

## Social Security

## Paternity Allowance Claim Form

## Notes

Paternity Allowance may be payable to you if you have taken time off work to:

- support the mother of a **new baby** or to look after the child; or
- support your partner who is **adopting a child** or to look after the child.

**You cannot claim if you are self-employed.**

You can choose to claim Paternity Allowance for one or two consecutive whole weeks at any time **up to 8 weeks** after the date:

- of birth of the child
- the child is placed with the person adopting

You must be able to declare that:

In the case where the claim is for the **birth of the child** that you

- are the baby's biological father; or
- are married to the mother; or
- are living with the mother in an enduring family relationship, but are not an immediate relative.

**and**

- will take responsibility for the child's upbringing, and you are taking time off work to support the mother or care for the child.

In the case where the claim is for the **adoption of a child** you must be able to declare that you:

- are married to the person adopting the child; or
- living with the person adopting the child in an enduring family relationship, but are not an immediate relative

**and**

- will take responsibility for the child's upbringing and will take time off work to support the person adopting the child or to care for the child.

**In both cases:**

- you must have been in employed earner's employment for a continuous period of at least 26 weeks ending with the 15<sup>th</sup> week before the week the child is expected (birth) or you have been told that you have been matched with the child (adoption); and
- you must have earnings at or above the lower earnings limit in the last 8 weeks of the 26 week period.

To make your claim for Paternity Allowance **complete this form in ink**, using CAPITAL LETTERS where you can. If you cannot complete the form yourself, you can ask someone to complete it for you. If you need any help ask at a Social Security office or telephone us on 685108/685109.

All calls to and from Social Security are recorded for quality purposes, to prevent crime or misuse, to ensure staff act in compliance with required procedures and standards and assist in the provision of training, monitoring and service improvement.

When complete, take or send this form together with any documents we have asked for to the Incapacity Benefits Section, Social Security Division, Markwell House, Market Street, Douglas, IM1 2RZ. Or you can take it to the Ramsey district office.

**Remember, there is a three month time limit for claiming Paternity Allowance.**



Isle of Man  
Government  
Reiltey Eilan Vannin

The Treasury

*Yn Tashtey*

Form PA1 January 2017

## Part 1

## About you

Remember, if you are completing this form for someone else, tell us about them, not yourself.

Title (please tick one box)      Mr       Mrs       Miss       Ms

Your surname

Other names

Any other names you have been known by  (For example, your maiden name)

Your address   
  
 Postcode

Your date of birth         Daytime telephone number   
Letters      Numbers      Letter

National Insurance (NI) number

## Part 2

## The date we need to decide your claim

The date you tell us in this part of the form is important.

On what date does the mother of the child expect to have the baby? This is the date on the Maternity Certificate (MATB1) issued to her by a doctor or midwife

  

What is the expected date that the child is due to be placed with you or your partner for adoption? (You should have this date verified by the adoption agency dealing with your case. They must complete a matching certificate ADA2.)

  

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

First day of your test period

  

Last day of your test period

  

## Part 3

## About your employment

Please tell us about your employer or employers during the test period

Name of employer 1

Your employer's address   
  
 Postcode

Have you been working for this employer throughout the 26 week test period?      Yes       No

Name of employer 2

Your employer's address   
  
 Postcode

Have you been working for this employer throughout the 26 week test period?      Yes       No

If you had more than 2 employers during your Test Period, please tell us about them on a separate sheet of paper.

If you are entitled to Paternity Allowance you can either collect your allowance at a Post Office of your choice (for this option, you will need to enrol for a MiCard if you haven't already got one) or you can have it paid by direct credit into your bank or building society account (but not a mortgage account) (if you already receive a benefit/allowance by direct credit it will be paid into the same account). Please complete **a)** if you would like to be paid by direct credit or **b)** if you would like to collect your Paternity Allowance at a Post Office.

**a)** Name and address of bank or building society   
 Postcode

Sort code number  Type of account (deposit, current etc.)

Account number

Name account is held in

**b)** Which Post Office would you like to collect your allowance from?

I already have a MiCard  I need to enrol for a MiCard

I understand that if I give information that is incorrect or incomplete, action may be taken against me. I declare that the information I have given on this form is correct and complete. This is my claim for Paternity Allowance. Please complete the relevant part below or overleaf.

### Birth of child – Your declaration

#### Details of person expecting a child

Name

Date of birth

Address   
 (If different from your own)  Postcode

The baby is due on

If the baby has already been born, please enter the actual date of birth

My paternity leave will start on

I will be away from work for (tick as appropriate) One week  Two weeks

**Please note: Paternity Allowance cannot be paid until the baby has been born. Please advise us of the baby's date of birth.**

You must be able to satisfy all three conditions below to get Paternity Allowance. (tick as appropriate)

I declare that:

- I am, the baby's biological father, or married to the mother, or living with the mother in an enduring family relationship but am not an immediate relative.
- I have responsibility for the child's upbringing.
- I will take time off work to support the mother or care for the child.

Your signature

Date

## Adoption – Your declaration

The adoption agency told the person adopting the child that they had been matched with the child on

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The child is expected to be placed on

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If the child has been placed, please enter the date they were placed

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My paternity leave will start on

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I will be away from work for (tick as appropriate)

One week  Two weeks

You must be able to tick this box if you are adopting a child with your partner

I declare that I am adopting the child with my partner and want to receive Paternity Allowance and **not** Adoption Allowance.

You must be able to satisfy all three conditions below to get Paternity Allowance (tick as appropriate)

I declare that:

- I am, married to the person adopting the child, or living with the person adopting the child in an enduring family relationship, but am not an immediate relative.
- I will have responsibility for the child's upbringing.
- I will take time off work to support the person adopting the child or to care for the child.

Your signature

Date

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### For office use

Paternity Allowance awarded from

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Number of weeks

1	2
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Rate

£	
---	--

Date paid

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