	nci	ose a	CO	ру о	t yo	our	P45	sh	owi	ng 1	the	dat	e y	ou I	ett	WOI	rk.
Your last employer's name:																<u> </u>	$ldsymbol{f eta}$		
Their address:			Ť																
THEIR AUDITESS.		<u> </u>	+			<u> </u>										<u></u>			
																<u> </u>	Щ		



Part 2 continued	Y	ou	ır y	WO	rk	aı	nd	cla	ain	n c	let	ail	S							
Employer's telephone number:															М	ОВ	ILE			
number.															L/	ANE	OLII	NE		
Job title:																				
17.If you started work for the first time within the last 3 years, when did you start?	J D	D		M	M		Y	Y	Y	Υ										
18. Are you related to your employer?		Yes	6				No													
If 'Yes', how are you related to them?	<u> </u>																			
	If yo				-	•		•		-	•					-	ete	Par	t 8.	
19.If you are getting a pension	on or	allo	owa	nce	fro	om	ano	the	er co	oun	try,	ple	ease	sta	ıte:					
Name of country:																				
Your claim or reference number:																				
Amount: €		,						a	wee	ek										
20.If you are getting or have Health Service Executive,					pa pa	ıym	ent	(s)	fror	n th	nis I	Оер	art	mer	nt o	r fr	om	the	:	
Name of payment:																				
Amount: €		,			_			a	wee	ek										
Name of payment:																				
Amount: €		,						a	wee	ek										
21.Have you 'signed' for Jobs	seeke	er's	Be	nefi	t oı	r Al	low	anc	e o	r fo	r 'c	redi	its'	dur	ing	the	las	t 2	yea	rs?
		Yes	6]	No													
If you have received any so- may be entitled to credited	cial w I cont	elfa ribu	are utio	pay ns (mei 'cre	nts edits	othes') to	er tl o he	han elp y	Chi you	ild E qua	Ben alify	efit for	in tl Ma	ne la terr	ast :	2 ye Ber	ars, refit	, yoı	u
22.If you have ever lived or below.	een (em	plo	yed	in	ano	the	r El	U co	oun	try,	ple	ease	spo	ecif	y th	ıe d	eta	ils	
Country:																				
Employer's name:																				
Employer's address:																				
															L	\sqsubseteq	\sqsubseteq	<u></u>		
Your social insurance number while there:																				

Continued overleaf --->



art 2 continued		UUI	LVVC	IN	aı	IU	CIO			ıcı	all	13							
Dates you worked there: To:																			
Type of work:	U	D	M	M		Y	Y	Y	Y										
Note: A separate sheet of	рар	er ca	n be	use	d fo	r m	ore	de	tail	s if	nee	ede	d.						
23. Are you or have you ever been self-employed?		Yes			1	No													
If 'No', please go to Part 3.																			
If 'Yes', please complete fu	lly t	he re	emair	idei	of	this	se	ctio	n.										
Your occupation:																			
Date you started self- employment:																			
	D	D	M	M	1	Y	Y	Y	Y	ı									
If you are no longer self- employed, when were you last self-employed?	D	D	M	М		Υ	Υ	Υ	Υ										
If you recently started self-en	mplo	yme	nt, pl	ease	e se	nd d	conf	firm	atio	n o	of re	gist	rati	on f	rom	ı Re	ven	ue.	
Please state your:											1								
Business name:																			
Business address:																			
Your business telephone number:														M	ОВ	ILE			
namoer.														L	ANE	OLIN	١E		
Your business registration number:																			
24. When do you intend to																			
start maternity leave?	D	D	M	M	1	Y	Y	Y	Y	l									
25. Date you intend to return to self-employment after																			
your maternity leave?	D	D	M	M		Y	Y	Y	Y										
26.Is your company a limited company?		Yes				No	_	_		_									
. ,	If 'Y	es', a	attac	h a	cop	y o 1	yo.	ur I	P35	for	the	e ap	pro	pria	ate	yea	ır(s)).	
27. Are you a sole trader?		Yes		L		No	_						_						
	tax	year																	е
Remember to send in the	ne re	eleva	nt ce	ertif	ficat	tes	and	d dc	Cur	nei	nts	wit	h tl	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.

		FI	nar	ıcıa	1 11	ıst	itu	τιο	n										
	You v finan					ving	(det	ails	prir	nted	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):																			
radiliber (ib/ iia).																			
Name(s) of account holder(s):																			
Name 1:																			
Name 2 (if any):																			
If you want us to make your	navm	oot	to	volur.	OR		vor.	nlos	250	rian	hol	O.W.							
If you want us to make your	paym	ient	to y	our/	emp	OIO	er,	piea	ase s	sign	bei	OW.							
I authorise the Department bank or building society acc			Prot	ectio	on to	o pa	ay m	ny ∧	1ate	rnit	у В	ene	fit t	o m	ıy er	nplo	oye	r's	
Signature (not block letters)																			



Details of your qualified child(ren)

A qualified child is a child For more information, log	I for who g on to v	om yo vww.w	u wisl velfar	n to c e.ie.	laim	an	allo	wa	nce	•							
28. How many children do you wish to claim for?		unde	r age	18													
		age 1	18 - 22	in fu	ll-tim	ie e	duc	atio	n*								
	* You r for th	must a ne chil					irm	atio	n fi	rom	th	e s	cho	ol o	or co	olle	ge
Please state child's:																	
Surname:																	
First name(s):																	
PPS No.:																	
Surname:																	
First name(s):																	
PPS No.:																	
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First name(s):																	
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First name(s):																	
PPS No.:																	
Surname:																	
First name(s):																	
PPS No.:																	



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** Doctor's Signature (not block letters)



]	lou	rs	po	u	se	\mathbf{S} 0	r	oai	tn	er'	SC	let	ail	S					
29. Does your spouse		Yes]	No													
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 v	wife
30.Their PPS No.:																				
31.Title: (insert an 'X' or specify)	Mr.		١	Mrs			Ms				C	Othe	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		Y	Y	Y	Y										
Part 7)	(ou	r sj	po	us	e's	or	pa	rtn	er	's v	VO I	rk	an	d c	lai	m	det	ail	s
A qualified adult is someor are wholly or mainly maint gross weekly pay is less tha 37.Do you wish to claim an i	ainin n €3	g. Yo 10 po ase 1	ou r er w	may /eel	/ cla k.	aim oou	an i se d	ncr	eas	e fo	r yo									
If 'No', please go to Part 8.		Yes					No													
7.1		tha w		ain	dar															
If 'Yes', please complete f	ully 1	ıne r	GIII	alli	uei	OT	this	se	ctio	n.										
If 'Yes', please complete f 38.If they are employed , plea	-										ips v	with	ı yo	ur a	ppl	icat	ion	and	l sta	nte:
	se in							en		ysli	ps v	with	ı yo	ur a	ppl	icat	ion	and	sta	ite:
38.If they are employed , plea	se in	clude	e th	eir	6 n	ost	red	en a	t pa	ysli ek	_									
B8.If they are employed , plea Gross income:	se in	clude	e th	eir	6 n	ost	red	a st r	t pa	ysli k nt	_									
38.If they are employed, plea Gross income: 39.If they are self-employed Gross income:	se in	clude , ase i	ncl	eir ude	6 m	nost eir	mo	a s t r	t pa wee	ysli ek e nt l	Not	ice	of .	Ass	essi	me	nt a	nd	stat	
38.If they are employed, plea Gross income: 39.If they are self-employed Gross income:	se in ple	clude , ase i	ncl	eir ude	6 m	nost eir	mo	a st r a	t pa wee	ysli ek ent l ek cup	Not	ice	of .	Ass	essi	me	nt a	nd	stat	
38.If they are employed, plea Gross income: 39.If they are self-employed Gross income: 40.If they have income from Gross income:	se in , ple , ple any is ge	clude ase i , othe	er so	ude bure ha	6 m	eir suc	mo h as	st r a a a a for	t pa	ysli ek ent l ek cup	Not	i ce ona	of	Ass ensi	essi on,	me ı ple	nt a	nd sta	stat	te:
38.If they are employed, plea Gross income: 39.If they are self-employed Gross income: 40.If they have income from Gross income: 41.If your spouse or partner	se in , ple , ple any is ge	clude ase i , othe	er so	ude bure ha	6 m	eir suc	mo h as	st r a a a a for	t pa	ysli ek ent l ek cup	Not	i ce ona	of	Ass ensi	essi on,	me ı ple	nt a	nd sta	stat	te:
38.If they are employed, plea Gross income: 39.If they are self-employed Gross income: 40.If they have income from Gross income: 41.If your spouse or partner or from the Health Service	se in , ple any is ge Exc	clude ase i , othe	er so	ude bure ha	6 m	eir suc	mo h as	a ar ar for	t pa	ysli ek ent ek cup ek	Not	i ce ona	of	Ass ensi	essi on,	me ı ple	nt a	nd sta	stat	te:
38.If they are employed, plea Gross income: 39.If they are self-employed Gross income: 40.If they have income from Gross income: 41.If your spouse or partner or from the Health Service Name of payment: Amount:	se in any is ge	othe	ncler so	eir ude Durc	e th	eir suc	mo h as	a st r a a ar a for	t pa	ysli ek ent ek cup ek	Not	ona ent(of I	Ass enside	ession,	me ple	nt a	nd sta	stat	te:
38.If they are employed, plea Gross income: 39.If they are self-employed Gross income: 40.If they have income from Gross income: 41.If your spouse or partner or from the Health Service Name of payment: Amount:	se in any is ge	othe	ncler so	eir ude Durc	e th	eir suc	mo h as	a st r a a ar a for	t pa	ysli ek ent ek cup ek	Not	ona ent(of I	Ass enside	ession,	me ple	nt a	nd sta	stat	te:
Gross income: Gross income from Gross income: Gr	se in any is ge	othe	ncler so	eir ude Durc	e th	eir suc	mo h as	a st r a a ar a for	t pa	ysli ek ent ek cup ek	Not	ona ent(of I	Ass enside	ession,	me ple	nt a	nd sta	stat	te:
Gross income: 39.If they are self-employed Gross income: 40.If they have income from Gross income: 41.If your spouse or partner or from the Health Service Name of payment: Amount: 42.If they are getting a pensions.	se in any any is ge	othe	ncler so	eir ude Durc	e th	eir suc	mo h as	st r a sar a for a	t pa	ysli ek ek cup ek y pa	Not	ona ent(of I	Ass enside	ession,	me ple	nt a	nd sta	stat	te:



Employer's information

TO BE COMPLETED BY EMPLOYERS ONLY

43.What is your emfull name?	oloyee's																				
44.Please confirm tl No?	neir PPS																				
45.Please give detai before her mater					's P	RSI	rec	ord	for	the	e 12	mo	ontl	n pe	erio	d in	nme	dia	itely	/	
Period of employment:	From:												Νu	ımb	er o	of we	eeks	;: F	PRS	l cla	ass:
	To:	D	D		M	M		Y	Y	Y	Υ								L		
If your employee ha A to Class J), please			ne	cla	iss c	of P	RSI	(for	ex	amı	ple,	if t	hei	r P R	RSI o	chai	nge	d fr	om	Cla	ISS
Period of employment:	From:												Νu	ımb	er o	of we	eeks	3: F	PRS	l cla	iss:
	To:	D	D		M	M		Y	Y	Y	Υ										
46.Please give full d	etails of y	our	em	plo	yee	e's n	nate	erni	ty l	eav	e da	ates	5.								
	From:																				
	To:	D	D		M	M		Y	Y	Y	Y										
I/We certify that the Signed by or for em		is e	ntit	led	to t	the	peri	iod	of n	nate	ernit	y le	ave	sta	ted	abo	ove.				
													Em	ploy	/er'	s of	ficia	al st	tam	р	
Signature (not block le	tters)																				
Position in company o	r organisatio	n																			
Date: D D N		2 C) ′ Y	Y	/																
Employer's registe number:	ered																				
Employer's teleph number:	one															M	OBI	LE			
																LA	ND	LIN	1E		

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).

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

Inner Relief 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.

80K 05-10

Edition: May 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.