Application form for Maternity Benefit

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

Do not submit this form more than 16 weeks before the start of your maternity leave.

Employees:
- Complete Parts 1, 2, 3, 6 to 9 and 11
- Have your employer complete and stamp Part 4.

Self-employed:
- Complete Parts 1, 2, 5 to 9 and 11.

Remember, your doctor must complete and stamp Part 10.

- Please use BLOCK LETTERS and place a tick (✓) in the boxes provided.
- Please answer all questions. If some questions do not apply to you, draw a line through the answer box.
- If you fail to answer all questions, your application will be delayed.

### Part 1

**Your own details**

Please state:

1. **What is your full name?**
   - Last name
   - First name(s)

2. **What is your birth surname (your surname before you married)?**

3. **What is your address?**

4. **What is your telephone number?**
   - Code
   - Number

5. **What is your date of birth?**
   - Day
   - Month
   - Year

6. **What is your Personal Public Service Number (PPS No.)?**
   - Figures
   - Letter(s)

7. **Are you....?**
   - [ ] Married
   - [ ] Single
   - [ ] Separated
   - [ ] Widowed
   - [ ] Divorced
   - [ ] Cohabiting

8. **If you are married, when did you marry?**
   - Day
   - Month
   - Year
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.

Note: If you want us to make your payment to your employer, please sign here.

I (please sign) _______________________________ authorise the Department of Social and Family Affairs to pay my Maternity Benefit to my employer’s bank or building society account.

Name of bank or building society:

Address:

Name on the account:

Type of account:  

☐ deposit account  ☐ current account

Sort code (you can get this from your branch):

Account number:
9. Are you employed at present?  
Yes ☐ No ☐

You are ‘employed’ when you work for another person or company and you get paid for this work.

If ‘Yes’, please state:

Who you work for:

Employer’s name
Address

Their telephone number:

Code Number

Your occupation:


Your gross weekly pay:

€ a week

‘Gross pay’ is your pay before tax, PRSI, union dues or other deductions.

10. If you have left work, when did you leave?  

Day Month Year

Please enclose a copy of your P45 showing the date you left work.

Who did you work for?

Employer’s name
Address

What is their telephone number?

Code Number

What was your occupation?


11. If you started work within the last 3 years, when did you start?  

Day Month Year


12. Are you related to your employer?  

Yes ☐ No ☐

If ‘Yes’, how you are related to them?


If you are an employee your employer must complete Part 4.
Employers: please read the following information before answering questions 13 to 16.

- 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 22 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.

13. What is your employee’s full name?

14. What is her PPS No?

<table>
<thead>
<tr>
<th>Figures</th>
<th>Letter(s)</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Period of employment</th>
<th>Number of weeks</th>
<th>PRSI class</th>
</tr>
</thead>
<tbody>
<tr>
<td>From Day Month Year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>To Day Month Year</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Periods of employment</th>
<th>Number of weeks</th>
<th>PRSI class</th>
</tr>
</thead>
<tbody>
<tr>
<td>From Day Month Year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>To Day Month Year</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

16. Please give full details of your employee’s maternity leave dates.

From Day Month Year
To Day Month Year

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

Signed by or for employer

Signature (not block letters)

Position in company or organisation

Employer’s registered number

Telephone number
Code Number

Employer’s official stamp

Date

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 self-employment

17. Are you or have you ever been self-employed?
Yes ☐  No ☐

18. Please give details of your self-employment:

- Business name:
- Address:
- Code Number:
- Your telephone number:
- Your business registration number:

19. When do you intend to start maternity leave?

Day  Month  Year

20. What date do you intend to return to self-employment after your maternity leave?

Day  Month  Year

21. Is your company a limited company?

Yes ☐  No ☐
If ‘Yes’, attach a copy of your P35 for the appropriate year(s).

22. Are you a sole trader?

Yes ☐  No ☐
If ‘Yes’, attach a Notice of Assessment of Tax for the appropriate tax year(s).

Remember to send in the relevant certificates and documents with this application.
23. Have you ever been employed in an EU country other than Ireland?
   If ‘Yes’, complete the following:

<table>
<thead>
<tr>
<th>Country where you worked</th>
<th>Your employer’s name and address</th>
<th>Dates you worked there</th>
<th>Your Social Security Number there</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>From</td>
<td>To</td>
</tr>
</tbody>
</table>

24. Have you been employed in Ireland since you returned?
   If ‘Yes’, please state:

<table>
<thead>
<tr>
<th>Date you last signed:</th>
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<tbody>
<tr>
<td>Day</td>
</tr>
</tbody>
</table>

   | Name and address of local Social Welfare Office you attended: |

25. Have you ‘signed’ for Unemployment Benefit or Assistance or for ‘credits’ during the last 2 years?
   If ‘Yes’, please state:

<table>
<thead>
<tr>
<th>Date you last signed:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day</td>
</tr>
</tbody>
</table>

   | Name and address of local Social Welfare Office you attended: |

26. Are you getting any other payment(s) from the Department of Social and Family Affairs?
   If ‘Yes’, please state:

   | Type of payment: |

   | Claim or reference number: |

   | Amount you get: | € a week |

27. Are you getting a payment from the Health Service Executive (HSE)?
   If ‘Yes’, please state:

   | Type of payment: |

   | Name of HSE office that pays you: |
### Your spouse’s or partner’s details

#### 28. What is your spouse's or partner's full name?

<table>
<thead>
<tr>
<th>Last name</th>
<th></th>
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<tbody>
<tr>
<td>First name(s)</td>
<td></td>
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</tbody>
</table>

#### 29. What is their PPS Number?

<table>
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<tr>
<th>Figures</th>
<th>Letter(s)</th>
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<td></td>
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</tbody>
</table>

#### 30. Is your spouse or partner in employment?

- [ ] Yes
- [x] No

#### 31. What is their gross weekly income?

‘Gross income’ is their pay before tax, PRSI, union dues or other deductions.

If they are earning less than €240.00 a week, (€250 a week from May 2006) please state their gross weekly income and send in their last 6 payslips, as you may get a higher rate of payment.

<table>
<thead>
<tr>
<th>€ per week</th>
<th></th>
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#### 32. Is your spouse or partner getting a weekly payment from...

- [ ] Yes
- [ ] No

- the Department of Social and Family Affairs
- or
- the Health Service Executive

If ‘Yes’, please state:

<table>
<thead>
<tr>
<th>Payment 1</th>
<th>Payment 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of payment:</td>
<td></td>
</tr>
<tr>
<td>Amount they get:</td>
<td>€</td>
</tr>
<tr>
<td>Their claim or reference number:</td>
<td></td>
</tr>
<tr>
<td>Name of office or HSE office that pays them:</td>
<td></td>
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</tbody>
</table>
Part 9

Details of your children

To help us to work out the correct amount of Maternity Benefit for you, you must give details of your child dependants (your children under age 18 or aged between 18 and 22 in full-time education).

33. Do you have a child or children under age 18 or aged between 18 and 22 in full-time education?

[ ] Yes [ ] No

If ‘Yes’, please give details here, starting with your eldest child:

<table>
<thead>
<tr>
<th>Child’s last name</th>
<th>Child’s first name(s)</th>
<th>Date of birth</th>
<th>Relationship to you</th>
<th>Is this child living with you?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Day Month Year</td>
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<td>Day Month Year</td>
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Part 10

Your maternity details (your doctor completes this)

Your doctor should complete this section within 16 weeks of your due date.

To

(Name of applicant)

I certify that I have examined you and that in my opinion you may expect to give birth on

Day Month Year

Date of examination

Day Month Year

Doctor’s signature:

(not block letters)

Address

Doctor’s Official Stamp
I wish to apply for Maternity Benefit.
The information I have given is true and complete. I will tell you if there is any change in my details.

Signed
(not block letters)  Date

If you cannot sign, make a mark and have it witnessed. The witness should sign below:

Signed
(not block letters)  Date

Address of witness

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

Send this completed application form at least 6 weeks (12 weeks if you are self-employed) before you start maternity leave to:

Maternity Benefit Section
Social Welfare Services Office
St. Oliver Plunkett Road
Letterkenny
Co. Donegal
Telephone: LoCall 1890 690 690

If you need help to fill in this form, please phone us at the telephone number above or call to your local Social Welfare Office.

If you are self-employed remember to send in the relevant documentation with this application.

Checklist

1. Has your employer completed Part 4?

2. Has your doctor completed Part 10 within 16 weeks of your due date?

3. Have you signed the declaration at Part 11 above?
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 bodies in accordance with law. We are responsible for it under the Data Protection Act and Freedom of Information Act.

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