

**NATIONAL INSURANCE ACT
CLAIM FOR MATERNITY
ALLOWANCE
(DOMESTIC WORKER)**

(Please read the instructions on this form before completing).

FOR OFFICIAL USE

Date Stamp of Local Social Security Office indicating date of receipt of claim:
Claim No
Parish of Claim:

I claim Maternity Allowance and enclose:

- (a) a certificate of expected confinement
- OR**
- (b) a certificate of actual confinement.

PART I: *Personal Particulars*

1. Name of Claimant (Please use **BLOCK CAPITALS**)

.....			Miss
First Name	Middle Name	Surname	Mrs.

2. Give any other names by which you are known

.....

3. State your full address

.....
.....
.....

4. Your National Insurance Number

6. Date of your birth

.....day.....month.....year

5. Age

.....

PART II. *Support Documents*

(Every claim must be supported by the following documents)

(Please tick)

- Certificate of expected weeks of confinement
- OR**
- Certificate of actual confinement
- AND**
- National Insurance Stamp Card

I also certify that the claimant is known to me and that the particulars given are correct to the best of my knowledge and belief.

Signature of Witness:

Date:.....20.....

Address:

.....
Occupation or
Qualification:

INSTRUCTIONS

PLEASE READ THESE INSTRUCTIONS BEFORE COMPLETING THIS FORM

1. Use this form to claim Maternity Allowance.
2. Be sure to answer every question of there may be delay in your getting the benefit.
3. Where a box () is provided for your answer, place a tick () in the box next to the words that will answer the question.
4. BE SURE THAT ALL SUPPORTING DOCUMENTS AT PART II ARE ATTACHED TO YOUR CLAIM.
5. Maternity Allowance is payable for a period of 8 weeks at the current minimum wage in force.
6. A claim for Maternity Allowance must not be made earlier than 11 weeks before the expected date of confinement, and not later than 6 months after date of confinements.
7. Maternity Allowance under the National Insurance Scheme is payable only to a person classified as Domestic Worker.
8. This claim must be taken or sent to a local Social Security Office.
9. If you need further explanation or help in completing this form, you may contact a local Social Security Office, where officers will assist you. There is a local in each parish capital