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.
- To qualify for the maximum 26 weeks maternity leave, you must start your maternity leave at least 2 weeks before the end of the week in which your baby is due.

Employee (not Self-Employed):

If you are an employee, please fill in **Parts 1 to 6** of this form as they apply to you. Once the form is completed, read **Part 7** and sign declaration in **Part 1**.

You will also need to ask your employer to complete the **Employer Certificate** (**MB2**) which is attached to this form.

Self-Employed or recently finished insurable employment:

If you are self-employed, or recently finished insurable employment, please fill in **Parts 1** to **6** of this form as they apply to you. Once the form is completed, read **Part 7** and sign the declaration in **Part 1**.

You will need to ask your doctor to complete the **Medical Certificate** (**MB3**) which is also attached to this form.

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.

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.

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	Τ											
 Title: (insert an 'X' or specify) 	Mr.			Mrs	5. X	(Ms	5.			C)the	er						
3. Surname:	Μ	U	R	Ρ	Η	Y													
4. First name(s):	Μ	Α	U	R	Ε	Ε	Ν												
5. Your first name as it appears on your birth certificate:	Μ	A	R	Y															
6. Birth surname:	Μ	С	D	Ε	R	Μ	0	Τ	Т										
7. Your date of birth:	2	8		0	2		1	9	7	0									
	D	D		Μ	Μ		Y	Y	Y	Y									
8. Your mother's birth surname:	K	Ε	L	L	Y														
				Co	ont	act	D	eta	ils										
9. Your address:	1		Ν	Ε	W		S	Т	R	Ε	Ε	Т							
	0	L	D		Т	0	W	N											
	D	0	N	E	G	A	L		Т	0	W	Ν							
County	D	0	N	E	G	A	L				Pos	tco	de						
10.Your telephone number:	0	Ν	Ε		N	U	Μ	В	Ε	R		Ρ	Ε	R		В	0	X	 1
·	M) B	I L	E											I				
	0	Ν	Ε		Ν	U	Μ	В	Ε	R		Ρ	Ε	R		В	0	Χ	
	LA	N	DL	IN	E	_	_	_									_	_	
11.Your email address:	0	Ν	Ε		С	Η	Α	R	Α	С	Τ	Ε	R		Ρ	Ε	R		
	В	0	Χ																

Application form for Maternity Benefit

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Social Welfare Services

Data Classification R

Part 1)	ίοι	1r (ow	'n	de	tai	ls												
1. Your PPS No.:																				
 Title: (insert an 'X' or specify) 	Mr.]	Mrs	5.		Ms	•			C	Dthe	er							
3. Surname:																				
4. First name(s):																				
5. Your first name as it appears on your birth certificate:																				
6. Birth surname:																				
7. Your date of birth:	D	D]	M	•		Y	Y	Y	Y										
8. Your mother's birth surname:																				
			(Cor	nta	ct l	Def	tail	s											
9. Your address:																				
County											Pos	tco	de							
10.Your telephone number:															Μ	0	BI	LE		
															L		I D	LII	NE	
11.Your email address:																				
				D	ecl	ara	atio	on												
I declare that the information g any of the information I provide that I will be required to repay a prosecuted. I undertake to imm which may affect my continued I authorise the Department to o	e is u any iedia ent	untr pay atel title	rue me y ao me	or n nt l dvis nt.	nisle reco e th	eadi eive e D	ing o fro epa	or if m tl rtm ern	l fa he [ent ity	il to Dep of a	o dis artr any	sclo: nen cha	se a It ar Inge	ny r nd tl e in	relev hat my	vant I ma circ mpl	t inf ay b um: oye	form ie stan r.	natio	on,
								Dat	ie:							2	2 0	1		

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.



YYYY

MM

DD

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Part 1 continue	d	Y	ou	r c	ow	'n	de	tai	ls												
12.Are you?			Sing Marı Sepa Divo Wide	ried arat orce	ed d								In a A s A f	urv orm vere	vil F ivin ier (in a	Part g Ci Civi a Ci	ivil Pa vil F	Part rtne Part	tner	ship	1
13.From what date ar	e you ma	arrie	ed, i	in a	civ	/il p	art	ner	ship	o or	col	hab	itin	g?							
		D	D		Μ	Μ		Y	Y	Y	Y										
14. Were you married	in the Re	epu			Irel	and	_														
lf 'No', please subn details).	nit a ver	ifie	Yes d co		of	you		No narr	iag	e c	erti	fica	te (See	e Pa	art 7	7 Cł	necl	klist	for	
Part 2		Y	ou	rv	NO	rk	aı	nd	cla	air	n c	let	ail	S							
15.Have you lived, be in the last 4 years?		oye	d, o Yes		ecei	ved	_	s <mark>oci</mark> No	al v	velf	are	рау	/me	nt i	n a	not	her	EU	COI	Inti	ſУ
lf 'Yes', please stat	e:						'					1									
Country:																					
Employer's name:																					
Employer's address:																					
(County											Pos	tco	de							
Your social insurance number while there	-																				
Dates you worked there:	From:																				
	To:			[
		D	D	L	Μ	Μ		Y	Y	Y	Y	1									
Type of work:																					
Note: A separate s	heet of	pap	er ca	an l	be	use	d fo	or m	ore	e de	etail	s if	nee	ede	d.						
16.Are you?			Emj	ploy	yed						Bot	h E	mpl	oye	d a	nd S	Self-	Em	ploy	/ed	
			Self-	-Em	plo	yed	l		[Not	cui	ren	tlyi	in E	mpl	oyn	nen	t		

You are '**employed**' when you work for another person or company and you get paid for this work.



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Part 2 continued

Your work and claim details

17.If you are currently employ	yed,	ple	ase	sta	ate:															
Employer's name:																				
Employer's address:																				
County]	Pos	tco	de							
Employer's telephone number:															Μ	0	BI	LE		
															L		D	LII	NE	
Gross weekly earnings: ϵ		,			_			a	wee	ek (a	appi	roxi	mat	ely))					
	'Gro	oss p	bay'	is y	/oui	r pa	y be	efor	e ta	ix, F	PRSI	, un	ion	due	es o	r otl	her	ded	luct	ions.
18.Do you currently have more	re th			e en	nplo	_		?												
Discourse to the tife on the second		Yes			L		No						/			- 4 -		-		
Please note that if you have Certificate (MB 2) (a photo information will do).	moi cop	re tr y of	nan ME	one 3 2 (e en or a	let	byer ter s	, ea sign	ed	emp by y	oloy /our	er n em	iplo	yer	mpi con	ete tair	an ning	the	sar	ne
19.If you started work for the	firs	t tin	ne	wit	hin	the	las	t 3	yea	rs,	whe	en d	lid y	you	sta	rt?				
20.Are you related to your employer?	D	D Yes		Μ	M	_	Y No	Y	Y	Y										
If 'Yes', please state:																				
How are you related to them?																				
21.If you are no longer in]									
employment, please state the date you last worked:	D	D			Μ			Y												
	Plea	ase	end	clos	e a	cop	by o	t yc	bur	P45	5 sh	owi	ng	the	dat	e yo	ou I	ast	woi	r ked
Your last employer's name:																				
Their address:																				
County											Pos	tco	de							
Your last employer's telephone number:																				
Were you related to this employer?		Yes				1	No													
If 'Yes', how were you related to them?																				
A92696D7																			Р	age 3

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Part 2 continued

Your work and claim details

22.Are you or have you been	self-	emp	olo	yed	in	the	las	t 5 y	yea	rs?										
		Yes					No													
If 'No', please go to Part 3. If 'Yes', please complete fu		he r	en	nain	dei	r of	this	s se	ctio	on.										
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	Μ]	Y	Y	Y	Y										
23.Please state your:									1				1	1					1	·1
Business name:																				
Business address:																				
Country										1	Dee		da							
County											POS	tco	ae							
Your business telephone number:																				
Your business registration number:]										
If you are a sole trader, we	acce	ept y	/ 0 L	ır P	PS r	nun	nbei	as	γοι	ır b	usir	ness	re	gist	rati	on r	um	ber	•	
24.Is your company a limited company?		Yes					No													
lf 'Yes', please attach a cor the year in which your ma	-							leva	int	tax	yea	ar (1	this	is t	wo	yea	rs'	pric	or to	D
25.Are you a sole trader?		Yes					No													
If 'Yes', please attach your from the Revenue Commis is two years' prior to the y	ssior	ners	an	d a	ссо	mp	anyi	ng	For	m 1	1 fe	or t	he i							is
26.When do you intend to start maternity leave?	D	D		M	Μ		Y	Y	Y	Y										
27.Date you intend to return to self-employment after your maternity leave?	D	D		M	Μ]	Y	Y	Y	Y										
Remember to send in the	he re	elev	an	t ce	rtif	fica	tes	and	l do	ocui	mei	nts	wit	h t	his a	app	lica	tio	n.	



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Part 3	You	r pay	ymei	nt d	etai	ls								
Please state clearly who	you wis	h yoւ	ır pay	men	nt to	issue	e to.							
This payment should issue	e to:	You			OR		You	r ei	mpl	oyer]	
Pa	aymen	t dire	ect to	you	ır er	nplo	oyer							
If you want us to make yo complete account details Department of Social Pro account in a financial inst	on the tection	Emp to pa	loyer	Cert	tifica	te (l	MB 2	2).	lau	thor	ise	the	;	
Signature (not block letters)														
If payment is to be made to ye	our emp	loyer,	do no	t con	plete	e the	secti	on k	oelov	v.				
Your pa	aymen	t det	ails -	Fin	anci	al Ir	nstit	utio	on					
If you want to get your payme institution, please fill in your		detail find th	s belo e follo	w.	-			-						al
Name of financial institution:														
Bank Identifier Code (BIC):]						
International Bank Account Number (IBAN):														
Account name(s):														
											\downarrow	 		



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Part	4
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Your spouse's, civil partner's or cohabitant's details

28. Their PPS No.:																		
29.Title: (insert an 'X' or specify)	Mr.			Mrs		Ms	•			C	Othe	er						
30. Their surname:																		
31.Their first name(s):																		
32. Their birth surname:																		
33. Their date of birth:	D	D		M	M	Y	Y	Y	Y									
34.Their mother's birth surname:					///				-									
35.Do they currently live with	n yo	u?																
		Yes	•			No												
If 'No' please state:																		
If 'No', please state: Their address:																		
										Pos	tco	de						
Their address:									pa	rtn			or	 ha	bit	tan	ıt's	

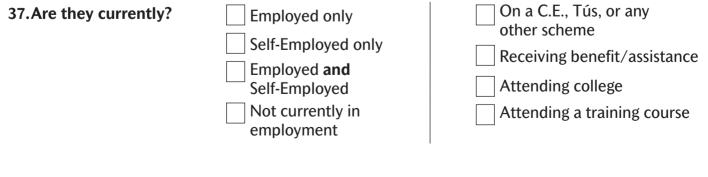
You may be entitled to an increase for your spouse, civil partner or cohabitant if they have no income or their gross weekly pay is \in 310 or less a week and they are not getting a payment from this Department in their own right. You must complete this section **in full** in order to determine any increase due. You should have their consent to provide this information.

36.Do you wish to	claim an	increase for	them?
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	Yes		No
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If 'No', please go straight to **Part 6**, 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.





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Part 5 continued	Your spouse's, civil partner's or cohabitant's work and claim details
deductions (if employed) or e	kly Earnings? Gross Weekly Earnings are earnings before tax and PRSI earnings before tax and after deductions (if self-employed).
Gross income: €	a week
their 6 most recent payslip If they are self-employed ,	CE, Tús, Rural Social Scheme or any other scheme, please include as or an employer's statement for the last six weeks. please attach their most recent self-assessment acknowledgement venue Commissioners and the accompanying Form 11 and/or P35 .
39. Do they hold any (includin	g joint) bank accounts, investments, property or capital?
If 'Yes', please state:	
Current value: €	
40. If they are working or getti	ing a pension or allowance from another country, please state:
Name of country:	
Nature of payment:	
Amount (in euros): €	a week
41. Were they born outside th	e EU?
	Yes No
If 'Yes', please submit a ver passport, inclusive of all st	rified copy* of their current GNIB card or work permit and amps.
42. Are they attending school	or college?
	Yes No
details of any college allow attending the course. If the	letter from the school or college stating the date they started and vances/grants (type and amount) that they are in receipt of while ey are receiving any allowances/grants from a local authority, you from the local authority stating the details of these and amount).
43.Do they have any sources of	of income other than the ones stated above?
If 'Yes', please state:	Yes No
Nature of payment:	
Gross income: €	a week



Part 6

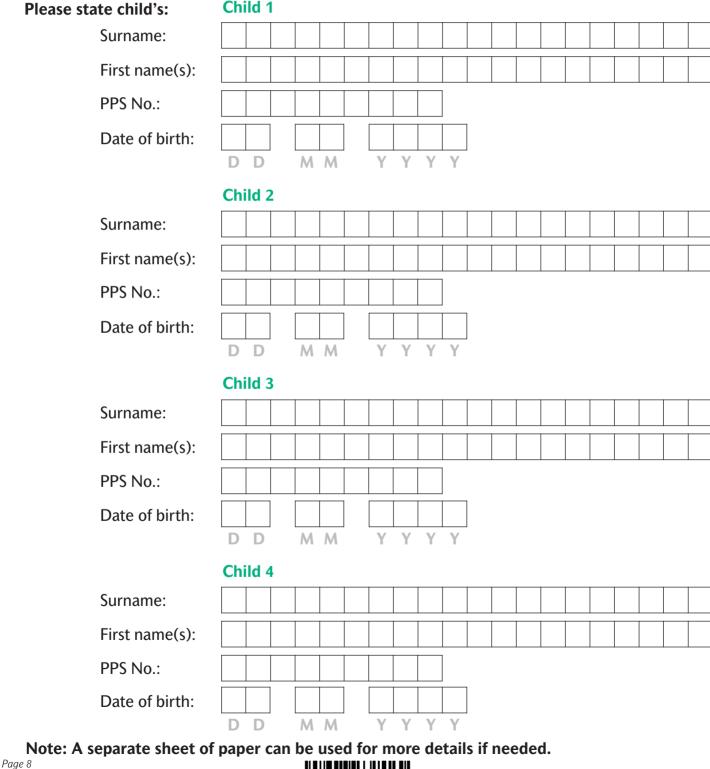
Details of your child(ren)

44.Do you wish to claim for children who normally live with you and who are being supported by you (this does not include any unborn child(ren))?

Yes No

age 18 - 22 in full-time education*

* You must attach written confirmation from the school or college for the children aged 18 - 22



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Part 7

Checklist

Important:

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

If you are employed:

Has your employer completed an MB 2 form after your 24th week of pregnancy?

If you are self-employed or recently finished insurable employment:

Has your doctor completed an MB 3 form after your 24th week of pregnancy?

Have you enclosed the following?

- Your P45 (if applicable) see question 21
- Letter from school or college (if you have child(ren) aged between 18 and 22 who are in full-time education)
- A copy of your current GNIB Card and Passport, including all entry and exit stamps, if applicable (Non-EEA citizens only)
- A copy of all your Work Permits held within the last 3 years, if applicable (Non-EEA citizens only)
- A 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 €310 or less)
- If self-employed their most recent self-assessment acknowledgement form received from the Revenue Commissioners and the accompanying Form 11 and/or P35
- A 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 36
- 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 38
- A letter from the school or college/Local Authority see question 42

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 Maternity Benefit Section, your local Citizens Information Centre, your local Intreo Centre or your local Social Welfare Office.

Maternity Benefit Section FREEPOST Department of Social Protection McCarter's Road Buncrana Co. Donegal

Telephone:(01) 471 5898LoCall: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.

Note

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.

Employer Certificate for Maternity Benefit

512DF7DC

Social Welfare Services MB 2 Data Classification R



If you are **employed**, your employer must complete this form **after your 24th week of pregnancy**.

Note: 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 12/10/2016, the latest date the employee should commence maternity leave is Monday 03/10/2016.

PPSN of employee	:			
Name of employed	e:			
Employee's Expect Due Date:	ted	D D	M M	Y Y Y Y
Maternity Leave Start Date:	From:	D D	M M	Y Y Y Y
Maternity Leave End Date:	To:	D D	M M	Y Y Y Y

Employer's Payment Method Details

This section should only be completed if your employee has authorised that Maternity Benefit payments will be made directly to you.

Financial Institution

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

			ı							

Employer's Contact Details

Employer's Registered number:														
Name:														
Address:														
County						Pos	tco	de						
Employer's telephone number:									Μ	0	BI	LE		
									L	AN	D	LII	NE	
Employer's email address:														

Employer Declaration

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

	Employer's official stamp
Signature (not block letters)	
Your name (IN BLOCK LETTERS)	
Position in company or organisation	
Date of Certification:	
DD MM YYYY	

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.



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Medical Certificate for Maternity Benefit

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If you are **self-employed** or **not currently employed**, your doctor must complete this form **after your 24th week of pregnancy**.

I certify that I have examined

PPSN of applicant:																				
Name of applicant:																				
and that in my opinion she may expect to give birth on:	D	D]	Μ	M]	Y	Y	Y	Y]									
Date of examination:]]]									
Doctor's name:	D	D		M	M		Y	Y	Υ	Y										
DSP panel number:]	IMC number:													
Address:																				
County											Pos	tco	de							
Doctor's telephone number:]					
Doctor's email address:																				
										Doctor's official stamp										
Doctor's Signature (not block le	etters	;)																		

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



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. 25K 08-16 Edition: August 2016