



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.

How to complete application form for Maternity Benefit.

- Please read information booklet **SW 11** before filling in this application form.
- Please use **BLACK** ball point pen.
- Please tear off this page and use as a guide to filling in this form.
- Please use **BLOCK LETTERS** and place an **X** in the relevant boxes.
- Please answer **all questions** that apply to you. If you fail to do so, the form may be returned to you. If a question does not apply to you, please leave the answer area blank.
- The Department may use any of your contact details to get in touch with you.
- Please give the form to your doctor so that he or she can fill in Part 10.
- 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

Please sign declaration in Part 1 when form is completed.

If you need any help to complete this form, please contact your local Social Welfare Office or the Maternity Benefit Section at Letterkenny 1890 690 690 (from the Republic of Ireland only).

How to fill in first page of this form

- Print letters and numbers clearly.
- Complete the boxes from left to right starting with the first box.
- Use one character per box.
- Please see example below.

1. Please state your PPS No:

1	2	3	4	5	6	7	T		
---	---	---	---	---	---	---	---	--	--

Title: (insert an 'X' or specify)

Mr. Mrs. Ms. Other

2. Surname:

M	U	R	P	H	Y														
---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--

3. First name(s):

M	A	R	Y																
---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

4. What is your birth surname?

M	C	D	E	R	M	O	T	T											
---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--

5. What is your mother's birth surname?

O	S	U	L	L	I	V	A	N											
---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--

6. What is your date of birth?

2	8			0	2			1	9	7	0								
D	D			M	M			Y	Y	Y	Y								

Contact Details:

7. What is 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										

8. What is your telephone number?

0	1	7	0	4	3	0	0	0											
L	A	N	D	L	I	N	E												
0	8	6	1	2	3	4	5	6	7										
M	O	B	I	L	E														

9. What is your email address?

M	M	U	R	P	H	Y	@	W	E	L	F	A	R	E	.	I	E		

SAMPLE

Application form for Maternity Benefit



Part 1

Your own details

1. Please state your PPS No:

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

Title: (insert an 'X' or specify)

Mr.

Mrs.

Ms.

Other

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

2. Surname:

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

3. First name(s):

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

4. What is your birth surname?

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

5. What is your mother's birth surname?

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

6. What is your date of birth?

--	--	--	--

D D

--	--	--	--

M M

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

Y Y Y Y

Contact Details:

7. What is your address?

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8. What is your telephone number?

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L A N D L I N E

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M O B I L E

9. What is your email address?

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Declaration by you

All the information I have given on this form is accurate. I will tell the Department as soon as possible if my means or circumstances change.

If you cannot sign your name, make a mark, such as an X, and have a witness sign their name beside it.

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

Signature

(NOT block letters)

Date:

--	--	--	--

D D

--	--	--	--

M M

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

Y Y Y Y

Warning: If you make a false statement or withhold information, you may get a fine, a prison term or both.

10. Are you?

Single Married Separated Remarried
 Widowed Cohabiting Divorced

11. If you are married, separated, widowed or divorced when did you marry?

D D M M Y Y Y Y

If you were married outside of the Republic of Ireland since your last contact with this Department, please attach your Marriage Certificate.

Part 2

Payment details

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.

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:

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.

12. 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.

Do you currently have more than one employment? Yes No

Please note that if you have more than one employer, each employer must answer the questions overleaf. A photocopy of this page or a letter containing the same information will do.

If you are currently employed, please state:

Who you work for:

Employer's name

Address

Their telephone number:

Code Number

Your occupation:

Your gross pay:

€

a week

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

13. 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?

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

Day Month Year

15. Are you related to your employer?

Yes No

If 'Yes', how are you related to them?

If you are an employee your employer must complete Part 4.

TO BE COMPLETED BY EMPLOYERS ONLY

Employers: please read the following information before answering questions 16 to 19.

- 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 26 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.

16. What is your employee's full name?

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17. Please confirm her PPS No?

Figures						Letter(s)	

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

Period of employment						Number of weeks	PRSI class
From			To				
Day	Month	Year	Day	Month	Year		

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.

Periods of employment						Number of weeks	PRSI class
From			To				
Day	Month	Year	Day	Month	Year		

19. 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.

20. Are you or have you ever been self-employed?

Yes

No

You are 'self-employed' when you work for yourself.

If 'Yes', please state:

Your occupation:

When you started self-employment:

Day Month Year

If you are no longer self-employed, when were you last self-employed?

Day Month Year

If you recently started self-employment, please send confirmation of registration from Revenue.

Please state your:

Business name

Business Address

Your business telephone number:

Code

Number:

Your business registration number:

21. When do you intend to start maternity leave?

Day Month Year

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

Day Month Year

23. Is your company a limited company?

Yes

No

If 'Yes', attach a copy of your P35 for the appropriate year(s).

24. 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.

25. Have you ever been employed in an EU country other than Ireland? Yes No

If 'Yes', complete the following:

Country where you worked	Your employer's name and address	Dates you worked there		Your Social Security Number there
		From	To	

26. Have you been employed in Ireland since you returned? Yes No

If you have received any social welfare payments **other than Child Benefit** in the last 2 years, you may be entitled to credited contributions ('credits') to help you qualify for Maternity Benefit.

27. Have you 'signed' for Jobseeker's Benefit or Allowance* or for 'credits' during the last 2 years? Yes No

*Was known as Unemployment Benefit/Assistance

If 'Yes', please state:

Date you last signed: Day Month Year

Name of office you signed in:

Address of office you signed in:

28. Are you getting any other payment(s) from the Department of Social and Family Affairs? Yes No

If 'Yes', please state:

Type of payment:

Claim or reference number:

Amount you get:

€ a week

29. Are you getting a payment from the Health Service Executive (HSE)? Yes No

If 'Yes', please state:

Type of payment:

Name of HSE office that pays you:

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).

35. 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:

Child's last name	Child's first name(s)	Date of birth			Relationship to you	Is this child living with you?
		Day	Month	Year		

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

I certify that I have examined and
(Name of applicant)

that in my opinion she 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

Personal Public Service Number (PPS No.)

You must supply your own PPS No. and also the PPS No. of a spouse, partner or children for whom you are applying for a payment. If you do not know these numbers, please contact your local Social Welfare Office. They will let you know your PPS number. If you do not have one they will let you know what you have to do to get one.

Please see information leaflet SW100 for more details.

If you do not send in all documents your application can not be processed and your payment will be delayed. If you are not sending in certain certificates or documents, please enclose a note stating that they will follow later.

If sending documents at a later date, please remember to state your full name, present address and your PPS No. on all correspondence. We can not accept photocopies. Your certificates will be returned to you.

- **Have you signed the declaration in Part 1** Yes No
- **Has your employer completed Part 4?** Yes No
- **Has your doctor completed Part 10 after your 24th week of pregnancy** Yes No
- **Your P45** (if applicable) Yes No

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

- **Your P35** (if applicable) Yes No
- **Notice of Assessment of Tax** (if applicable) Yes No

Please remember to sign the declaration in Part 1

Send this completed application form to:

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
St. Oliver Plunkett Road
Letterkenny
Co. Donegal

Telephone: LoCall 1890 690 690 (from the Republic of Ireland only)

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.

Note

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

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

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 people or bodies in accordance with law.

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