Application form for Maternity Benefit

Social Welfare Services MB 10 Data Classification R



How to complete this application form.

- 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 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**. Please note photocopies of this declaration are not acceptable.

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** after the 24th week of pregnancy.

Employer:

Please complete and stamp **Part 4** after the 24th week of pregnancy.

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 Maternity Benefit Section, your local Intreo Centre, 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	Τ												
2. Title: (insert an 'X' or specify)	Mr.			Mrs	5. X		Ms	•			C	Othe	er							
3. Surname:	Μ	U	R	Ρ	Н	Y														
4. First name(s):	Μ	Α	U	R	Ε	Ε	Ν													
5. Your first name as it appears on your birth certificate:	Μ	Α	R	Y																
6. Birth surname:	Μ	С	D	Ε	R	Μ	0	Т	Т											
7. Your mother's birth surname:	Κ	Ε	L	L	Y															
8. Your date of birth:	2	8		0	2		1	9	7	0										
	D	D		Μ	Μ		Y	Y	Y	Y										
				Co	ont	act	D	eta	ils											
9. Your address:	1		Ν	Ε	W		S	т	R	Ε	Ε	т								
7. Tour address.	0	L	D		Т	0	W	· N		-		•								
	C	0		D	0	N	E	G	Α	L										
10.Your telephone number:	0	Ν	Ε		Ν	U	Μ	В	Ε	R		Ρ	Ε	R		В	0	Χ		
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	LA	NI	DL	IN	E															
11.Your email address:	0	Ν	Ε		C	Η	Α	R	Α	С	Т	Ε	R		Ρ	Ε	R			
	В	0	Χ																	
SA									P				l							

Application form for

Maternity Benefit

Social Welfare Services MB 10 Data Classification R



Part 1	Y	<i>ou</i>	r (ow	'n	de	tai	ls												
1. Your PPS No.:																				
2. Title: (insert an 'X' or specify)	Mr.			Mrs			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		Μ	Μ		Υ	Υ	Υ	Υ										
			C	Cor	nta	ct l	Def	ail	S											
9. Your address:																				
10.Your telephone number:															м	0	BI	LE		
															L.				NE	
11.Your email address:																				
				D	ecl	ara	atic	n												
I declare that the information g any of the information I provide that I will be required to repay a prosecuted. I undertake to imm which may affect my continued	e is u any p iedia	intru payr ately	ue (mei / ac	or m nt l dvise	nisle rece	eadi eive	ng c froi	or if m tł	l fa ne E	il to Depa	dis artn	clos nen	se a t an	ny r d tł	elev nat	vant I ma	t inf ay b	orm e	natic	

I authorise the Department to disclose details of my Maternity Benefit claim to my employer.

Original signature only (not block letters and no photocopies)

The Department is required, by legislation, to share information with the Office of the Revenue Commissioners. Warning: If you make a false statement or withhold information, you may be prosecuted leading to a fine, a prison term or both.

Date:

D D

2 0

Y

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Y

MM

Part 1 continued	Your own details
12.Are you?	SingleCohabitingMarriedIn a Civil PartnershipSeparatedA surviving Civil PartnerDivorcedA former Civil PartnerWidowed(you were in a Civil Partnership)
13.From what date are you	married, in a civil partnership or cohabiting?
14. Were you married in the	Republic of Ireland?
lf 'No', please submit a v details).	erified copy of your marriage certificate (See Part 9 Checklist for
Part 2	Your work and claim details
15.Are you getting or have	you applied for any social welfare payment(s)?
If 'Yes', please state: Name of payment:	
Amount:	E a week
Name of payment:	
Amount:	E a week
16.If you are getting a pens	on or allowance from another country, please state:
Name of country:	
Your claim or reference number:	
Amount:	E , a week



in the last 4 years?			Yes	S				No													
If 'Yes', please state:	:				1							1									
Country:																					
Employer's name:																					
Employer's address:																					
Your social insurance number while there:	2]								
Dates you worked there:	From:]]														
	To:																				
		D	D	-	Μ	Μ	1	Υ	Υ	Y	Υ	-	1	1							_
Type of work:																					
Note: A separate sh	eet of	рар	er o	can	be	use	d fo	or m	ore	e de	tail	s if	nee	edeo	d.						
Are you currently?			Em	ploy	yed	onl	у				Self	-Em	plo	yed	onl	ly				Bo	otł
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If you are employed, employed only, pleas 9.If you are currently	please se go st	con raigl	tinu ht to	ie to o qu	o co Jest	mp ion	lete 24.													self-	-
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Part 2 continued

Your work and claim details

21.If you started work for the first time within the last 3 years, when did you start?	D	D]	Μ	M]	Y	Y	Y	Y]									
22.Are you related to your employer?		Ye	S				No													
If ' Yes ', how are you related to them?																				
to them:	lf y	ou	are	an	em	ploy	/ee	you	ır e	mpl	oye	er(s)) mi	ust	con	nple	ete	Par	t 4.	
23.If you are no longer in employment, please state]]														
the date you last worked:	D	D			Μ				Υ											
	Ple	ase	en	clos	e a	cop	ру о	t yo	bur	P45	sh	owi	ng I	the	dat	еу	ou	last	wo	rked
Your last employer's name:																				
Their address:																				
			1						 	 										
Your last employer's]					
telephone number:	M	O B		E]					
]					
	LA	N	DL	IN	E	1	I		I	I	1	1		<u> </u>	1					
Job title:																				



Part 2 continued

Your work and claim details

24. Are you or have you ever been self-employed?		Yes	5			1	No													
If 'No', please go to Part 3. If 'Yes', please complete fu		he	rem	nain	der	[,] of	this	see	ctio	on.										
Your occupation:			_	-		_														
Date you started self-																				
employment:	D	D		Μ	Μ		Y	Y	Y	Y	-									
If you are no longer self- employed, when were you																				
last self-employed?	D	D		Μ			Y	Υ	Y				_					_		
If you recently started self-	emp	oloy	me	nt, I	plea	ise	sen	d co	onfi	rma	itio	n of	f reg	gist	rati	on f	rom	n Re	ven	ue.
25.Please state your:													1							
Business name:																				
Business address:																				
Your business telephone															7					·1
number:	M) B	ΙL	E																
	LA	NI	DL	IN	Е	1		I		1	1	1	1	1						
Your business registration number:																				
If you are a sole trader, we	acc	ept	you	r Pl	PS r	านท	ber	as	γοι	ır b	usir	ness	s re	gist	rati	on I	านท	ber	•	
26. When do you intend to start maternity leave?																				
start materinty leave.	D	D		Μ	Μ		Y	Y	Y	Y	_									
27.Date you intend to return to self-employment after																				
your maternity leave?	D	D		Μ	Μ	_	Y	Y	Y	Y										
28.ls your company a limited company?		Yes	5				No													
If 'Yes', please attach a cop the year in which your mat							e rel	eva	nt	tax	yea	ar (1	this	is 1	two	yea	ars'	pric	or to	D
29. Are you a sole trader? If 'Yes', please attach a Nor		Yes		2667			No f Ta	v fo	vr +1	hor	مام	van	+ +-			(th	ic ic	† \\\/	2	
years' prior to the year in												van		I X Y	Cai	(ui	13 13			
Remember to send in th	ne r	elev	ant	t ce	rtif	icat	tes	and	l do	ocu	me	nts	wit	h t	his	app	lica	tio	n.	



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 (payments can only be made to accounts held in the Republic of Ireland).

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)



Employer's information

Your employer sho	ould on	ly c	com	nple	ete	thi	s se	ecti	on	aft	er y	you	ır 2	4 th	we	eek	of	pro	egn	an	cy.
30. What is your empl	oyee's																				
full name?																					
31.Please confirm the No.:	eir PPS]	1	1	1	1	1					
32.Please confirm the employee first star working for you:		D	D]	M	M]	Y	Y	Y	Y										
33.Please give full det	tails of y	our	em	plo	yee	e's n	nate	erni	ty l	eav	e d	ate	s.								
	From:																				
	То:	D	D]	M	M]		Y	V	V]									
34.Please give details before her matern the date she is due start on 01/07/2013 30/06/2013).	ity leave to star	e sta t ma	irts. ater	Yo	u ca y le	an f ave	ore . (e.	casi .g. li	t yo f yo	ur e	emp emp	oloy loye	ee' s	s PF mat	tern	con nity	trib leav	uti e is	ons	up	
Period of employment:	From:												Nu	ımb	er o	of w	eeks	5:	PRS	l cla	iss:
	To:																				
			D			Μ		-	Y	-	-										
35. If your employee h Class A to Class J),						ss o	f PF	RSI	(for	ex	amp	ole,	if t	heir	PR	RSI o	char	ıge	d fro	om	
Period of	From:]]	Nu	ımb	er c	of w	eeks	5:	PRS	l cla	ass:
employment:	То:]]									
		D	D]	Μ	Μ]	Y	Y	Y	Y]		I							
36.Please confirm the	e most re	ecen	nt da	ate	γοι	ur e	mp	loye	ee la	ast	wor	kec	d an	d tł	ne o	class	s of	PR	SI p	aid	on
that date:																PRS	ol cla	ass:			
		D	D			Μ		-	Y	-	Y										
I/We certify that the	employe	e is	en	title	ed t	o tl	ne p	beri	od (of n	nate	erni	ty l	eav	e st	ate	d al	oov	e.		
													En	nplo	oyeı	r's c	offic	ial	stan	np	
Your name (IN BLOCK I	ETTERS)																				
Signature (not block let	ters)]													
									[Date	e:]	2	0		
Position in company or	-	on						-	1	1	T	D	D		Μ	Μ		Y	Y	Y	Y
Employer's registere number:	ed										En	nplo	yer's	sec	tion	cont	tinue	d ov	verle	af 🗕	

Part 4 continued

Employer's information

E	Employer's Contact Details
Employer's telephone number:	MOBILE
Employer's email address:	
If you make any alteration	s after you complete the form, please initial and date them.
	ke a false statement or withhold information, you may be cuted leading to a fine, a prison term or both.
Part 5	Details of your child(ren)
supported by you?	 a currently have who normally live with you and who are being under age 18 age 18 - 22 in full-time education* * You must attach written confirmation from the school or college for the children aged 18 - 22
38.Please state child's:	
Surname:	
First name(s):	
PPS No.:	
Surname:	
First name(s):	
PPS No.:	
Surname:	
First name(s):	
PPS No.:	
Surname:	
First name(s):	
PPS No.:	

Note: A separate sheet of paper can be used for more details if needed.



Your maternity details (your doctor completes this)

Your doctor should onl	у со	omj	ple	te t	his	see	ctio	n a	fte	r y	ou	r 24	th .	we	ek	of	pre	gna	and	ey.
I certify that I have examined																				
examined																				
	(Na	me	of	арр	lica	nt)														
and that in my opinion she may expect to give birth on	D	D		M	M		Y	Y	Y	Y										
Date of examination	D	D		M	M]	Y	Y	Y	Y]									
Doctor's name:																				
DSP panel number:									IM	IC n	num	ber	:							
Address:																				
Doctor's telephone number:	LA	N	DL		E															
Doctor's email address:																				
												Do	octo	or's	offi	cial	sta	mp	1	
Doctor's Signature (not block letter	rs)						1													

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



39. Their PPS No.:

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

40.Title: (insert an 'X' or specify)	Mr.]	Mrs]	Ms	. [0	Othe	er							
41.Their surname:																				
42.Their first name(s):																				
43. Their birth surname:																				
44.Their mother's birth surname:			1			1					1									
45.Their date of birth:	D	D		M	Μ		Y	Y	Y	Y										
Part 8				spo an						-		ner	'S	or	co	ha	bi	tar	ıt's	6
You may be entitled to an in income or their gross weekly order to determine any incr	y pa ease	y is du	less e.	s tha	an€															ll in
46.Do you wish to claim an in	crea	ase	for	the	m?	_														
		Ye	S				No													
If 'No', please go to Part 9.	•																			
If 'Yes', please fully compl	ete	the	rer	naiı	nde	r of	f thi	s se	ecti	on.										
47. Were they born outside th	e El	U?																		
		Ye	S				No													
If 'Yes', please submit a ve passport, inclusive of all st			ору	* of	fth	eir	curi	rent	t Gl	NIB	car	d o	r we	ork	per	mit	an	d		
48. Are they currently residing	g in	the	Re	pub	lic (of lı	rela	nd?	•											
		Ye	S				No													
49.Do they currently live with	n yo	u?																		
		Ye	S				No													
lf 'Yes', please submit a ree If 'No', please state:	cent			hol	d b			ank	sta	ten	nen	t sh	ow	ing	pro	of c	of a	ddro	ess.	
Their address:																				
																	1			
																<u> </u>	<u> </u>	<u> </u>	<u> </u>	
50. Are they currently?		Em	ploy	ved o	only	y						Un	em	ploy	∕ed					
		Self	-Em	plo	yed	on	ly					Red	ceiv	ing	ber	nefit	t			
			-	ved a			-					Att	enc	ling	col	lege	Ĵ			



Part 8 continued

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

51. Are they currently working outside	-	f Ireland?				
If 'Yes', please state:	No					
Name of country:						
52.If they are employed , please include state:	e their 6 most	recent pa	yslips wit	h your ap	oplicati	on and
Gross income: € ,	e	a week				
53.If they are self-employed , please inc P35 and state:	clude their mo	st recent	Notice of	Assessm	ient an	d/or
Gross income: € ,		a week				
54. If they are getting or have applied for Health Service Executive, please sta		t(s) from t	his Depar	tment o	r from t	the
Name of payment:						
Amount: €		a week				
55. Are they employed on a C.E. or a FÁ	S Scheme?					
If 'Yes', please state:	No					
Name of payment:						
Gross income: €,	•	a week				
Please forward their 6 most recent p	ayslips or an e	employer's	statemer	nt for the	e last 6 v	weeks.
56. Are they attending school or college						
If 'Ves' are they in receipt of a grant	No No	thair cour	co of ctud	v2		
If 'Yes', are they in receipt of a grant		their cour	se or stud	y:		
If 'Yes', you must supply a letter from details of any college allowances/gra attending the course. If they are rec must also supply a letter from the lo allowances/grants (type and amoun	n the school o ants (type and eiving any allo cal authority s	amount) wances/g	that they rants from	are in re n a local a	ceipt of	f whilst
57.If they are working or getting a pen	sion or allowa	ice from a	nother co	untry, pl	ease st	ate:
Name of country:						
Nature of payment:						
Amount (in euros): € ,		a week				
58.Do they have any sources of income		e ones sta	ted above	?		
If 'Yes', please state:	No					
Nature of payment:						
Gross income: €		a week				

Checklist

Has your employer completed Part 4 after your 24th week of pregnancy?

Has your doctor completed Part 6 after your 24th week of pregnancy?

Have you enclosed the following?

- Your P45 (if applicable) see question 23
- Letter from school or college (if you have child(ren) aged between 18 and 22 who are in full-time education)
- A verified copy* of your current GNIB Card and Passport, including all entry and exit stamps, if applicable (Non-EEA citizens only)
- A verified copy* of all Work Permits held within the last 3 years, if applicable (Non-EEA citizens only)
- A verified copy* of your marriage certificate or civil partnership or civil union registration certificate (only if you were married or entered into a civil partnership or civil union outside the Republic of Ireland since you last updated your details with this Department)

If you are self-employed (if applicable):

- Your P35 for the relevant tax year (in the case of a company director)
- Your Notice of Assessment of Tax for the relevant tax year (in the case of a sole trader or partnership)

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

- If employed their 6 most recent payslips (**Only** if gross weekly earnings are less than €310)
- If self-employed their most recent Notice of Assessment of Tax and/or P35
- A verified copy* of their current GNIB Card/Work Permit and Passport, inclusive of all stamps (Non-EEA citizens only)
- A recent household bill or bank statement see question 49
- A letter from the school or college/Local Authority see question 56
- If they are on a C.E. or FÁS scheme, their 6 most recent payslips or an employer's statement for the last 6 weeks - see question 55

* To have verified, please bring to any 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 all relevant documentation is received.

Please remember to sign the declaration in Part 1.



Maternity Benefit Section FREEPOST Department of Social Protection McCarter's Road Ardarvan Buncrana Co. Donegal

Telephone:(01) 471 5898LoCall:1890 690 690

If calling from outside the Republic of Ireland please call +353 1 471 5898

Note

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

Note

You will not be paid Maternity Benefit for any period you spend outside the EU. If you are an EU citizen, you can get Maternity Benefit for any period of your maternity leave spent in an EU country. If you are not an EU citizen, you will only get Maternity Benefit for any period you spend in the Republic of Ireland.



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. 65K 04-13 Edition: April 2013

