



Department of Social Security
HM Government of Gibraltar

Claim No.
Stamp and date of receipt

Claim form for Maternity Grant

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. If you are not married or in a civil partnership and claiming on the father of the child's social insurance record you must submit the birth certificate of the child.
6. If any of the documents are not readily available, please do not delay in submitting your claim as this may result in loss of payment.
7. 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

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Daytime phone number

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Nationality

--

Tax reference number

--

ID card number

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Are you claiming on your husband's, civil partner's or father of the child'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, civil partner or father of the child.

Full name	<input type="text"/>				
Date of birth	<input type="text" value="/ /"/>				
Tax reference number	<input type="text"/>				
ID card number	<input type="text"/>				
Date of marriage or civil partnership (if applicable)	<input type="text" value="/ /"/>				
His employer's name and address	<table border="1"><tr><td><input type="text"/></td></tr><tr><td><input type="text"/></td></tr><tr><td><input type="text"/></td></tr><tr><td><input type="text"/></td></tr></table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>					
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<input type="text"/>					
<input type="text"/>					

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 a 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	<input type="checkbox"/>	Please go to Part 4
	Yes	<input type="checkbox"/>	Please tell us about this below.

Country 1

Name of the country he/she worked in	<input type="text"/>
Dates he/she worked there	From <input type="text" value="/ /"/>
	To <input type="text" value="/ /"/>

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?

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 9th 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

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

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

 - -

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

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.