

Maternity Allowance

Use this form to claim Maternity Allowance

To fill in this form, you will need to read the **Notes sheet** and **Test Period table** that came in this claim pack.

Your benefit payments may be delayed if you do not

- answer all the questions on this form that apply to you
- send us all the documents we ask for.

If you cannot do this, get in touch with us straight away.

If you claim more than 3 months after the date your Maternity Allowance is due to start, you will lose money.

Part 1 About you

Surname or family name

Mrs/Miss/Ms/Dr

All other names, in full

All other surnames or family names you have been known by or are using now.

If you need to tell us about more names, use the space in Part 9 of this form, **Other Information**.

Date of birth

/ /

What is your National Insurance (NI) number?

You can find the number on your National Insurance (NI) numbercard, letters from social security or payslips.

If you do not know your NI number, have you ever had one or used one at any time?

Letters

Numbers

Letter

No

Yes

 / /

Address

Postcode

Address, if different in the last 3 years

If you need to tell us about more than one address, use the space in **Part 9** of this form,

Other information.

Postcode

Home phone number

Code	Number
------	--------

Work phone number

Code	Number
------	--------

Mobile phone number

Code	Number
------	--------

What date do you expect to have your baby?

If you are claiming after your baby was born, tell us the date you expected to have your baby.

/	/
---	---

This is the date on your Maternity Certificate MAT B1.

see page 5 of the **Notes sheet**.

- a Look at the Test Period table that came in this claim pack.

Find the week in column 1 that includes the date you expect to have your baby. Read across to column 4 to find the start of the 15th week before the week your baby is due. Write the date from column 4 here.

- b Were you employed by an employer during this 15th week?

We explain what we mean by *employer* and *employed* on page 3 of the Notes sheet.

No Please go to **Part 3** of this form, **About your Test Period**.

Yes Please answer **part c** below.

- c If you were employed in this 15th week you may be able to get **Statutory Maternity Pay (SMP)**. Please get in touch with your employer and ask about SMP.

Will you be able to get SMP?

No

Yes

- d If you cannot get SMP, each of your employers must give you a form **SMP1** to send us.

Are you sending us form SMP1?

No Please tell us why:

Yes

- a Look under column 1 of the Test Period table that came in this claim pack to find the week that includes the date you expect to have your baby. Write that week here.

Date and month

For example:
04/09 - 10/09

Year

For example:
2011

- b Look across the table to column 2 to find the first day of your Test Period.

Write that date here

Look across the table to column 3 to find the last day of your Test Period.

Write that date here

Page 2 of the **Notes sheet** explains the Test Period.

- c Are you or have you been employed in your Test Period?

If you have been both employed and self-employed in your Test Period, fill in **Part 4** and **Part 5** of this form.

No

Go to **Part 5** of this form, **About self-employment in your Test Period**. See page 9 of the **Notes sheet**.

Yes

Go to **Part 4** of this form, **About employment and earnings in your Test Period**. See page 8 of the **Notes sheet**.

a Please tell us about all your employers in your Test Period.

If you do not tell us about all your employers your claim will be delayed. For example, if your employer was an agency, if you had more than three employers or if you still have a contract with your employer. Use the space in **Part 9** of this form to give us any further information.

	Employer 1	Employer 2	Employer 3
Name and address of the employer	<input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/>
Phone number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date your employment started	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Date your employment stopped If you still have a contract with your employer, do not fill this date in.	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Payroll, employee, clock or works number	<input type="text"/>	<input type="text"/>	<input type="text"/>

b How often are you normally paid?

Weekly <input type="checkbox"/>	4-weekly <input type="checkbox"/>	Weekly <input type="checkbox"/>	4-weekly <input type="checkbox"/>	Weekly <input type="checkbox"/>	4-weekly <input type="checkbox"/>
Fortnightly <input type="checkbox"/>	Monthly <input type="checkbox"/>	Fortnightly <input type="checkbox"/>	Monthly <input type="checkbox"/>	Fortnightly <input type="checkbox"/>	Monthly <input type="checkbox"/>
If other, how often? <input type="text"/>		If other, how often? <input type="text"/>		If other, how often? <input type="text"/>	

c What days do you normally work?

Monday <input type="checkbox"/>	Friday <input type="checkbox"/>	Monday <input type="checkbox"/>	Friday <input type="checkbox"/>	Monday <input type="checkbox"/>	Friday <input type="checkbox"/>
Tuesday <input type="checkbox"/>	Saturday <input type="checkbox"/>	Tuesday <input type="checkbox"/>	Saturday <input type="checkbox"/>	Tuesday <input type="checkbox"/>	Saturday <input type="checkbox"/>
Wednesday <input type="checkbox"/>	Sunday <input type="checkbox"/>	Wednesday <input type="checkbox"/>	Sunday <input type="checkbox"/>	Wednesday <input type="checkbox"/>	Sunday <input type="checkbox"/>
Thursday <input type="checkbox"/>		Thursday <input type="checkbox"/>		Thursday <input type="checkbox"/>	

d We need you to choose 13 weeks from your Test Period that you worked out in section b of Part 3, so we can work out how much Maternity Allowance you can get.

Please see page 8 of the **Notes sheet** and enclose the payslips for those 13 weeks.

e Have you started your maternity leave? **No** Go to **Part 5** of this form, **About self-employment in your Test Period**.

Yes Go to question **f** on this page.

f What date did you start your maternity leave?

g What date did you last work?

h Did you get any holiday pay or sick pay after you last worked? **No** Go to question **i** on this page.

Yes **Sick Pay** from to

Was your sickness pregnancy-related? **No**
See page 7 of the **Notes sheet**.

Yes

Holiday Pay from to

i What date do you want us to pay your Maternity Allowance from?

See page 6 of the **Notes sheet**.

a Are you or have you been working as a registered self-employed person in your Test Period?

To find out more about self-employment and registration with HM Revenue & Customs, see page 9 of the **Notes sheet**.

No Go to **Part 6** of this form, **About periods abroad in your Test Period**.

Yes

b What dates were you registered as self-employed?

From to

c Please tick the days you normally work

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

d Did you pay Class 2 National Insurance contributions as a registered self-employed person in your Test Period?

No Go to question f on this page.

Yes

e How did you pay these contributions?

Direct debit

Quarterly billing

Other Please give details.

f Do you have a Small Earnings Exception certificate for any period within your Test Period?

No

Yes

g Have you started your maternity leave?

No Go to **Part 6** of this form, **About periods abroad in your Test Period**.

Yes Go to question h on this page.

h What date did you start your maternity leave?

i What date did you last work?

j What date do you want us to pay your Maternity Allowance from?
See page 6 of the **Notes sheet**.

a Did you spend any time abroad, other than holidays, in your Test Period?

No Go to **Part 7** of this form, **About other benefits**.

Yes See page 4 of the **Notes sheet**

b During these visits, were you

- employed abroad by an overseas employer
- employed abroad by a UK employer
- self-employed abroad
- receiving any benefits in a foreign country
- none of these?

Tick the box that applies.

c Which countries did you spend time in?

Country

From / / To / /

Country

From / / To / /

If you need to tell us about more than 2 countries, please use the space in **Part 9** of this form, **Other Information**.

d What periods did you pay National Insurance contributions for?

From / / To / /

From / / To / /

e Please give details of your employers while you were abroad.

If you need to tell us about more than two employers, please use the space in **Part 9** of this form, **Other Information**.

	Employer 1	Employer 2
Name and address of the employer	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	Postcode <input type="text"/>	Postcode <input type="text"/>
Phone number	<input type="text"/>	<input type="text"/>
Date your employment started	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
Date your employment stopped If you are still employed by the employer, do not fill this date in.	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
Payroll, employee, clocks or works number	<input type="text"/>	<input type="text"/>
f How often are you normally paid? Please tick the box that applies to you.	Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> 4-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other <input type="text"/>	Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> 4-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other <input type="text"/>

We need to know about any money that you are getting from the Department for Social Development, the Department for Employment and Learning or any other government department. We also need to know about any money that your spouse, civil partner or anyone else is either

- getting for you, or
- getting added to their benefit for you.

This money may make a difference to your Maternity Allowance. Your Maternity Allowance can also make a difference to the other money that you can get. There is more information about this in **NIL17A A guide to Maternity Benefits**. You can find the guide on our website. The address is www.nidirect.gov.uk

a Are you getting any other benefits?

Tick **Yes** even if you are waiting to hear about a benefit.

For example,

- Bereavement benefits
- Carer's Allowance
- Child Benefit
- Employment and Support Allowance
- Incapacity Benefit
- Income Support
- Return to Work Credit
- Jobseeker's Allowance
- Pension Credit
- State Pension
- Statutory Adoption Pay (SAP)
- Statutory Maternity Pay (SMP)
- Statutory Sick Pay (SSP)
- Training Allowance
- War Widow's Pension
- Widow's Benefit
- Any other benefits.

If you need to tell us about more than 4 benefits, please use the space in **Part 9** of this form, **Other Information**.

No

Yes

Please tell us about the benefits below.

Name of benefit

Reference number, if known

Name of benefit

Reference number, if known

Name of benefit

Reference number, if known

Name of benefit

Reference number, if known

You can choose how often you want us to pay your benefit.

How often do you want us to pay your benefit? Every 2 weeks

Every 4 weeks

We normally pay your money into an account.

Many banks and building societies will let you collect your money at the post office.

Your benefit will be paid in arrears.

We will tell you when we will make the first payment and how much it will be for. We will tell you if the amount we pay into the account is going to change.

Finding out how much we have paid into the account

You can check your payments on account statements. The statements may show your National Insurance (NI) number next to any payments we have made. If you think a payment is wrong, get in touch with the office that pays you straight away.

If we pay you too much money

We have the right to take back any money we pay that you are not entitled to. This may be because of the way the system works for payments into an account.

For example, you may give us some information, which means you are entitled to less money. Sometimes we may not be able to change the amount we have already paid you. This means we will have paid you money that you are not entitled to.

We will contact you before we take back any money.

What to do now

- Tell us about the account you want to use on the next page. By giving us your account details you
 - agree that we will pay you into an account, and
 - understand what we have told you in the section **If we pay you too much money.**
- If you are going to open an account, please tell us your account details as soon as you get them.
- If you do not have an account, please contact us and we will give you more information.

Fill in the rest of this form. You do not have to wait until you have opened an account or contacted us.

About the account you want to use

- You can use an **account in your name**, or a **joint account**.
- You can use **someone else's account** if
 - the terms and conditions of their account allow this, and
 - they agree to let you use their account, and
 - you are sure they will use your money in the way you tell them.
- You can use a **credit union account**. You must tell us the credit union's account details. Your credit union will be able to help you with this.
- If you are an **appointee** or a **legal representative** acting on behalf of the customer, the account should be in your name only.

Please tell us your account details below.

It is very important you fill in all the boxes correctly, including the **building society roll or reference number**, if you have one. If you tell us the wrong account details your payment may be delayed or you may lose money.

You can find the account details on your chequebook or bank statements. If you do not know the account details, ask the bank or building society.

Name of the account holder

Please write the name of the account holder exactly as it is shown on the chequebook or statement.

Full name of bank or building society

Sort code

Please tell us all 6 numbers, for example: 12-34-56.

<input type="text"/>	<input type="text"/>	–	<input type="text"/>	<input type="text"/>	–	<input type="text"/>	<input type="text"/>
----------------------	----------------------	---	----------------------	----------------------	---	----------------------	----------------------

Account number

Most account numbers are 8 numbers long. If your account number has fewer than 10 numbers, please fill in the numbers from the left.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Building society roll or reference number

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 letters 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.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

You may get other benefits and entitlements we do not pay into an account. If you want us to pay them into the account above, please tick this box.

Use this space to tell us anything else you think we might need to know.

If there is not enough space, please use a separate sheet of paper. Make sure you put your full name and National Insurance (NI) number on each sheet of paper, and sign and date each sheet that you use.

Please give us the address of your local post office.

Postcode

- **I declare** that the information I have given on this form is correct and complete as far as I know and believe.
- **I understand** that if I knowingly give information that is incorrect or incomplete, I may be liable to prosecution or other action.
- **I understand** that I must promptly tell the office that pays my benefit of anything that may affect my entitlement to, or the amount of, that benefit.
- **I agree** that
 - the Department for Social Development
 - any health care professional advising the Department
 - any organisation with which the Department has a contract for the provision of medical services
 may ask any of the people or organisations mentioned on this form for any information which is needed to deal with
 - this claim for benefit
 - any request for this claim to be looked at again
 and that the information may be given to that health care professional or the Department.
- **I also understand** that the Department may use the information which it has now or may get in the future to decide whether I am entitled to
 - the benefit I am claiming
 - any other benefit I have claimed
 - any other benefit I may claim in the future.

This is my claim for Maternity Allowance.

Do not sign and date this form earlier than the 14th week before the week your baby is due.

Signature

Date

If you have filled in and signed this form for someone else, please tick here.

The table below tells you which documents you need to send in with your claim.

Please tick the boxes below to show what you are sending us.

Everyone	You must send a Maternity Certificate MAT B1 . See page 5 of the Notes sheet .	<input type="checkbox"/>
If you are claiming after the baby is born	You must also send your baby's birth certificate if the date you had your baby is not on the MAT B1 . See page 5 of the Notes sheet .	<input type="checkbox"/>
If you were employed by an employer in the 15th week before the week your baby is due and you cannot get Statutory Maternity Pay	You must also send form SMP1 . See page 2 of the Notes sheet .	<input type="checkbox"/>
If you have worked for an employer	You must send us original payslips for the 13 weeks you choose. See page 7 and 8 of the Notes sheet .	<input type="checkbox"/>

Part 11 What to do now

- Check that you have answered all the questions on this form that apply to you.
- Check you are sending us all the documents we have asked for. Use the list on page 15 of this claim form.
- Send your form and documents to: **Incapacity Benefits Branch,
Castle Court,
Royal Avenue,
Belfast BT1 1SB.
Telephone number: 028 9033 6000
Textphone number: 028 9033 6206**

Part 12 How we collect and use information

We, the Department for Social Development (DSD), collect information to deal with Social Security, Child Support, employment and training, housing and community development and urban regeneration (redeveloping towns, cities and villages). The information we collect about you depends on the type of 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 may have. We may get information about you from other people and certain organisations.

We may give information to certain other organisations, as allowed by the law, to:

- check that the information is accurate
- prevent or detect crime
- protect public funds in other ways, and
- use in research statistics.

These other organisations include other government departments, authorities who deal with Housing Benefit, and private-sector organisations such as banks, 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 for Social Development is the data controller for the Data Protection Act.

If you want to know more about what information we have about you, or the way we use your information, please contact us. You can contact any of our offices and ask for leaflet **Data Protection Act 1998 - It affects you**. Or you can find a copy of the leaflet on our website at www.nidirect.gov.uk