Employer Certificate for Maternity Benefit

512DF7DC

Social Welfare Services

MB 2

Data Classification R



If you are **employed**, your employer must complete this form **after your 24th week of pregnancy**.

Note: To qualify for the maximum 26 weeks Maternity Benefit, an employee must take at least 2 weeks and at most 16 weeks leave before the end of the week in which her baby is due. If your employee wishes to take the minimum 2 week period of maternity leave prior to the birth of her baby, she should commence her maternity leave on the Monday prior to the week in which her baby is due.

For example, if the due date is Wednesday 12/10/2016, the latest date the employee should commence maternity leave is Monday 03/10/2016.

PPSN of employee	:													
Name of employee	e:													
Employee's Expect Due Date:	ted	D	D	M	M	Υ	Υ	Υ	Υ					
Maternity Leave Start Date:	From:	D	D	M	M	Υ	Υ	Υ	Y					
Maternity Leave End Date:	To:	D	D	M	M	Υ	Υ	Y	Υ					

Employer's Payment Method Details

This section should only be completed if your employee has authorised that Maternity Benefit payments will be made directly to you.

Financial Institution

You will find the following details printed on statements from your financial institution.																	
Name of financial institution:																	
Bank Identifier Code (BIC):																	
International Bank Account Number (IBAN):																	
Account Name(s):																	



Employer's Contact Details																			
Employer's Registered number:																			
Name:																			
Address:																			
County										Pos	tco	de							
Employer's telephone number:														M	0	ВІ	LΕ		
														L	A١	I D	LII	NE	
Employer's email address:																			
Employer Declaration																			
We certify that the employe	e is en		•								ty I	eav	e st	ate	d al	ον	e.		
																	stan	nn	
												· · ·	<i>,</i> ,				, ,	P	
Signature (not block letters)																			
Your name (IN BLOCK LETTERS)																			
Position in company or organi	sation					_													
Date of Certification:						2	0												

If you make any alterations after you complete the form, you must initial and date them otherwise the information supplied cannot be accepted.

Warning: If you make a false statement or withhold information, you may be prosecuted leading to a fine, a prison term or both.

Data Protection Statement

Personal data is required to determine eligibility for payments and services, administered for Ireland's social protection system. It may be shared with other Government Departments/ Agencies where provided for by law. Data protection policy available at www.welfare.ie/dataprotection or hard copy.

Explanations and terms used in this form are intended as a guide only and are not a legal interpretation.

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