

Maternity Payment

A Maternity Payment is available to help with the expenses of a new baby.

To qualify for a Maternity Payment -

- you or your partner must be getting Income Support, Income-based Jobseeker's Allowance or Employed Person's Allowance, and
- you, or you and your partner together, must have savings of £6,000 or less, and
- either -
 - you, your partner or a dependent child or young person of yours is expecting a baby or you or they have given birth to a baby (or still-born baby), or
 - you or your partner has become responsible for a baby that is not more than 12 months old.

When to claim

You must claim within the period from 11 weeks before the expected week of confinement (the 29th week of pregnancy) and the date that the baby is 6 months old. If the claim is because you have recently become responsible for a baby then you must claim within 6 months of the date responsibility for that baby began.

How to claim

The person claiming Income Support, Income-based Jobseeker's Allowance or Employed Person's Allowance should complete this form.

Complete this form carefully and check that you have answered every question.

Return the form and your documentary evidence to us either by posting to the relevant benefit team, Income Support, Jobseeker's Allowance or Employed Person's Allowance, Social Security Division, Markwell House, Market Street, Douglas IM1 2RZ or by taking it to Markwell House or the Ramsey office.

Part 1

About you

Title

Surname

Previous surname

Other names

Address

Postcode

Date of birth

Day	Month	Year

National Insurance (NI) number

Letters	Numbers	Letter

Daytime telephone number

Email address (optional)



Isle of Man
Government
Reillys Eilan Vannin

The Treasury

Yn Tashtey

Form SF100 April 2024

Part 2**About the benefit you receive**

Please tick the benefit you are getting.

Income Support Income-based Jobseeker's Allowance Employed Person's Allowance

Part 3**About the person who is having the baby**

Do not complete this part if it is you having the baby

Please tell us the name of the person who is having or has had the baby

Are you claiming benefit for this person? Yes No

Part 4**About the baby**

Please complete the statement below that applies to you.

The baby is due on	<input type="text"/>	<input type="text"/>	<input type="text"/>	How many babies are expected?	<input type="text"/>
The baby was born on	<input type="text"/>	<input type="text"/>	<input type="text"/>	How many babies were born?	<input type="text"/>
The baby was adopted on	<input type="text"/>	<input type="text"/>	<input type="text"/>	How many babies were adopted?	<input type="text"/>

You will need to send us the following documents with this form –

- If the baby has not been born – Maternity Certificate (Mat B1) or your Co-op card from the Antenatal Clinic
- If the baby has been born – the baby's birth certificate
- If the baby has been adopted – a copy of the adoption papers
- If responsibility for the baby is due to other circumstances then include any relevant documents

Please **do not** send original documents, please provide copies.

Part 5**About your savings and investments**

Do you (and your partner, if you have one) have savings and investments totalling more than £6,000? You should include money held in bank or building society accounts or any other form of investment.

Yes No

You **must** send us proof of the amount of your savings and investments with this form.

Part 6**For people signing this form on behalf of someone else****If you are not signing this form on behalf of somebody else, please go to Part 7**

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

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

Your date of birth

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

Your address

<input type="text"/>
Postcode

Daytime telephone number

Email address (optional)

Part 7**How the Treasury collects and uses information**

To find out more about how we use information, contact any of our offices or visit our Social Security Division [privacy notice](#) page on the gov.im website.

Part 8**Your declaration**

- 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.

This is my claim for a Maternity Payment.

Signature

Date

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

If you have completed and signed this form for someone else, please ensure you have completed Part 6.



Isle of Man
Government

Reillys Ellan Vannin

The Treasury

Yn Tashtey

Form SF100 April 2024