Employer Certificate for Maternity Benefit

Social Welfare Services MB 2 Data Classification R



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:]											
uale.	DD		М	Μ	Y	Υ	Y	Y					
Maternity leave: From:													
	DD		Μ	Μ	Y	Y	Y	Y					
Maternity leave: To:]											
	DD		Μ	Μ	Υ	Υ	Y	Υ					

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:																			
Name:																			
Address:																			
Address.									<u> </u>			 							
									<u> </u>										
County					<u> </u>				E	irco	de/								
County									P	osto	code)							
Employer's telephone number:														Μ	0	BI	LΕ		
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Employer's email address:																			
Employer's email address.																			
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I certify that the employee is en	titlec	d to	the	peric	od of	f ma	ateri	nity	lea	ve s	state	ed c	on th	ne p	orev	ious	s pag	ge.	
											Er	nplo	oye	r's c	offic	ial s	tam	р	
Your signature (not block letters)																			
Your name (IN BLOCK LETTERS)																			
Position in company or organisation	า																		
Date of certification:]	2	0												
	D	D	Ν	ЛМ		Y	Υ	Y	Y	-									
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.

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