#### NATIONAL INSURANCE AND SOCIAL SECURITY ACT, 1969

## MEDICAL CERTIFICATE OF EXPECTED 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

not earlier than the beginning of the ninth week\* before the week\* containing the day of expected confinement) I certify that I examined you on the under mentioned date and that in my opinion you may expect to be confined in the week\* which will include the (Here insert the expected date of confinement) Signature ..... (If Registered Midwife, add register number..... or address and date of Qualification)..... Date of Examination ..... Date of Signing ..... Any other remarks by Doctor or Midwife .....

\*The week referred to is a contribution week, i.e. one which begins on a

Monday.

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(In Accordance with National Insurance and Social Security (Medical Certification)
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	or address and date of Qualification)
	Date of Examination
	Date of Signing
	dwife

\*The week referred to is a contribution week, i.e. one which begins on a

Monday.

# 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 an							
5. I last worked there on							
6. *I do not expect to receive any wag	ges or salary from my employer during my absence						
from work. I will be given	weeks leave from 20 to						
during wh	ich period I will be paidper						
week/month.							
	Signature of Claimant						
	Date						
	(If unable to write mark X and have it						
	witnessed)						
	Witness to Mark						
	Name						
	Occupation						
	Address						

- 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 Practioner or Registered Midwife, nor can it be paid for any period before the date of your claim.
  - 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.

Revision Date: October ,2019

\*Delete where inapplicable B700F2 MB R0

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

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