

Maternity Allowance claim form

Please read leaflet MA5 and the following notes before completing this form.

To qualify for Maternity Allowance you must have been working as an employed or self-employed person and earned on average at least the earning threshold for 26 weeks in the 66 weeks before you have your baby. To make your claim for Maternity Allowance complete this form in ink, using CAPITAL LETTERS where you can. If you cannot complete the form yourself, you can ask someone else to complete it for you. If you need any help ask at a Social Security office or telephone us on 685108 or 685109.

When complete, take or send this form together with any documents we have asked for to the Incapacity Benefits Team, Social Security Division, Markwell House, Market Street, Douglas IM1 2RZ or you can take it to the Ramsey office. You cannot claim more than 14 weeks before the week in which you expect your baby. Claim as soon as you can after then, even if you are still working. The earliest your maternity allowance period can start is 11 weeks before the week in which you expect your baby.

Part 1		About you	
Title	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms
Your surname	<input type="text"/>		
Your maiden name	<input type="text"/>		
Other names	<input type="text"/>		
Your full address	<input type="text"/>		
	<input type="text"/>		
	Postcode		
Your date of birth	Day	Month	Year
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Your National Insurance (NI) number	Letters	Numbers	Letter
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Daytime telephone number	<input type="text"/>		
If we may contact you by email, please provide your -			
Email address	<input type="text"/>		



Isle of Man
Government

Reillys Eilan Vannin

The Treasury

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Form MA1 Feb 2020

Part 2**The dates we need to decide your claim**

The dates you tell us in this part of the form are important. You will need them to answer the questions in the rest of the form.

What date do you expect, or did you expect, to have your baby?

Day	Month	Year

This is the date on your Maternity Certificate (Mat B1) issued by your doctor or midwife. If you claim after your baby is born, your ante-natal clinic appointment card should show this date.

Look at the table we gave you with this form to find the dates of your Test Period. Enter these dates opposite. If you cannot work out these dates, ask at a Social Security office for help or telephone us on 685108 or 685109.

First day of your Test Period		
Last day of your Test Period		

Part 3**About your work during the test period**

Were you working as an employed person for at least 26 weeks in your Test Period?

Yes – please continue

No - now go to Part 5

Please provide copies of your payslips from the Test Period -

(a) if you are paid monthly provide the 3 highest paid monthly payslips during the test period, or

(b) if you are paid weekly provide the 13 highest paid weekly payslips during the test period.

Your claim may be delayed if you do not send us copies of your payslips or other evidence. Your claim cannot be decided until your earnings have been checked.

The amount of Maternity Allowance you receive will depend on your earnings. You will receive either the standard rate of Maternity Allowance or 90% of your average weekly earnings if this calculation results in a figure which is less than the standard rate of Maternity Allowance.

Part 4**About your employed earnings**

Please tell us below about your employer or employers during your Test Period.

Employer 1

Name and address of employer

(Please note we will be writing to your employer, so please provide a full address)

Postcode

Email address of employer

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Date you started work for this employer

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Date you finished work for this employer

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How often were you normally paid?

Weekly Fortnightly 4 weekly Monthly

Employer 2

Name and address of employer

(Please note we will be writing to your employer, so please provide a full address)

Postcode

Email address of employer

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Date you started work for this employer

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Date you finished work for this employer

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How often were you normally paid? Weekly Fortnightly 4 weekly Monthly

Employer 3

Name and address of employer

(Please note we will be writing to your employer, so please provide a full address)

Postcode

Email address of employer

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Date you started work for this employer

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Date you finished work for this employer

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How often were you normally paid? Weekly Fortnightly 4 weekly Monthly

If you had more than 3 employers during your Test Period, please tell us about the others in the space provided in Part 10 or on a separate sheet of paper including all the details we have asked for above and your name and date of birth.

Part 5 Self-employment

Did you work as a self-employed person for at least 26 weeks in your Test Period? Yes No

If you are self-employed and have paid Class 2 National Insurance contributions you will be treated as having weekly earnings 90% of which equals the self-employed rate of Maternity Allowance in force in the week covered by that Class 2 contribution.

If you are self-employed and have a Small Earnings Exception certificate, you will be treated as having earnings equal to the Maternity Allowance Threshold (MAT) that applies to the end of each week covered by the certificate.

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

Yes - please continue No - now go to Part 6

What period did you pay these contributions for?

From

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 To

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

Yes - Please send us your Small Earnings Exception certificate No

Part 6 About your work now

Are you working now?

Yes No

What was/will be your last day in work?

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Part 7 About other benefits

Please tick the relevant box if you are getting, or have recently claimed any of the following benefits:

Jobseeker's Allowance Income Support Incapacity Benefit

Bereavement Support Payment Widowed Parent's Allowance Training Allowance or Grant

If you are not signing this form on behalf of somebody else, please go to Part 12

Even though you can complete this form for somebody else, they must still sign it themselves unless -

- they cannot manage their own affairs
- they cannot sign for themselves

You can only sign this form if one or more of the following boxes apply. Tick all the boxes that apply to you.

I have a power of attorney for them which has been registered with the Courts

Please send a copy of the deed which shows the date of the Court decision and the seal of the Court.

I am a receiver for them under a court order

Please send a copy of the court order which appointed you as receiver with this form

The Social Security Division of the Treasury has already appointed me to get their benefits and deal with their Social Security matters

I wish to be appointed by the Social Security Division of the Treasury to receive their benefits and deal with their Social Security matters because they cannot manage their own affairs or cannot sign for themselves

We will get in touch with you about this.

Please tell us about yourself here -

Your full name

Your National Insurance (NI) number

Letters	Numbers	Letter
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Your date of birth

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Your address

<input type="text"/>
Postcode

Daytime telephone number

Email address (optional)

Part 12**How the Treasury collects and uses information**

When we collect information about you we may use it for any of our purposes, including dealing with benefits and allowances, employment and training and occupational and personal pension schemes.

We may get information about you from others for any of our purposes if the law allows us to do so.

We may also share information with certain other organisations if the law allows us to.

To find out more about how we use information, contact any of our offices or visit our website at <https://www.gov.im/about-the-government/departments/treasury/privacy-notice/>

Part 13**Feedback from you**

On occasion, Social Security may wish to contact you to find out more about the service you have received in order to make improvements. To do so, we will use the data we hold about you to make contact.

Participation is voluntary and you can refuse to be involved at any time.

I understand and agree that Social Security may use the information they hold about me to contact me for feedback on their services.

I understand and agree that any feedback I provide will be anonymised and will in no way affect my claim to benefit.

Please tick this box to confirm you understand and agree

I agree that the Social Security Division of the Treasury or any doctor advising the Treasury 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 the doctor or to the Treasury.

I also understand that the Treasury 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.

Signature

Date

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- 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 false information, 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.

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

This is my claim for Maternity Allowance

Signature

Date

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Please tick the boxes to confirm which documents you are including/sending with this form

Mat B1

Copy payslips – how many?

If you have completed and signed this form for someone else, please ensure you have completed Part 11

For office use only

National Insurance number

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Last claim to Incapacity Benefit

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Last claim to Jobseeker's Allowance

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RD50 issued?

Yes

No

Confirmed date of ceasing work

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EDC

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11 weeks before EDC

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MA awarded

From

--	--	--

to

--	--	--

Average weekly earnings

£	
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Rate

£	
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Number of weeks

Rated by

Date

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Checked by

Date

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