

NATIONAL INSURANCE AND SOCIAL SECURITY ACT, 1969
CLAIM FOR MATERNITY BENEFIT

I hereby apply for Maternity Benefit under the National Insurance and Social Security Act, 1969, and furnish a *Certificate of Confinement/Certificate of Expected Confinement at back hereof, and the following particulars:-

1. My full name is
(Block Letters)
2. My Address is
3. My National Insurance Number is

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
4. I am/was employed by
as a/an
5. I last worked there on
6. *I do not expect to receive any wages or salary from my employer during my absence from work./I will be given weeks leave from20.....
to.....20..... during which period I will be paid.....
per week/month.

.....
Signature of Claimant
.....
Date
(If unable to write mark X and have it
witnessed)
.....
Witness to Mark
.....
Name
.....
Occupation
.....
Address
.....
Date

- Note:**
1. Maternity Benefit cannot be paid for any period earlier than six weeks before the week of expected confinement as certified by the Medical Practitioner or Registered Midwife, nor can it be paid for any period before the date of your claim.
 2. Maternity Benefit will be reduced if, together with any wages paid by your employer for maternity leave granted by him, it exceeds your average weekly wage for the last thirteen weeks before the week in which your claim is made.
 3. Maternity Benefit will not be paid for any period during which you are engaged in paid employment.

*Delete where inapplicable

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NATIONAL INSURANCE AND SOCIAL SECURITYACT, 1969
CERTIFICATE OF CONFINEMENT

(In accordance with National Insurance and Social Security (Medical Certification)
Regulations, No. 36 of 1969)

(To be given by a Registered Medical Practitioner or Registered Midwife. This Certificate must be attached to the Claim Form and sent or delivered to the nearest convenient National Insurance Local Office immediately after confinement. Late submission can result in loss of Benefit.)

I certify that I attended in connection with her *confinement which took place at(address)
a child
and that she was there delivered of + children on the
day of 20.....

(It is important that where the Medical Practitioner or Midwife considered that the *confinement took place before the @week in which it was expected, the following paragraph should be completed. In any other case, it should be struck through).

Containing theday of.....20.....

Signature

(If Registered Midwife, add register number.....
or address and date of qualification)

.....
Date of examination

.....
Date of Signing.....

NOTES:

*Confinement is so defined by the National Insurance and Social Security (Benefit) Regulations, 1969, that this certificate can only be given:-

- (i) Where labour results in the issue of a living child
Or
- (ii) Where labour results in the issue of a dead child and pregnancy has lasted for at least 28 weeks.

+ Insert number of children, if more than one.
@ The week referred to is a contribution week, i.e., one which begins on a Monday.

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day of 20.....

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Containing theday of 20.....

Signature

(If Registered Midwife, add register number.....
or address and date of qualification)

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Date of examination

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Date of Signing.....

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