









**SECTION "D" - TO BE COMPLETED BY THE FATHER OF THE CHILD (Cont'd)**

13. NAME OF ACTUAL PLACE OF WORK:

14. ADDRESS OF ACTUAL PLACE OF WORK:  
e.g. School/Department Division

15. ARE YOU CURRENTLY EMPLOYED ELSEWHERE?  YES  NO

If "YES", state Business Name and Address of other employer.

BUSINESS NAME OF EMPLOYER:

EMPLOYER'S ADDRESS:   
(STREET)  
  
(CITY/DISTRICT/COUNTY)

**DECLARATION OF FATHER**

I  SURNAME  OTHER NAME(S) authorize usage of my

contributions for the purpose of determining Special Maternity Grant on behalf of my spouse.

SURNAME  OTHER NAME(S)

I declare that to the best of my knowledge and belief the information given by me is true and correct and I am aware that if there is any statement in this declaration which is false in fact or which I know or believe to be false or do not believe to be true, I am liable on summary conviction to a fine of three thousand dollars (\$3,000.00) and to imprisonment for two years in accordance with Sect 33, NI Act Chap 32:01.

\_\_\_\_\_  
SIGNATURE OR MARK OF FATHER

DATE:   
YYYY MM DD

**PARTICULARS OF WITNESS TO MARK (Where Father Cannot Sign)**

NAME:  SURNAME  OTHER NAME(S)

ADDRESS:   
(STREET)  
  
(CITY/DISTRICT/COUNTRY)

OCCUPATION:

VALID IDENTIFICATION: (Tick One Box)  
 PASSPORT  
 DRIVER'S PERMIT  
 ELECTORAL I.D.

NUMBER:

\_\_\_\_\_  
SIGNATURE OF WITNESS TO MARK

DATE:   
YYYY MM DD

**SECTION "E" - TO BE COMPLETED BY FATHER'S EMPLOYER**

**INSTRUCTIONS FOR COMPLETION OF QUESTIONS 5(a) TO 6**

- (i) (a) In completing Question 5(a) refer to actual date of delivery in SECTION "B".
- (b) Check 6 weeks before the week of delivery and enter date at 5 (b).
- (c) Complete item 6, Table IA, columns (a),(b),(c) for the 13 week period prior to the week established at 5 (b).

(ii) In completing Table IA determine weekly earnings as follows:

(a) Where pay frequency is monthly:  $\frac{\text{Monthly Earnings} \times 3}{13}$  e.g.  $\frac{\$800 \times 3}{13} = \$184.62$  (weekly) OR;

(a) Where pay frequency is fortnightly:  $\frac{\text{Fortnightly Earnings}}{2}$  e.g.  $\frac{\$200}{2} = \$100.00$  (weekly)

1. EMPLOYER'S NAME:

2. \*EMPLOYER'S ADDRESS:

(STREET)

(CITY/DISTRICT/COUNTY)

3. TELEPHONE NUMBER:  --

4. REGISTRATION NUMBER:

5. (a) Actual week of delivery begins Monday:

|                      |                      |                      |                      |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| YYYY                 |                      | MM                   | DD                   |                      |                      |                      |                      |

(b) Sixth week before actual date of delivery begins Monday:

|                      |                      |                      |                      |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| YYYY                 |                      | MM                   | DD                   |                      |                      |                      |                      |

**TABLE IA**

**WEEKLY RATE OF PAY**

State weekly Rates of Pay for the 13 week period BEFORE the week indicated as the actual Date of Delivery in Section 5(b).

| (a)<br>WK<br>NO. | (b)<br>DATE |    |    | (c)<br>ACTUAL EARNINGS |   |
|------------------|-------------|----|----|------------------------|---|
|                  | YYYY        | MM | DD | \$                     | c |
| 1                |             |    |    |                        |   |
| 2                |             |    |    |                        |   |
| 3                |             |    |    |                        |   |
| 4                |             |    |    |                        |   |
| 5                |             |    |    |                        |   |
| 6                |             |    |    |                        |   |
| 7                |             |    |    |                        |   |
| 8                |             |    |    |                        |   |
| 9                |             |    |    |                        |   |
| 10               |             |    |    |                        |   |
| 11               |             |    |    |                        |   |
| 12               |             |    |    |                        |   |
| 13               |             |    |    |                        |   |
| <b>Total</b>     |             |    |    |                        |   |

| <b>FOR OFFICIAL USE ONLY</b> |       |
|------------------------------|-------|
| WEEK                         | CLASS |
| 1                            |       |
| 2                            |       |
| 3                            |       |
| 4                            |       |
| 5                            |       |
| 6                            |       |
| 7                            |       |
| 8                            |       |
| 9                            |       |
| 10                           |       |
| 11                           |       |
| 12                           |       |
| 13                           |       |



INSTRUCTIONS TO APPLICANT

1. Use **BLOCK/CAPITALS** to complete this Form.
2. The Special Maternity Grant is payable to the mother of the child/children using the father's contributions.
3. Where the mother does not satisfy the contribution requirements for Maternity Benefit in her own right or where the mother is unemployed, the father's contribution will be used to qualify her for the Special Maternity Grant.
4. Only one (1) Special Maternity Grant is allowed every twenty-four (24) consecutive months.
5. The Special Maternity Grant is a lumpsum payment equivalent to the Maternity Grant of \$2,500.00 per child.
6. Your form must be accompanied by:
  - (a) NI 4 - if applicant does not have a National Insurance Number.
  - (b) Marriage Certificate if applicant is legally married.

**OR**

  - (b) Where both mother and father are in a common-law union, evidence of:
    - (1) co-habitation at the time of delivery of the child/children and
    - (2) marital status of both mother and father,
  - (c) Birth certificate(s) of child/children and supporting statutory declaration(s) (if necessary).