



Application form for Maternity Benefit

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	T												
2. Title: (insert an 'X' or specify)	Mr.	<input type="checkbox"/>	Mrs.	<input checked="" type="checkbox"/>	Ms.	<input type="checkbox"/>	Other													
3. Surname:	M	U	R	P	H	Y														
4. First name(s):	M	A	U	R	E	E	N													
5. Your first name as it appears on your birth certificate:	M	A	R	Y																
6. Birth surname:	M	C	D	E	R	M	O	T	T											
7. Your mother's birth surname:	K	E	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	E	W		S	T	R	E	E	T									
	O	L	D			T	O	W	N												
	C	O		D	O	N	E	G	A	L											
10. Your telephone number:	O	N	E			N	U	M	B	E	R		P	E	R		B	O	X		
	MOBILE																				
	O	N	E			N	U	M	B	E	R		P	E	R		B	O	X		
	LANDLINE																				
11. Your email address:	O	N	E			C	H	A	R	A	C	T	E	R		P	E	R			
	B	O	X																		

SAMPLE

Application form for Maternity Benefit

Social Welfare Services

MB 10

Data Classification R



Part 1

Your own details

1. Your PPS No.:	<input type="text"/>
2. Title: (insert an 'X' or specify)	Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other <input type="text"/>
3. Surname:	<input type="text"/>
4. First name(s):	<input type="text"/>
5. Your first name as it appears on your birth certificate:	<input type="text"/>
6. Birth surname:	<input type="text"/>
7. Your mother's birth surname:	<input type="text"/>
8. Your date of birth:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	D D M M Y Y Y Y

Contact Details

9. Your address:	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
10. Your telephone number:	<input type="text"/> MOBILE
	<input type="text"/> LANDLINE
11. Your email address:	<input type="text"/>
	<input type="text"/>

Declaration

I declare that the information given by me on this form is truthful and complete. I understand that if any of the information I provide is untrue or misleading or if I fail to disclose any relevant information, that I will be required to repay any payment I receive from the Department and that I may be prosecuted. I undertake to immediately advise the Department of any change in my circumstances which may affect my continued entitlement.

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

Date:

D D M M Y Y Y Y

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.**



Part 1 continued

Your own details

12. Are you?

- Single
 Married
 Separated
 Divorced
 Widowed

- Cohabiting
 In a Civil Partnership
 A surviving Civil Partner
 A former Civil Partner
(you were in a Civil Partnership
that has since been dissolved)

13. From what date are you married, in a civil partnership or cohabiting?

D	D	M	M	Y	Y	Y	Y		

14. Were you married in the Republic of Ireland?

- Yes No

If 'No', please submit a verified copy of your marriage certificate (See Part 9 Checklist for details).

Part 2

Your work and claim details

15. Are you getting or have you applied for any social welfare payment(s)?

- Yes No

If 'Yes', please state:

Name of payment:

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Amount:

€ , . a week

Name of payment:

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

Amount:

€ , . a week

16. If you are getting a pension or allowance from another country, please state:

Name of country:

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

Your claim or reference
number:

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

Amount:

€ , . a week



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

If 'No', please go to Part 3.

If 'Yes', please complete fully the remainder of this section.

Your occupation:

Date you started self-employment:
D D M M Y Y Y Y

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

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

25. Please state your:

Business name:

Business address:

Your business telephone number:

MOBILE

LANDLINE

Your business registration number:

If you are a sole trader, we accept your PPS number as your business registration number.

26. When do you intend to start maternity leave?
D D M M Y Y Y Y

27. Date you intend to return to self-employment after your maternity leave?
D D M M Y Y Y Y

28. Is your company a limited company? Yes No

If 'Yes', please attach a copy of your P35 for the relevant tax year (this is two years' prior to the year in which your maternity leave starts).

29. Are you a sole trader? Yes No

If 'Yes', please attach a Notice of Assessment of Tax for the relevant tax year (this is two years' prior to the year in which your maternity leave starts).

Remember to send in the relevant certificates and documents with this application.



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)



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

30. What is your employee's full name?

31. Please confirm their PPS No.:

32. Please confirm the date employee first started working for you:
 D D M M Y Y Y Y

33. Please give full details of your employee's maternity leave dates.

From:
 To:
 D D M M Y Y Y Y

34. Please give details of your employee's PRSI record for the 12 month period immediately before her maternity leave starts. You can forecast your employee's PRSI contributions up to the date she is due to start maternity leave. (e.g. If your employee's maternity leave is due to start on 01/07/2013, you should provide her PRSI details for the period 01/07/2012 to 30/06/2013).

Period of employment: From: Number of weeks: PRSI class:
 To:

35. 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.

Period of employment: From: Number of weeks: PRSI class:
 To:

36. Please confirm the most recent date your employee last worked and the class of PRSI paid on that date:

PRSI class:
 D D M M Y Y Y Y

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

Your name (IN BLOCK LETTERS)

Signature (not block letters)

Position in company or organisation

Employer's registered number:

Employer's official stamp

Date:
 D D M M Y Y Y Y

Employer's section continued overleaf →



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

I certify that I have examined

Grid for name of applicant

(Name of applicant)

and that in my opinion she may expect to give birth on

Grid for date of examination

D D M M Y Y Y Y

Date of examination

Grid for date of examination

D D M M Y Y Y Y

Doctor's name:

Grid for doctor's name

DSP panel number:

Grid for DSP panel number

IMC number:

Grid for IMC number

Address:

Grid for address

Doctor's telephone number:

Grid for doctor's telephone number

LANDLINE

Doctor's email address:

Grid for doctor's email address

Box for doctor's signature

Doctor's Signature (not block letters)

Box for doctor's official stamp

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



Part 7

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

39. Their PPS No.:

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40. Title: (insert an 'X' or specify)

Mr.

Mrs.

Ms.

Other

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41. Their surname:

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42. Their first name(s):

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43. Their birth surname:

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44. Their mother's birth surname:

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

45. Their date of birth:

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D D

--	--

M M

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Y Y Y Y

Part 8

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

You may be entitled to an increase for your spouse, civil partner or cohabitant if they have no income or their gross weekly pay is less than €310 a week. You must complete this section **in full** in order to determine any increase due.

46. Do you wish to claim an increase for them?

Yes

No

If 'No', please go to Part 9.

If 'Yes', please **fully complete** the remainder of this section.

47. Were they born outside the EU?

Yes

No

If 'Yes', please submit a verified copy* of their current GNIB card or work permit and passport, inclusive of all stamps.

48. Are they currently residing in the Republic of Ireland?

Yes

No

49. Do they currently live with you?

Yes

No

If 'Yes', please submit a recent household bill or bank statement showing proof of address.

If 'No', please state:

Their address:

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50. Are they currently?

Employed only

Self-Employed only

Employed **and**
Self-Employed

Unemployed

Receiving benefit

Attending college



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.



Send this completed application form to:

Maternity Benefit Section

FREEPOST

Department of Social Protection

McCarter's Road

Ardarvan

Buncrana

Co. Donegal

Telephone: (01) 471 5898

LoCall: 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.

