

Claim for Maternity Grant

Parental Benefits helpline number – (01481) 732505

Completed forms should be returned to:-

| Or email your form to benefits@gov.gg | | Edward T Wheadon House Le Truchot | | | | | | |
|--|---|--------------------------------------|---------|----------|----|--|---|--|
| | | | | , Guerns | ey | | | |
| | | | GY1 3WH | | | | | |
| Please read leaflet before completing this form | | | | | | | | |
| Claimant's Details | | | | | | | | |
| Social Security number | | | | | | | | |
| First name(s) | | | | | | | | |
| Surname | | | | | | | _ | |
| Address | | | | | | | | |
| | | | | | | | | |
| Post code | | | | | | | | |
| Telephone number | | | | | | | | |
| Date of birth | Day Month | Year | | | | | | |
| Grant Claim Details | Grant Claim Details | | | | | | | |
| | | | | | | | | |
| Expected due date | | Day | Month | Voor | | | | |
| (this will be verified by Maternity Services) Day Month Year | | | | | | | | |
| Requested Payment date for | Requested Payment date for grant Day Month Year | | | | | | | |
| (if this is left blank the start date will be the | | | | | | | | |
| day after you stop working) | | Day | Month | Year | | | | |
| Date last worked | Date last worked | | | i eai | | | | |
| Date due to return to work | | | | | | | | |
| Date due to return to work | Date due to return to work | | Month | Year | | | | |
| | | | | | | | | |

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Allowance Claim Details continued

Note: Newborn Care Allowance can be claimed by either carer based on their contribution record (i.e. mother of the baby or her partner). If you wish for your partner to claim this please contact the office for further information or a separate claim form. The Newborn Care Allowance can be transferred between parents on a maximum of 2 occasions.

| The Maternity Grant is paid into a bank account. Please provide your account details below: Name of bank Sort code Account number Account holder(s) name(s) Declaration Warning I DECLARE that to the best of my knowledge and belief the information I have given is true and complete. I know that to give false information may result in prosecution. Signature Date | Payment Details | | | | | | |
|--|--------------------------------|--|--|--|--|--|--|
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| and complete. I know that to give false information may result in prosecution. | Declaration Warning | | | | | | |
| | I DECLARE that to the best of | my knowledge and belief the information I have given is true | | | | | |
| Signature Date | and complete. I know that to | give false information may result in prosecution. | | | | | |
| | Signature | Date | | | | | |

How we collect and use information



The Committee *for* Employment & Social Security processes personal information for social security purposes in order to carry out functions relating to the relevant social security and associated legislation that it administers. Information collected will depend on your business with us, but will be no more than is required for that purpose. 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. Any personal information you give to us will be processed in accordance with the Data Protection (Bailiwick of Guernsey) Law, 2001. If you wish to know more about the information we have about you, or about the way we use it, you can ask at the Office *for* Employment & Social Security.

Please return the completed form to the address on the front page.

Please note if a claim is received more than three months after the birth, it will be treated as a late claim and you may lose benefit.

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