

# NATIONAL INSURANCE ACT, 1986

## CLAIM FOR MATERNITY ALLOWANCE AND GRANT

To be completed by insured person.

Put your NATIONAL INSURANCE NUMBER here 

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To: Director, National Insurance Services

I \_\_\_\_\_  
(Full name in block capitals)

residing at \_\_\_\_\_

\_\_\_\_\_  
(Address) Telephone: \_\_\_\_\_

hereby claim a maternity grant, and maternity allowance

from \_\_\_\_\_

to \_\_\_\_\_ (period from which Allowance is claimed)

I attach a \* Certificate of Expected Confinement/  
\* Certificate of Confinement signed by \_\_\_\_\_

I am/was last employed by \_\_\_\_\_

\_\_\_\_\_  
(Name and Address of Employer)

and stopped \*

\_\_\_\_\_ work on \_\_\_\_\_  
(Date)

intend to stop\*

(If you have worked for any other employers during the last 30 weeks, please list their names and addresses on the back of this form.)

I do not intend to work during the period for which I have claimed benefit.

I hereby declare that the information given above is true to the best of my knowledge and belief and I will NOT received maternity allowance for any period during which I was at work.

My Bank Account/Credit Union number is \_\_\_\_\_

at \_\_\_\_\_

Signature of Claimant \_\_\_\_\_  
(or other person authorised to sign on behalf of Claimant)

Date \_\_\_\_\_

\* Delete whichever is inappropriate.

\* See important notes on right of this form.

## \* CERTIFICATE OF EXPECTED CONFINEMENT

To be completed by a Medical Practitioner or a Registered Midwife only.

To: Mrs./Miss \_\_\_\_\_  
(Full Name)

I certify that I have examined you today and that in my opinion you are pregnant and should be confined during the week commencing:

Monday \_\_\_\_\_ 20 \_\_\_\_\_

Signature \_\_\_\_\_ ( Medical Practitioner/Registered Midwife)

Address \_\_\_\_\_ Date \_\_\_\_\_

## \* CERTIFICATE OF CONFINEMENT

To be completed by a Medical Practitioner or a Registered Midwife only.

To: Mrs./Miss \_\_\_\_\_  
(Full Name)

I certify that I attended you at your confinement which took place on \_\_\_\_\_

\_\_\_\_\_ resulting in the live/still birth of \_\_\_\_\_ child/children.  
(Date) (Number)

Signature \_\_\_\_\_ (Medical Practitioner/Registered Midwife)

Date \_\_\_\_\_

\* Complete whichever is appropriate.

### **IMPORTANT**

Please complete form fully and send to the National Insurance Office promptly. Delay may mean loss of benefit, since benefit may not normally commence earlier than the week in which the claim is received.

Maternity benefit is payable for a period starting from the week not earlier than six weeks before the expected date of confinement and continuing until the expiration of 13 weeks. However, benefit cannot be paid for a period while the insured person is working and any person who receives benefit for a period while she is at work commits an offence.

WARNING: Any person who knowingly makes any false statement for the purpose of obtaining benefit commits a criminal offence punishable by a fine or imprisonment or both.