

Employer Certificate for Maternity Benefit



If you are employed, your employer must complete this form **after week 24 of your pregnancy.**

Note: To qualify for the maximum 26 weeks Maternity Benefit, an employee must take at least two weeks and at most 16 weeks leave before the end of the week in which the baby is due. If your employee wishes to take the minimum two week period of maternity leave prior to the birth of the baby, they should commence their maternity leave on the Monday prior to the week in which the baby is due.

For example, if the due date is Wednesday 16/09/2020, the latest date the employee should commence maternity leave is Monday 07/09/2020.

If you make any alterations after you complete the form, you must initial and date them otherwise the information supplied cannot be accepted.

PPS Number of employee:

Name of employee:

Employee's expected due date:

D D M M Y Y Y Y

Maternity leave: From:

D D M M Y Y Y Y

Maternity leave: To:

D D M M Y Y Y Y

Employer's Payment Method Details

This section should only be completed if your employee has authorised that Maternity Benefit payments will be made directly to you.

Financial Institution

You will find the following details printed on statements from your financial institution.

Name of financial institution:

Bank Identifier Code (BIC):

International Bank Account Number (IBAN):

Account Name(s):

Employer's Contact Details

Employer's registered number:	<input style="width: 100%; height: 20px;" type="text"/>																	
Name:	<input style="width: 100%; height: 20px;" type="text"/>																	
	<input style="width: 100%; height: 20px;" type="text"/>																	
Address:	<input style="width: 100%; height: 20px;" type="text"/>																	
	<input style="width: 100%; height: 20px;" type="text"/>																	
	<input style="width: 100%; height: 20px;" type="text"/>																	
County	<input style="width: 100%; height: 20px;" type="text"/>									Eircode/ Postcode		<input style="width: 100%; height: 20px;" type="text"/>						
	<input style="width: 100%; height: 20px;" type="text"/>									<input style="width: 100%; height: 20px;" type="text"/>								
Employer's telephone number:	<input style="width: 100%; height: 20px;" type="text"/>												MOBILE					
	<input style="width: 100%; height: 20px;" type="text"/>												LANDLINE					
Employer's email address:	<input style="width: 100%; height: 20px;" type="text"/>																	
	<input style="width: 100%; height: 20px;" type="text"/>																	

Employer Declaration

I certify that the employee is entitled to the period of maternity leave stated on the previous page.

Your signature (not block letters)

Your name (IN BLOCK LETTERS)

Position in company or organisation

Date of certification:

D D M M 2 0 Y Y Y Y

Employer's official stamp

If you change this form after you complete it, you should initial and date any amendments otherwise the information supplied cannot be accepted.

Warning: If you make a false statement or withhold information, you may be prosecuted leading to a fine, a prison term or both.

Data Protection Statement

The Department of Social Protection administers Ireland's social protection system. Customers are required to provide personal data to determine eligibility for relevant payments and benefits. Personal data may be exchanged with other government departments and agencies where provided for by law. Our data protection policy is available at www.gov.ie/dsp/privacystatement or as a hard copy.

Explanations and terms used in this form are intended as a guide only and are not a legal interpretation.