



<b>Claim No.</b>
Stamp and date of receipt

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## Claim form for Maternity Grant

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1. The claim must be submitted within six months of the date of birth of the child, otherwise loss of the grant will result.
  2. If you are claiming before confinement you may do so up to nine weeks before the week of expected confinement and your doctor or midwife should complete Part 4.
  3. If you are claiming after confinement you should ask your doctor or midwife to complete Part 5, or submit the birth certificate of the child.
  4. If you are claiming on your husband's or civil partner's social insurance record you must submit your marriage certificate or civil partnership certificate.
  5. This form, when completed, must be returned without delay, to the Department of Social Security, 14 Governor's Parade, Gibraltar.
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### Part 1 : Particulars of claimant

Full name

Maiden name (if applicable)

Date of birth

## Part 1 : Particulars of claimant (continued)

Address


E-mail address

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Daytime phone number

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Nationality

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Tax reference number

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ID card number

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Are you claiming on your husband's or civil partner's social insurance record?

No

**Please give your employer's name and address**

Yes

**Please complete Part 2**

Your employer's name and address


## Part 2 : Particulars of husband or civil partner

Full name

Date of birth

Tax reference number

ID card number

Date of marriage or civil partnership

His employer's name and address

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## Part 3 : Have you worked outside Gibraltar?

We need this information because if you paid into the social security system in another EU country, it may count towards the maternity grant.

Have you or the person on whose social insurance record the claim is based ever worked outside Gibraltar?

No  Please go to **Part 4**

Yes  Please tell us about this below.

### Country 1

Name of the country he/she worked in

Dates he/she worked there From

To

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

Did he/she pay into the social security scheme of the country?

Don't know

No

Yes

If you answered **Yes**, what was his/her social security number?

#### Country 2

Name of the country he/she worked in

Dates he/she worked there

From

To

Did he/she pay into the social security scheme of the country?

Don't know

No

Yes

If you answered **Yes**, what was his/her 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 9<sup>th</sup> week before the week containing the day of expected confinement.

Name of patient

I certify that I examined you on the date given below. In my opinion you can expect to

have your baby on

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Date of examination

Date of signing

Signature

### Registered midwives

Please give your registered number or address and date of qualification

Official stamp

## 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 which took place on

when you were delivered of a child ( ) children

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Date of examination

Date of signing

Signature

### Registered midwives

Please give your registered number or address and date of qualification

Official stamp

## Part 6 : Bank details

### 1. Bank account or building society account of claimant

Please provide details of the financial institution where you want your benefit payment to be made. You will find the account details on the chequebook, passbook or on the bank statements. If you do not have a bank account or building society account and you wish to have the benefit payment paid into someone else's bank account please go to **section 2** below.

Full name of bank or building society

Name of the account holder (The account must be in your name or held jointly)

Sort code

 -  - 

Account number

#### More information if it is a building society account

If you are using a building society account you may need to tell us a roll or reference number. This may be made up of letter and numbers, and may be up to 18 characters long. If you are not sure if the account has a roll or reference number, ask the building society.

Building society account number

### 2. Bank details of third party

Please note that your benefit payment can be paid into someone else's account (third party). The account holder should be someone that you trust, usually a relative or close friend.

Please provide details of the third party account holder.

Full name of bank or building society

Name of the account holder

Sort code

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Account number

Building society account number

## 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 Grant in respect of my \* expected confinement (\* delete as necessary)  
\* confinement

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

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### 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.