



# Application form for Maternity Benefit

## How to complete this application form.

- Please use this page 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**.

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**.

## Employer:

Please complete and stamp **Part 4**.

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 your local Social Welfare Office or Citizens Information Centre.

For more information, log on to **[www.welfare.ie](http://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:	0	8	6	1	2	3	4	5	6	7											
	MOBILE																				
	0	1	7	0	4	3	0	0	0												
	LANDLINE																				
11. 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

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

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

### Declaration

I declare that all the information I have given on this form is accurate.

I will tell the Department when my means or circumstances change.

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 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. If you are married, in a civil partnership or cohabiting, from what date?

D	D	M	M	Y	Y	Y	Y		

## Part 2

## Your work and claim details

14. 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

15. If you are getting or have applied for any payment(s) from this Department or from the Health Service Executive, please state:

Name of payment:

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Amount:

€ , .  a week

Name of payment:

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

Amount:

€ , .  a week

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

- Yes  No

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

Country:

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

Employer's name:

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

Employer's address:

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

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Your social insurance number while there:

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

Dates you worked there:

From:

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

To:

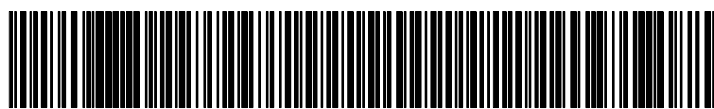
--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

D D M M Y Y Y Y

Type of work:

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

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



18. Are you currently?  Employed  Self-Employed

You are 'employed' when you work for another person or company and you get paid for this work. If you are employed, please continue to complete the questions below. If you are currently self-employed only, please go straight to question 23.

19. If you are currently employed, please state:

Employer's name: [Grid for name]

Employer's address: [Grid for address]

Employer's telephone number: [Grid for number] MOBILE [Grid for mobile number]

LANDLINE

Job title: [Grid for title]

Gross weekly earnings: € [Grid] , [Grid] . [Grid] a week

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

Do you currently have more than one employment?

Yes  No

Please note that if you have more than one employer, each employer must complete Part 4. A photocopy of Part 4 or a letter containing the same information will do.

20. If you are no longer in employment, please state the date you last worked:

[Grid] [Grid] [Grid] [Grid] [Grid] [Grid] [Grid] [Grid]  
D D M M Y Y Y Y

Please enclose a copy of your P45 showing the date you last worked.

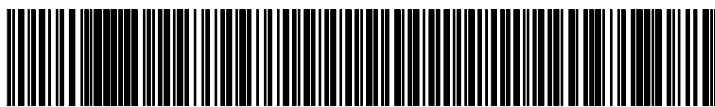
Your last employer's name: [Grid for name]

Their address: [Grid for address]

Your last employer's telephone number: [Grid for number] MOBILE [Grid for mobile number]

LANDLINE

Job title: [Grid for title]



21. If you started work for the first time within the last 3 years, when did you start?

D D		M M		Y Y Y Y					

22. Are you related to your employer?

Yes  No

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

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

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

23. 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:

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Business address:


Your business telephone number:

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

MOBILE

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

LANDLINE

Your business registration number:

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

24. When do you intend to start maternity leave?

D D		M M		Y Y Y Y			

25. Date you intend to return to self-employment after your maternity leave?

D D		M M		Y Y Y Y			

26. Is your company a limited company?

Yes  No

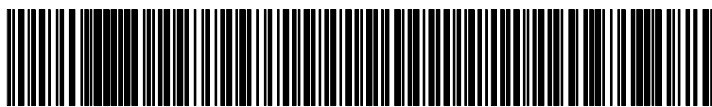
If 'Yes', attach a copy of your P35 for the appropriate year(s).

27. 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 3

## Your payment details

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.

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)

## Part 4

## Employer's information

### TO BE COMPLETED BY EMPLOYERS ONLY

28. What is your employee's full name?

29. Please confirm their PPS No.:

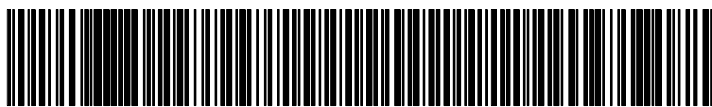
30. Please confirm the date employee first started working for you:

D D

M M

Y Y Y Y

Continued overleaf →



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

From:

To:

D D M M Y Y Y Y

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

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

To:

D D M M Y Y Y Y

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:

D D M M Y Y Y Y

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

Name: \_\_\_\_\_

IN BLOCK LETTERS

Signed by or for employer

Signature (not block letters)

Position in company or organisation

Employer's official stamp

Date:

D D M M Y Y Y Y

Employer's registered number:

Employer's telephone number:

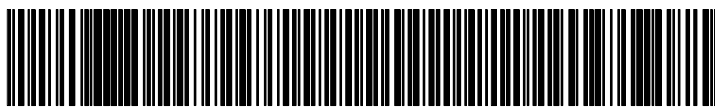
MOBILE

LANDLINE

Employer's email address:

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

**Warning: If you make a false statement or withhold information, you may be prosecuted leading to a fine, a prison term or both.**





33. 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.:

Surname:

First name(s):

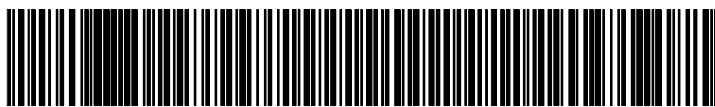
PPS No.:

Surname:

First name(s):

PPS No.:

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



Your doctor should only complete this section after your 24<sup>th</sup> 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 birth (DD MM YYYY)

Date of examination

Grid for date of examination (DD MM YYYY)

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

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

34. Their PPS No.:

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

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

Mr.  Mrs.  Ms.  Other 

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

36. Their surname:

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

37. Their first name(s):

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

38. Their birth surname:

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

39. Their mother's birth surname:

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

40. Their date of birth:

D	D	M	M	Y	Y	Y	Y												

41. Do they currently live with you?

Yes  No

42. If they do not live with you, please state their address:


## 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 their gross weekly pay is less than €310 per week.

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

Yes  No

If 'No', please go to Part 9.

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

44. If they are **employed**, please include their **6 most recent payslips** with your application and state:

Gross income: € 

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

 . 

--	--

 a week

45. If they are **self-employed**, please include their **most recent Notice of Assessment** and state:

Gross income: € 

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 . 

--	--

 a week

46. If they have income from any other source, such as an occupational pension, please state:

Gross income: € 

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 . 

--	--

 a week

47. If they are getting or have applied for any payment(s) from this Department or from the Health Service Executive, please state:

Name of payment: 

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Amount: € 

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 . 

--	--

 a week

48. If they are getting a pension or allowance from another country, please state:

Name of country: 

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

Their claim or reference number: 

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

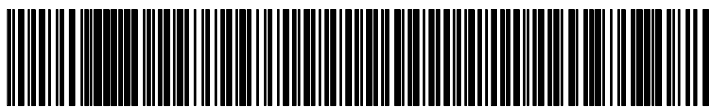
Amount (in euros): € 

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 . 

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 a week



**Has your employer completed Part 4?**

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

**Have you enclosed the following?**

- Letter from school or college  
(if you have child(ren) aged between 18 and 22 who are in full-time education)
- Your P45 (if applicable) - see question 20
- A verified copy of your GNIB Card/Work Permit (Non-EEA citizens only)\*

**If you are self-employed (if applicable):**

- Your most recent P35
- Your most recent Notice of Assessment of Tax

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

- If employed - their 6 most recent payslips (if gross weekly earnings are less than €310)
- If self-employed - their most recent Notice of Assessment of Tax or P35

**If you were married or entered into a civil partnership or a civil union outside the Republic of Ireland:**

- A verified marriage certificate or civil partnership or a civil union registration certificate\*

\* To have verified, please bring to any Garda Station or 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 we receive the documentation indicated above.**

**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

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

Telephone: + 353 1 4715898 (from Northern Ireland or overseas)

**Note**

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

**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.

