



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**. 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 only complete and stamp **Part 6** after the 24th week of pregnancy.

Employer:

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

It is acceptable to forecast your employee's PRSI contributions for any period after the 24th week of pregnancy 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 Citizens Information Centre, your local Intreo Centre or your local Social Welfare Office.

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
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											
	D	O	N	E	G	A	L		T	O	W	N							
County	D	O	N	E	G	A	L		Postcode										
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

Part 1

Your own details

1. **Your PPS No.:**

2. **Title:** (insert an 'X' or specify) Mr. Mrs. Ms. Other

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 M M Y Y Y Y

Contact Details

9. **Your address:**

County

Postcode

10. **Your telephone number:** MOBILE

LANDLINE

11. **Your email address:**

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:

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

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

17. Have you lived, been employed, or received a social welfare payment in another EU country in the last 4 years?

Yes No

If 'Yes', please state:

Country:

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

Employer's name:

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

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:

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

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

18. Are you currently employed? Yes No

If 'Yes', please state:

Are you? Employed only Self-Employed only Both

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 24. If you are not employed, please go straight to question 23.

19. If you are currently employed, please state:

Employer's name:

Employer's address:

Employer's telephone number:

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

M O B I L E

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

L A N D L I N E

Job title:

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

Gross weekly earnings: €

--	--

,

--	--	--	--

.

--	--

 a week (approximately)

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

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 your self-assessment acknowledgement form you will have received from the Revenue Commissioners and accompanying Form 11 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.

Please state clearly who you wish your payment to issue to.

This payment should issue to: You OR Your employer

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).

Financial Institution

You will find the following details printed on statements from your financial institution.

Name of financial institution:

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 account in a financial institution.

Signature (not block letters)

Note for Employer:

To qualify for the maximum 26 weeks Maternity Benefit, an employee must take at least 2 weeks and at most 16 weeks leave before the end of the week in which her baby is due. If your employee wishes to take the minimum 2 week period of maternity leave prior to the birth of her baby, she should commence her maternity leave on the Monday prior to the week in which her baby is due.

For example, if the due date is Wednesday 14/10/2015, the latest date the employee should commence maternity leave is Monday 05/10/2015.

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 (e.g. If your employee's maternity leave is due to start on 06/07/2015, you should provide her PRSI details for the period 06/07/2014 to 05/07/2015). **The forecasting of contributions is acceptable for any period after the 24th week of pregnancy.**

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 date your employee was last present in the workplace and the class of PRSI paid on that date:

<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

PRSI class:

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 official stamp

Date:

<input type="text"/>	<input type="text"/>
D	D

<input type="text"/>	<input type="text"/>
M	M

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	0		
Y	Y	Y	Y

Employer's registered number:

Employer's Contact Details

Employer's telephone number:

MOBILE

LANDLINE

Employer's email address:

If you make any alterations after you complete the form, you must initial and date them otherwise the information supplied cannot be accepted.

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

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, you must initial and date them otherwise the information supplied cannot be accepted.

Part 7

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

39. Their PPS No.:

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

Mr.

Mrs.

Ms.

Other

41. Their surname:

42. Their first name(s):

43. Their birth surname:

44. Their mother's birth surname:

45. Their date of birth:

D D

M M

Y Y Y Y

46. Do they currently live with you?

Yes

No

If 'No', 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 they have no income or their gross weekly pay is less than €310 a week and they are not getting a payment from this Department in their own right. You must complete this section **in full** in order to determine any increase due.

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

Yes

No

If 'No', please go straight to **Part 9**, as there is no need to complete the remainder of this section.

If 'Yes', please **fully complete** the remainder of this section and submit a recent household bill or bank statement showing proof of their address.

48. 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.

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

Yes

No

50. Are they currently?

Employed only

Self-Employed only

Employed **and** Self-Employed

On a C.E., Tús or any other scheme.

Unemployed

Receiving benefit/assistance

Attending college

Attending Solas (was FÁS) training course.

51. Are they currently working outside the Republic of Ireland?

Yes No

If 'Yes', please state:

Name of country:

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

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

Gross income: €

--	--	--	--

,

--	--	--	--

.

--	--

 a week

53. If they are self-employed, please attach their most recent self-assessment acknowledgement form received from the Revenue Commissioners and the accompanying Form 11 and/or P35 and state:

Gross income: €

--	--	--	--

,

--	--	--	--

.

--	--

 a week

54. 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:

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

Amount: €

--	--	--	--

,

--	--	--	--

.

--	--

 a week

55. If they are on a C.E., Tús, Rural Social Scheme or any other scheme, please state:

Name of payment:

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

Gross income: €

--	--	--	--

,

--	--	--	--

.

--	--

 a week

Please forward their 6 most recent payslips or an employer's statement for the last 6 weeks.

56. Are they attending school or college?

Yes No

If 'Yes', are they in receipt of a grant in relation to their course of study?

Yes No

If 'Yes', you must supply a letter from the school or college stating the date they started and details of any college allowances/grants (type and amount) that they are in receipt of whilst attending the course. If they are receiving any allowances/grants from a local authority, you must also supply a letter from the local authority stating the details of these allowances/grants (type and amount).

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

Name of country:

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

Nature of payment:

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

Amount (in euros): €

--	--	--	--

,

--	--	--	--

.

--	--

 a week

58. Do they have any sources of income other than the ones stated above?

Yes No

If 'Yes', please state:

Nature of payment:

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

Gross income: €

--	--	--	--

,

--	--	--	--

.

--	--

 a week

Important:

If you do not claim within 6 months of the birth of your baby you may lose benefit.

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 your 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 self-assessment acknowledgement form received from the Revenue Commissioners and the accompanying Form 11 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). Please note that the following documents are only required if you are claiming for your spouse, civil partner or cohabitant:

- If employed - their 6 most recent payslips (**Only** if gross weekly earnings are less than €310)
- If self-employed - their most recent self-assessment acknowledgement form received from the Revenue Commissioners and the accompanying Form 11 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 (no older than 3 months) - see question 47
- If they are on a scheme (including C.E., Tús or other scheme), their 6 most recent payslips or an employer's statement for the last 6 weeks - see question 55
- A letter from the school or college/Local Authority - see question 56

*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 fully processed until all relevant documentation is received.

Ensure that if your employer or doctor has made any alterations after they completed the form that they have initialled and dated these changes. If they have not done so, the processing of your claim may be delayed.

Please remember to sign the Declaration in Part 1.

If you have any difficulty in filling in this form, please contact your local Citizens Information Centre, your local Intreo Centre or your local Social Welfare Office.

Send this completed application form to:

Maternity Benefit Section

FREEPOST

Department of Social Protection

McCarter's Road

Buncrana

Co. Donegal

Telephone: (01) 471 5898

LoCall: 1890 690 690

If you are 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.

If your application for Maternity Benefit is successful, you will receive an MB35 award letter. It is important to retain this MB35 document for future reference.

Please note that Maternity Benefit is payable a week in advance. It is a six-day week payment and is not payable for Sundays. Payment is made on a Monday. If your leave starts on any day other than a Monday, your first payment will reflect this and you will get a reduced payment for that week.

Data Protection Statement

The Department of Social Protection will treat all information and personal data you give us as confidential. However, it should be noted that information may be exchanged with other Government Departments / Agencies in accordance with the law.

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