

Claim No.

Stamp and date of receipt

# **Claim form for Maternity Allowance**

- 1. The claim must be submitted within six months of the date of birth of the child, otherwise loss of the allowance will result.
- 2. If you are claiming <u>before</u> confinement you may do so up to eleven weeks before the week of expected confinement and your doctor or midwife should complete Part 4.
- 3. If you are claiming <u>after</u> confinement you should ask your doctor or midwife to complete Part 5, or submit the birth certificate of the child.
- 4. This allowance can only be claimed on the mother's social insurance record.
- 5. This form, when completed, must be returned without delay, to the Department of Social Security, 14 Governor's Parade, Gibraltar.

### Part 1: Particulars of claimant

Full name			
Maiden name (if applicable)			
Date of birth	/	/	

# Part 1: Particulars of claimant (continued)

Address	
E-mail address	
Daytime phone number	
Nationality	
Tax reference number	
г	
ID card number	
-	

# Part 2 : Particulars of employer



Date of commencement / / / of employment

### Part 3: Have you worked outside Gibraltar?

If at any time, you have worked in another EU country or Iceland, Liechtenstein, Norway or Switzerland, please complete questions below. We need this information because if you paid into the social security system in another EU country, it may count towards the maternity allowance.

Have you ever worked ou Gibraltar?	tside	No Yes	Please go to <b>Part 4</b> Please tell us about this below.		
Country 1					
Name of the country you worked in					
Dates you From worked there		/ /			
То		/ /			
Did you pay into the social security scheme of the country?	Don't know No				
If you answered <b>Yes</b> , what was your social security number?					
Country 2					
Name of the country you worked in					
Dates you worked there	From	/	/		

То / /

# Part 3 : Have you worked outside Gibraltar? (continued)

Did you pay into the social security scheme of the country?	Don't know No	
	Yes	
If you answered <b>Yes</b> , what was your social security number?		

If you have worked in more than 2 EU countries tell us about this in Part 7

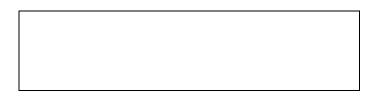
### Part 4: Certificate of expected confinement

To be signed by a registered medical practitioner or certified midwife not earlier than the beginning of the 11<sup>th</sup> week before the week containing the day of expected confinement.

Name of patient			
I certify that I examined	d you on the date	given below. In m	ny opinion you can expect to
have your baby on	/	/	]
Date of examination	/	/	
Date of signing	/	/	
Signature			

#### **Registered midwives**

Please give your registered number or address and date of qualification



Official stamp

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## Part 5 : Certificate of confinement

To be signed by a registered medical practitioner or certified midwife.

Name of patient		
I certify that I attended	you in connection with the birth whic	h took place on
/ /	when you were delivered of a child (	) children
Date of examination	/ /	
Date of signing	/ /	
Signature		
Registered midwives		

Please give your registered number or address and date of qualification

Official stamp

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## Part 6: To be completed by the employer

To enable the Director of Social Security to determine whether the applicant is entitled to maternity allowance, please complete the following section:

Name	of employee					
l confi	rm that on	/	/	the above-nam	ned employee	notified me
of her	intention to t	ake her mater	nity leave.			
She co	mmenced or	will be comme	encing her mate	ernity leave on	/	/
	<u>e delete as nec</u> Is she entitle	·	y pay under a c	ontract of	Ye	s
	employment	?			Nc	
2.	with the Emp	oloyment (Mat	t to maternity ternity and Pat	ice Ye	s	
	Health and S	afety) Regulat	tions, 1996?	No		

I declare that the information I have given above is correct and complete to the best of my knowledge and believe.

Employer's name					
Employer's signature					
Date	/	 /			

Note: You must immediately inform the Director of Social Security if the applicant resumes work before the expiration of the maternity leave period in respect of which maternity allowance is being paid.

## Part 7: Other information

#### Use this space to tell us anything else you think we might need to know.

You can continue on a separate piece of paper if you need to.

If you continue on a separate piece of paper, make sure you;

- Write your full name, address and ID card number on it and attach it to this claim form; and
- Sign and date it.

### Part 8 : Declaration

I claim Maternity Allowance in respect of my \* expected confinement (\* delete as necessary) \* confinement

l conf	<b>irm</b> that l	have not	tified my	employer	and wish to	o claim mat	ernity allo	wance wi	th effect
from		/	/						

I declare that all the statements on this form are true to the best of my knowledge and belief.

I understand that if I knowingly give information that is incorrect or incomplete, I may be liable to prosecution or other action.

Signature			
Date	/	/	

#### How we collect and use information

The Department of Social Security collects information for the purposes of dealing with social security benefits and other non-contributory benefits. The information we collect about you depends on the reason for your business with us, but we may use the information for any of these purposes.

We may check information about you with other information we have. We may get information about you from other people and certain other organisations. We may give information to certain other organisations, as the law allows, to:

- check the accuracy of information;
- prevent or detect crime;
- protect public funds in other ways; and
- use in research or statistics.

These other organisations include other government departments, local authorities, and private sector bodies such as banks and organisations that may lend you money. We will not give information about you to anyone outside our department unless the law allows us to.

The Department of Social Security is the data controller for the purposes of the Data Protection Act.