



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. If a question does not apply to you, please leave the answer area blank.
- You need a Personal Public Service Number (PPS No.) before you apply.

If you are an employee fill in **Parts 1, 2, 3, 5, 7 and 8** as they apply to you. You should have **your employer** complete **Part 4**. You should have your **doctor** complete **Part 6**. When form is completed, read **Part 9** and sign declaration in **Part 1**.

If you are self-employed you fill in **Parts 1, 2, 3, 5, 7 and 8** as they apply to you. You should have your doctor complete **Part 6**. When form is completed, read **Part 9** and sign declaration in **Part 1**.

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 claim:

- 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:	0	1	7	0	4	3	0	0	0												
	LANDLINE																				
	0	8	6	1	2	3	4	5	6	7											
	MOBILE																				
11. Your email address:	M	M	U	R	P	H	Y	@	W	E	L	F	A	R	E	.	I	E			

SAMPLE

Employer's telephone number:

LANDLINE

MOBILE

Job title:

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

D	D	M	M	Y	Y	Y	Y

17. Are you related to your employer?

Yes No

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

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

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

Name of country:

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Your claim or reference number:

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

Amount:

€ , . a week

19. Have you 'signed' for Jobseeker's Benefit or Allowance or for 'credits' during the last 2 years?

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.

20. If you have ever lived or been employed in another EU country, please specify the details below.

Country 1

Country:

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

Employer's name:

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Employer's address:

Your social insurance number while there:

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

Dates you worked there:

From:

To:

D D M M Y Y Y Y

Type of work:

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



21. 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.

Please state your:

Business name:

Business address:

Your business telephone number: **LANDLINE**
 MOBILE

Your business registration number:

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

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

24. Is your company a limited company? Yes No

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

25. 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.



Part 4 continued

Employer's information

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

Signed by or for employer

Signature (not block letters)

Position in company or organisation

Employer's official stamp

Date:

D D

M M

2 0

Y Y Y Y

Employer's registered number:

Employer's telephone number:

LANDLINE

MOBILE

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 your qualified child(ren)

30. How many children do you wish to claim for?

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

Please state child's:

Surname:

First name(s):

PPS No.:

Surname:

First name(s):

PPS No.:

Surname:

First name(s):

PPS No.:



Part 5

Details of your qualified child(ren)

Surname:

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First name(s):

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

PPS No.:

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Surname:

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First name(s):

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PPS No.:

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Part 6

Your maternity details (your doctor completes this)

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

I certify that I have examined

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and

(Name of applicant)

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.

Address:

DSFA panel number

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Doctor's Signature (not block letters)

Doctor's official stamp

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Has your employer completed Part 4?

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

Have you enclosed the following?

Your marriage certificate (if you were married outside the Republic of Ireland since you were last in touch with this Department)

Your P45 (if applicable)

If you are self-employed:

Your P35 (if applicable)

Notice of Assessment of Tax (if applicable)

Please remember to sign the declaration in Part 1.

Send this completed application form to:

Maternity Benefit Section

Department of Social and Family Affairs

Inner Relief Road

Ardarvan

Buncrana

Co. Donegal.

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

Telephone: + 353 74 91 64491 (from Northern Ireland or overseas)

Note

The rates charged for using 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 according to the law.

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

