



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	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 date of birth:	2	8		0	2		1	9	7	0										
	D	D		M	M		Y	Y	Y	Y										
8. Your mother's birth surname:	K	E	L	L	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

Part 3

Your payment details

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

This payment should issue to: **You** **OR** **Your employer**

Payment direct to your employer

If you want us to make your payment to your employer, your employer should complete account details on the Employer Certificate (MB 2). 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)

If payment is to be made to your employer, **do not** complete the section below.

Your payment details - Financial Institution

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.

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):

Account name(s):



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

28. Their PPS No.:

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

Mr.	<input type="checkbox"/>	Mrs.	<input type="checkbox"/>	Ms.	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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30. Their surname:

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31. Their first name(s):

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32. Their birth surname:

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33. Their date of birth:

D	D	M	M	Y	Y	Y	Y							

34. Their mother's birth surname:

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35. Do they currently live with you?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If 'No', please state:

Their address:

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County

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Postcode

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

Part 5**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 €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?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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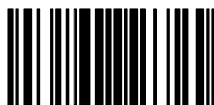
If 'No', please go straight to **Part 6**, as there is no need to complete the remainder of this section.

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

37. Are they currently?

<input type="checkbox"/>	Employed only
<input type="checkbox"/>	Self-Employed only
<input type="checkbox"/>	Employed and Self-Employed
<input type="checkbox"/>	Not currently in employment

<input type="checkbox"/>	On a C.E., Tús, or any other scheme
<input type="checkbox"/>	Receiving benefit/assistance
<input type="checkbox"/>	Attending college
<input type="checkbox"/>	Attending a training course



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

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:

Child 1

Surname:

First name(s):

PPS No.:

Date of birth:

D D M M Y Y Y Y

Child 2

Surname:

First name(s):

PPS No.:

Date of birth:

D D M M Y Y Y Y

Child 3

Surname:

First name(s):

PPS No.:

Date of birth:

D D M M Y Y Y Y

Child 4

Surname:

First name(s):

PPS No.:

Date of birth:

D D M M Y Y Y Y

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



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.

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.

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 employee:

Employee's Expected Due Date:
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.

Name of financial institution:

Bank Identifier Code (BIC):

International Bank Account Number (IBAN):

Account Name(s):



Medical Certificate for Maternity Benefit

D746365C

Social Welfare Services
MB 3
Data Classification R



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 M M Y Y Y Y

Date of examination:
D D M M Y Y Y Y

Doctor's name:

DSP panel number: IMC number:

Address:

County Postcode

Doctor's telephone number:

Doctor's email address:

Doctor's Signature (not block letters)

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.



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.