Please complete this form once you have finished work

Social Security

Claim for Parental allowance

Completed forms should be returned to:-

Or email your form to b	gov.gg	 .gg Edward T Wheadon House Le Truchot St Peter Port, Guernsey GY1 3WH 									
Parental Benefits helpli	er –										
Claimant's Details		, T	ı	, ,	•						
Social Security number								_			
First name(s)											
Surname											
Address											
Postcode											
Telephone number											
Date of birth	Day	Mo	nth Ye	ear							
Allowance Claim Details Your partner's parental allowance will continue until the day before you choose to start your claim. Please note we will need their authorisation to stop their benefit on the back of this form.											
Requested start date	Day	Month	Year	Date	e las	t work		Day	Month	Year	
Date due to return to work	Day	Month	Year				only be		nto paym k	ent	
Child's/ren's Details											
Surname		Fir			st name(s)			Da	Date of Birth		
		-									

Payment Details Parental allowance is paid into a bank account. Please provide your account details below:-								
Name of bank								
Sort code								
Account number								
Account holder(s) name(s)								
Authorisation to Transfer Parental Allowance This section should be completed by the person currently in receipt of parental allowance in respect of the child/children noted overleaf.								
Full name	Date of birth Day Month Year							
I confirm that I wish to transfer the parental allowance to	o:- Date of birth Day Month Year							
With effect from Day Month Year I declare that the above named is my partner.								
Signature Signature	Date							
This declaration should be completed by the person wishing to claim parental allowance. Please return the completed form to the address on the front page once you have finished work. Please note if a claim is received more than three months after the transfer date, it will be treated as a late claim and you may lose benefit.								
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							

How we collect and use information

The Committee *for* Employment & Social Security will process any personal data which you provide, via this form, in accordance with the Data Protection (Bailiwick of Guernsey) Law, 2017. Further information about how your personal data is processed can be found at www.gov.gg/dp or alternatively you may call 01481 221000 and request a paper copy.