



**Department of Social Security**  
HM Government of Gibraltar

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

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## Claim form for Maternity Allowance

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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 allowance will result.
2. If you are claiming before 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 after 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.

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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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## Part 2 : Particulars of employer

Your employer's name  
and address


Date of commencement  
of employment

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

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

Have you ever worked outside Gibraltar?

No  Please go to **Part 4**

Yes  Please tell us about this below.

#### Country 1

Name of the country you worked in

Dates you worked there

From

To

Did you pay into the social security scheme of the country?

Don't know

No

Yes

If you answered **Yes**, what was your social security number?

#### Country 2

Name of the country you worked in

Dates you worked there

From

To

### 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 **Yes**, what was your social security number?

**you have worked in more than two EU countries or in the United Kingdom and a EU country 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 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 : 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

I confirm that on

the above-named employee notified me

of her intention to take her maternity leave.

She commenced or will be commencing her maternity leave on

Please delete as necessary

- |  |     |                          |
|--|-----|--------------------------|
| 1. Is she entitled to maternity pay under a contract of employment?  | Yes | <input type="checkbox"/> |
|  | No  | <input type="checkbox"/> |
| 2. Has she exercised her right to maternity leave in accordance with the Employment (Maternity and Paternal Leave, and Health and Safety) Regulations, 1996? | Yes | <input type="checkbox"/> |
|  | No  | <input type="checkbox"/> |

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

I **confirm** that I have notified my employer and wish to claim maternity allowance with 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

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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.



# Department of Social Security

HM Government of Gibraltar

## DSS Form – Employer’s declaration of Employee’s Social Insurance Contributions

Surname			
Forename(s)			
Company Tax Ref.		Employee Tax Ref.	
Employee I/D No.			
Date of leaving employment (if applicable)			

Social Insurance Contributions payable to date										
Year	From	/	/	To	/	/	No. of Contributions		Class	
									ER/MW/PN/TX	
Year	From	/	/	To	/	/	No. of Contributions		Class	
									ER/MW/PN/TX	
Year	From	/	/	To	/	/	No. of Contributions		Class	
									ER/MW/PN/TX	
Year	From	/	/	To	/	/	No. of Contributions		Class	
									ER/MW/PN/TX	

Periods where Social Insurance Contributions are not payable								
Year	From	/	/	To	/	/	Total number of weeks	
Year	From	/	/	To	/	/	Total number of weeks	

I certify that all the details entered above are correct and if I knowingly give information that is incorrect I may be liable to prosecution or other action.

Employer:			
Address:			
Fax No:		Tel No:	
E-mail address			

Signature		Date	/ /
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Employer’s official stamp:

### **Instructions to employer**

Please complete this form for any employee claiming a social security benefit and return it to the Department of Social Security at 14 Governor’s Parade, Gibraltar.