



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.
- You need a Personal Public Service Number (PPS No.) before you apply.

Employee:

If you are an **employee** fill in **Parts 1, 2, 3, 4, 6 and 7** as they apply to you. When form is completed, read **Part 9** and sign declaration in **Part 1**.

Self-employed:

If you are **self-employed** fill in **Parts 1, 2, 3, 4, 6 and 7** as they apply to you. When form is completed, read **Part 9** and sign declaration in **Part 1**.

Doctor:

Please fill in **Part 5** of the form. Please make sure you sign and stamp this part of the form.

Employer:

If you are an **employer** fill in **Part 8**. Please make sure you sign and stamp this part of the form.

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 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

Employer's telephone number:

MOBILE

LANDLINE

Job title:

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17. 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

18. 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 8.

19. 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

20. 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:

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

Amount:

€ , . a week

Name of payment:

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

Amount:

€ , . a week

21. 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.

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

Country:

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Employer's name:

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Employer's address:

Your social insurance number while there:

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Continued overleaf →



You can get your payment direct to your current, deposit or savings account in a financial institution or directly to your employer. Please complete one option below.

Financial Institution

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

Name 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):

OR

If you want us to make your payment to your employer, please sign below.

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)



A qualified child is a child for whom you wish to claim an allowance.
For more information, log on to www.welfare.ie.

28. 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.:



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

I certify that I have examined

(Name of applicant)

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:

DSFA panel number:

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

IMC number:

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

Address:

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Doctor's Signature (not block letters)

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Doctor's official stamp



Part 6

Your spouse's or partner's details

29. Does your spouse currently live with you?

Yes No

If 'No', please give details of your spouse's address:

Please answer questions 30 to 36 if you are married or living with your partner as husband and wife.

30. Their PPS No.:

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

Mr. Mrs. Ms. Other

32. Their surname:

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33. Their first name(s):

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34. Their birth surname:

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35. Their mother's birth surname:

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36. Their date of birth:

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

Part 7

Your spouse's or partner's work and claim details

A qualified adult is someone you are married to or living with as husband and wife and who you are wholly or mainly maintaining. You may claim an increase for your spouse or partner if their gross weekly pay is less than €310 per week.

37. Do you wish to claim an increase for your spouse or partner?

Yes No

If 'No', please go to Part 8.

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

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

Gross income: € , . a week

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

Gross income: € , . a week

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

Gross income: € , . a week

41. If your spouse or partner is getting or has applied for any payment(s) from this Department or from the Health Service Executive, please state:

Name of payment:

Amount: € , . a week

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

Name of country:

Their claim or reference number:

Amount (in euros): € , . a week



Has your employer completed Part 8?

Has your doctor completed Part 5 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).

If you are self-employed (if applicable):

- Your P35.
- Notice of Assessment of Tax.

In respect of your Spouse/Partner (if applicable):

- If employed – their 6 most recent payslips.
- If self-employed – their Notice of Assessment of Tax.

If married outside the Republic of Ireland:

- A verified copy of your marriage 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

Inner Relief 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.

