



Application form for Maternity Benefit

What is Maternity Benefit?

Maternity Benefit is a payment for employed and self-employed people who are on maternity leave from work and are covered by social insurance (PRSI). To qualify for the maximum 26 weeks maternity leave, you must start your maternity leave at least two weeks before the end of the week in which your baby is due.

What do I need to complete this application form?

You will need your Personal Public Service Number (PPS Number) along with information on where you live, your children, your relationship status and where you want your payment to issue.

If you are an Employee:

- Please fill in Parts 1 to 6 as they apply to you, ensuring you read Part 7 Checklist and sign the declaration in Part 4.
- You will also need to ask your employer to complete the Employer Certificate (MB2) which is attached to this form.

If you are Self-Employed or recently finished insurable employment:

- Please fill in Parts 1 to 6 as they apply to you, ensuring you read Part 7 Checklist and sign the declaration in Part 4.
- You will also need to ask your doctor to complete the Medical Certificate (MB3) which is also attached.

How to complete this application form?

- Please use this page as a guide to filling in this form. There is an example on the back.
- 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, leave blank any that don't apply.

How do I apply?

- You can apply online at **MyWelfare.ie**, or
- Send this completed form to:

Maternity Benefit Section
Department of Social Protection
McCarter's Road
Buncrana
Co. Donegal
F93 CH79

Important: Please send this form at least 6 weeks (12 weeks if self-employed) before you intend to start your maternity leave. Please do not send 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 the Maternity Benefit Section, any Citizens Information Centre, your local Intreo Centre or your local Branch Office.

For more information visit **www.gov.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 Number:	<table border="1"><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>T</td><td></td><td></td></tr></table>	1	2	3	4	5	6	7	T																				
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 <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																												
3. Surname:	<table border="1"><tr><td>M</td><td>U</td><td>R</td><td>P</td><td>H</td><td>Y</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	M	U	R	P	H	Y																						
M	U	R	P	H	Y																								
4. First name(s):	<table border="1"><tr><td>M</td><td>A</td><td>U</td><td>R</td><td>E</td><td>E</td><td>N</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	M	A	U	R	E	E	N																					
M	A	U	R	E	E	N																							
5. Birth surname:	<table border="1"><tr><td>M</td><td>C</td><td>D</td><td>E</td><td>R</td><td>M</td><td>O</td><td>T</td><td>T</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	M	C	D	E	R	M	O	T	T																			
M	C	D	E	R	M	O	T	T																					
6. Your date of birth:	<table border="1"><tr><td>2</td><td>8</td><td></td><td></td><td>0</td><td>2</td><td></td><td></td><td>1</td><td>9</td><td>9</td><td>0</td><td></td><td></td></tr><tr><td>D</td><td>D</td><td></td><td></td><td>M</td><td>M</td><td></td><td></td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td></td><td></td></tr></table>	2	8			0	2			1	9	9	0			D	D			M	M			Y	Y	Y	Y		
2	8			0	2			1	9	9	0																		
D	D			M	M			Y	Y	Y	Y																		

Contact Details

7. Your address:	<table border="1"><tr><td>1</td><td></td><td>N</td><td>E</td><td>W</td><td></td><td>S</td><td>T</td><td>R</td><td>E</td><td>E</td><td>T</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>O</td><td>L</td><td>D</td><td></td><td>T</td><td>O</td><td>W</td><td>N</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>D</td><td>O</td><td>N</td><td>E</td><td>G</td><td>A</td><td>L</td><td></td><td>T</td><td>O</td><td>W</td><td>N</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>County</td><td><table border="1"><tr><td>D</td><td>O</td><td>N</td><td>E</td><td>G</td><td>A</td><td>L</td><td></td><td></td></tr></table></td></tr><tr><td>Eircode/Postcode</td><td><table border="1"><tr><td>A</td><td>1</td><td>2</td><td>B</td><td>1</td><td>2</td><td>3</td></tr></table></td></tr><tr><td>8. Your telephone number:</td><td><table border="1"><tr><td>O</td><td>N</td><td>E</td><td></td><td>N</td><td>U</td><td>M</td><td>B</td><td>E</td><td>R</td><td></td><td>P</td><td>E</td><td>R</td><td></td><td>B</td><td>O</td><td>X</td></tr></table></td></tr><tr><td>9. Your email address:</td><td><table border="1"><tr><td>O</td><td>N</td><td>E</td><td></td><td>C</td><td>H</td><td>A</td><td>R</td><td>A</td><td>C</td><td>T</td><td>E</td><td>R</td><td></td><td>P</td><td>E</td><td>R</td><td></td><td></td><td></td></tr><tr><td>B</td><td>O</td><td>X</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table></td></tr></table>	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	<table border="1"><tr><td>D</td><td>O</td><td>N</td><td>E</td><td>G</td><td>A</td><td>L</td><td></td><td></td></tr></table>	D	O	N	E	G	A	L			Eircode/Postcode	<table border="1"><tr><td>A</td><td>1</td><td>2</td><td>B</td><td>1</td><td>2</td><td>3</td></tr></table>	A	1	2	B	1	2	3	8. Your telephone number:	<table border="1"><tr><td>O</td><td>N</td><td>E</td><td></td><td>N</td><td>U</td><td>M</td><td>B</td><td>E</td><td>R</td><td></td><td>P</td><td>E</td><td>R</td><td></td><td>B</td><td>O</td><td>X</td></tr></table>	O	N	E		N	U	M	B	E	R		P	E	R		B	O	X	9. Your email address:	<table border="1"><tr><td>O</td><td>N</td><td>E</td><td></td><td>C</td><td>H</td><td>A</td><td>R</td><td>A</td><td>C</td><td>T</td><td>E</td><td>R</td><td></td><td>P</td><td>E</td><td>R</td><td></td><td></td><td></td></tr><tr><td>B</td><td>O</td><td>X</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	O	N	E		C	H	A	R	A	C	T	E	R		P	E	R				B	O	X																	
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	<table border="1"><tr><td>D</td><td>O</td><td>N</td><td>E</td><td>G</td><td>A</td><td>L</td><td></td><td></td></tr></table>	D	O	N	E	G	A	L																																																																																																																																							
D	O	N	E	G	A	L																																																																																																																																									
Eircode/Postcode	<table border="1"><tr><td>A</td><td>1</td><td>2</td><td>B</td><td>1</td><td>2</td><td>3</td></tr></table>	A	1	2	B	1	2	3																																																																																																																																							
A	1	2	B	1	2	3																																																																																																																																									
8. Your telephone number:	<table border="1"><tr><td>O</td><td>N</td><td>E</td><td></td><td>N</td><td>U</td><td>M</td><td>B</td><td>E</td><td>R</td><td></td><td>P</td><td>E</td><td>R</td><td></td><td>B</td><td>O</td><td>X</td></tr></table>	O	N	E		N	U	M	B	E	R		P	E	R		B	O	X																																																																																																																												
O	N	E		N	U	M	B	E	R		P	E	R		B	O	X																																																																																																																														
9. Your email address:	<table border="1"><tr><td>O</td><td>N</td><td>E</td><td></td><td>C</td><td>H</td><td>A</td><td>R</td><td>A</td><td>C</td><td>T</td><td>E</td><td>R</td><td></td><td>P</td><td>E</td><td>R</td><td></td><td></td><td></td></tr><tr><td>B</td><td>O</td><td>X</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	O	N	E		C	H	A	R	A	C	T	E	R		P	E	R				B	O	X																																																																																																																							
O	N	E		C	H	A	R	A	C	T	E	R		P	E	R																																																																																																																															
B	O	X																																																																																																																																													

SAMPLE



Application form for Maternity Benefit

Part 1

Your own details

1. Your PPS Number:
2. Title: (insert an X or specify other) Mr Mrs Ms Other
3. Surname:
4. First name(s):
5. Birth surname:
6. Your date of birth:
- D D M M Y Y Y Y

Contact Details

7. Your address:
- County
- Eircode/Postcode
8. Your telephone number:
- If you enter your mobile number we may text you in connection with your claim.
9. Your email address:

Part 2

Your leave and work details

10. Are you? Employed Both employed and self-employed
 Self-employed Not currently in employment

You are **employed** when you work for another person or company and you get paid for this work.

11. Do you currently have more than one employment? Yes No

If **Yes**, please state how many:

Please note that if you have more than one employer, each employer must complete an Employer Certificate, **MB 2**.

I declare that:

- The expected due date or actual date of birth of my baby has been certified after week 24 of my pregnancy. This date has been confirmed by my employer (if employed), or by my doctor (if self-employed or no longer working).
- I will not take part in any form of employment or self-employment while on maternity leave.
- I authorise the Department of Social Protection to provide details of my maternity leave and benefit claim to my employer.
- The information given by me in this application is truthful and complete. I understand that if any of the information I provide is untrue or misleading or if I fail to disclose any relevant information, I will be required to repay any payment I receive from the department and that I may be prosecuted.
- I undertake to immediately advise the department of any change in my circumstances which may affect my continued entitlement.

Date:

D	D

M	M

Y	Y	Y	Y

Signature only (not block letters and no photocopies)

The department is required, by legislation, to share information with the Office of the Revenue Commissioners.

Warning: If you make a false statement or withhold information, you may be prosecuted leading to a fine, a prison term or both.

15. What is your current relationship status?

- Single Separated, divorced or former civil partner
- Cohabitant, married or civil partnership Widowed or surviving civil partner

If you do **not** have a spouse, civil partner or cohabitant please proceed to **Part 6: Your Children**.

If you have a spouse, civil partner or cohabitant and wish to claim for an increase in your Maternity Benefit payment for either your adult dependant or children please read the information below and complete both **Part 5 and 6** (if appropriate).

- If you are married, in a civil partnership or cohabiting you may qualify for an increase in your payment if your spouse, civil partner or cohabitant, is considered an adult dependant.
- If you are divorced, separated or your civil partnership has been dissolved, your former spouse or civil partner may still be considered as an adult dependant in certain circumstances.
- To claim an increase for an adult dependant their gross income (gross income is your income before tax, PRSI, union dues or other deductions) must be **€310 or less a week**.
- An adult dependant must live in the EU/EEA or Switzerland. The dependant must not be imprisoned and must not be in receipt of a social welfare payment in their own right, except for those listed on **page 7**.
- Weekly income from capital is assessed by the department; please provide the total capital value. See **page 8** for how to calculate capital value and for further information on how the department assess this as income.
- Please see **pages 7 and 8** for further details and information on how to calculate average income.

After reading the above, if you still wish to claim an increase for your dependant(s) please complete questions 16 to 24 below.

16. Their PPS Number:

17. Their surname:

18. Their first name(s):

19. Does your spouse, civil partner or cohabitant live with you?
 Yes No

If they do not live with you, are you paying maintenance?
 Yes No

If **Yes**, please state how much per week:
 € , .

20. Is your spouse, civil partner or cohabitant receiving Paternity Benefit or any other social welfare payment?
 Yes No

21. Does your spouse, civil partner or cohabitant receive a payment or allowance for any of the following courses or schemes?

Vocational Training Opportunities Scheme (VTOS):

Further Education and Training course or scheme (FET):

Tús or Gateway:

If **Yes**, for any of the above please state their total weekly payment/allowance received:

€ , .

22. Is your spouse, civil partner or cohabitant employed or self-employed?

Yes No

If **Yes**, please state their gross weekly income:

€ , .

Gross weekly income is all your weekly income before tax, PRSI, union dues or other deductions.

23. Does your spouse, civil partner or cohabitant have income from any of the following sources?

Private or occupational pension (from Ireland or abroad):

State paid pension, benefit or allowance from abroad:

Maintenance:

Rental income (including income from renting a part of their home):

Trust fund or deed of covenant:

If **Yes**, for any of the above please state their total gross weekly income from all sources:

€ , .

24. Does your spouse, civil partner or cohabitant have or own any of the following:

Property or land other than the family home (not rented or leased out):

Stock, shares or investments:

Savings:

If **Yes**, please state their share of the total capital value from all sources to the nearest euro (see **page 9**):

€ , ,

If any property, savings or investments are held jointly you should give the total capital value of your spouse, civil partner or cohabitant's share only for example, if jointly owned by two people divide total by two, if jointly owned by three people divide by three.

Note: You will be required to submit proof of your spouse, civil partner or cohabitant's income should the department be unable to determine it.

Part 6

Your Children

To claim an increase for a dependant child please complete the details below.

Part 5 must also be completed if you have a spouse, civil partner or cohabitant who has gross income of **€400 or less per week**.

For children aged 18-22 years please only complete if they are in full time education.

Child 1

PPS Number:

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

Child's name:

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

Date of birth:

D	D	M	M	Y	Y	Y	Y		

Relationship to you:

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

Does the child live with you?

Yes No

Child 2

PPS Number:

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

Child's name:

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

Date of birth:

D	D	M	M	Y	Y	Y	Y		

Relationship to you:

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

Does the child live with you?

Yes No

Child 3

PPS Number:

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

Child's name:

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

Date of birth:

D	D	M	M	Y	Y	Y	Y		

Relationship to you:

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

Does the child live with you?

Yes No

Note: A separate sheet of paper can be used for details of other children you wish to claim for.

Further information on Maternity Benefit

Who is an adult dependant for Maternity Benefit?

An adult dependant is someone who is completely or mostly maintained by you, and is one of the following to you: spouse, civil partner, cohabitant, ex-spouse, former civil partner, or a person over 16 years who is caring for a qualified child of the claimant.

Where a couple are separated or divorced or where a civil partnership has been dissolved the claimant's ex-spouse or ex-civil partner may be regarded as an adult dependant when:

- They are not cohabiting with another person.
- They do not have a weekly income in excess of the limit (below).
- You are paying weekly maintenance equal to or greater than the current rate of increase for an adult dependant.

What are the income limits for an adult dependant?

Your adult dependant must not have their own social welfare payment except for: Child Benefit, Disablement Benefit, Domiciliary Care Allowance, Foster Care Allowance, Guardian's Payment (Contributory) and (Non-Contributory), Half-rate Carer's Allowance, Occupational Injuries Death Benefit in respect of an orphan, and/or Supplementary Welfare Allowance.

- Your spouse, partner, or cohabitant cannot have gross weekly earnings or income (earnings or income before tax and PRSI deductions) of more than €310.
- If your adult dependant earns less than €100 you may get a full increase for an adult dependant.
- If your adult dependant earns between €100 and €310 you may get a reduced rate for an adult dependent.
- If your adult dependant is earning more than €310 you will not get an increase for them but may still qualify for half rate increase for qualified children if the earnings are not more than €400.

How to calculate the average income for your spouse, civil partner or cohabitant?

Unpaid leave from employment:

This is where your spouse, civil partner or cohabitant takes either paid or unpaid leave. You will need to provide an estimate of their gross weekly income in the coming year.

Where this information is not available, income for the coming year should be estimated by reference to income in the 52 weeks to the end of the leave period.

Example:

While employed your spouse, civil partner or cohabitant has a weekly income of €400 and takes unpaid leave for 13 weeks from 1 June 2020. To calculate the amount of earnings which they are likely to receive in the 52 weeks from the start of the leave, their weekly income should be multiplied by 39 (this is from 52-13) and divided by 52.

Information on how the department assess your income

Income from employment, maintenance, a rental/letting income, pensions from other countries or occupational pensions:

The gross income figure is used, no deductions are allowed in respect of, for example, tax, PRSI, pension and the Universal Social Charge.

- Where earnings are received each month: the weekly average of the last two months should be used. To convert this to a weekly average add the total for the two months together, multiply this figure by six to give a yearly average, and then divide this figure by 52 to get your average weekly figure.
- Where earnings are received every four weeks: the weekly average of the last eight weeks should be taken.
- Where earnings are received every week or two weeks: the weekly average of the last six weeks should be taken.

Note: If the payments received during the periods above are unusual, a longer period should be taken.

Income from self-employment (including farming):

Weekly income from self-employment should be estimated by using the income received in the last complete tax year, for example the total receipts for the year less any work-related expenses divided by 52.

Income from property (not rented), savings, investments, stocks or shares:

- For property or land: its capital value is the current market value less any outstanding mortgage.
- For stocks or shares: their capital value is the total number of stocks or shares multiplied by the number held.
- For savings or investments: their capital value is the total amount held in the account or investment fund.

Note: a weekly income value is then calculated by the department as follows:

- First €20,000: equals weekly income of €0.
- Next €10,000: equals weekly income of €1 per €1,000.
- Next €10,000: equals weekly income of €2 per €1,000.
- Excess of €40,000: equals weekly income of €4 per €1,000.

Circumstances when you may be entitled to an increase for a dependent child when they are not living with you:

- A monetary contribution: If you are paying maintenance for your child of equal or more than the current increase for a qualified child.
- A contribution in kind: If you take care of your child or children for some period or periods each week, for example regular visits by them. An increase for a dependent child may be payable in such cases, if the cost of your expenses is an amount equal to or greater than the current increase for a qualified child.

For current rates and further information visit www.gov.ie

Important:

If you do not claim within six months of the birth of your baby you may lose benefit.

If you are employed:

Has your employer completed an MB 2 form after week 24 of your pregnancy?

If you are self-employed or recently finished insurable employment:

Has your doctor completed an MB 3 form after week 24 of your pregnancy?

Have you enclosed the following?

If you are a non-EEA citizen:

- A copy of your Irish Residence Permit (IRP) and passport, including all entry and exit stamps, if applicable; and
- A copy of all your work permits held within the last three years, if applicable.

If you have children aged between 18 and 22 who are in full-time education and you are claiming an increase for them:

- A letter from their school or college.

If you were married or entered into a civil partnership or civil union outside of Ireland since you last updated your details with this department:

- A copy of your marriage, civil partnership or civil union registration certificate.

If you are self-employed:

- Your self-assessment acknowledgement form from Revenue.

Please note that the following documents may be required if you are claiming for your spouse, civil partner or cohabitant:

- If employed their six most recent payslips if their gross weekly earnings are €310 or less.
- If self-employed their most recent self-assessment acknowledgement form from Revenue.
- A copy of their current Irish Residence Permit or work permit and passport, inclusive of all stamps (Non-EEA citizens only).
- A recent household bill or bank statement not older than three months.
- If they are on a scheme, including C.E. Tús or other scheme, their six most recent payslips or an employer's statement for the last six weeks.
- A letter from their school or college/Local Authority.

Note: Your claim for Maternity Benefit cannot be fully processed until all relevant documentation is received.

Please remember to sign the Declaration in Part 4.

If you have any difficulty in filling in this form, please contact Maternity Benefit Section, any Citizens Information Centre, your local Intreo Centre or your local Social Welfare Office.

Send this completed application form to:

Maternity Benefit Section
Department of Social Protection
McCarter's Road
Buncrana
Co. Donegal
F93 CH79

Telephone: (01) 471 5898

LoCall: 1890 690 690

If you are calling from outside Ireland please call +353 1 471 5898

The rates charged for using 1890 (LoCall) numbers may vary among different service providers.

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 Ireland.

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.

Data Protection Statement

The Department of Social Protection administers Ireland's social protection system. Customers are required to provide personal data to determine eligibility for relevant payments and benefits. Personal data may be exchanged with other government departments and agencies where provided for by law. Our data protection policy is available at www.gov.ie/dsp/privacystatement or as a hard copy.

Explanations and terms used in this form are intended as a guide only and are not a legal interpretation.

Employer Certificate for Maternity Benefit



If you are employed, your employer must complete this form **after week 24 of your pregnancy.**

Note: To qualify for the maximum 26 weeks Maternity Benefit, an employee must take at least two weeks and at most 16 weeks leave before the end of the week in which the baby is due. If your employee wishes to take the minimum two week period of maternity leave prior to the birth of the baby, they should commence their maternity leave on the Monday prior to the week in which the baby is due.

For example, if the due date is Wednesday 16/09/2020, the latest date the employee should commence maternity leave is Monday 07/09/2020.

If you make any alterations after you complete the form, you must initial and date them otherwise the information supplied cannot be accepted.

PPS Number of employee:

Name of employee:

Employee's expected due date:

D D M M Y Y Y Y

Maternity leave: From:

D D M M Y Y Y Y

Maternity leave: 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):

Employer's Contact Details

Employer's registered number:

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

Name:

Address:

County

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

Eircode/
Postcode

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

Employer's telephone number:

MOBILE

LANDLINE

Employer's email address:

Employer Declaration

I certify that the employee is entitled to the period of maternity leave stated on the previous page.

--

Your signature (not block letters)

--

Your name (IN BLOCK LETTERS)

--

Position in company or organisation

Date of certification:

				2	0		
--	--	--	--	---	---	--	--

D D M M Y Y Y Y

Employer's official stamp

If you change this form after you complete it, you should initial and date any amendments otherwise the information supplied cannot be accepted.

Warning: If you make a false statement or withhold information, you may be prosecuted leading to a fine, a prison term or both.

Data Protection Statement

The Department of Social Protection administers Ireland's social protection system. Customers are required to provide personal data to determine eligibility for relevant payments and benefits. Personal data may be exchanged with other government departments and agencies where provided for by law. Our data protection policy is available at www.gov.ie/dsp/privacystatement or as a hard copy.

Explanations and terms used in this form are intended as a guide only and are not a legal interpretation.

Medical Certificate for Maternity Benefit



If you are **self-employed or not currently employed**, your doctor must complete this form **after week 24 of your pregnancy**.

I certify that I have examined

PPS Number of patient:

Name of patient:

and that in my opinion they 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:

Doctor's address:

County Eircode

Doctor's phone number:

Doctor's email address:

Doctor's signature

Doctor's official stamp

If you change this form after you complete it, you should initial and date any amendments otherwise the information supplied cannot be accepted

Data Protection Statement

The Department of Social Protection administers Ireland's social protection system. Customers are required to provide personal data to determine eligibility for relevant payments and benefits. Personal data may be exchanged with other government departments and agencies where provided for by law. Our data protection policy is available at www.gov.ie/dsp/privacystatement or as a hard copy.

Explanations and terms used in this form are intended as a guide only and are not a legal interpretation.