NATIONAL INSURANCE AND SOCIAL SECURITY ACT, 1969

CERTIFICATE BY SELF-EMPLOYED PERSON IN SUPPORT OF MATERNITY BENEFIT CLAIM

WARNING: Any person who knowingly makes a false statement or false representation for the purpose of obtaining any payment for herself or for some other person under the National Insurance and Social Security Act, 1969, or produces or furnishes any document or information which she knows to be false in a material particular renders herself liable to prosecution.

PARTICULARS OF SELF-EMPLOYED PERSON

1. NAME:
2. ADDRESS OF BUSINESS:
3. HOME ADDRESS:
   (if different from 2)
4. NATIONAL INSURANCE NUMBER
5. NATIONAL REGISTRATION NUMBER
6. DATE OF BIRTH
7. LAST DATE WORKED:
8. DATE OF CONFINEMENT/EXPECTED CONFINEMENT:
9. DECLARED INCOME FOR PREVIOUS YEAR 20…… $
10. CONTRIBUTIONS PAID TO NATIONAL INSURANCE FOR LAST 2 MONTHS/7 WEEKS WORKED:

Month	Contributions
1.	
2.	

Week Ending	Contributions
1.	
2.	
3.	
4.	

Week Ending	Contributions
5.	
6.	
7.	

I certify that the above statements are true to the best of my knowledge and belief and I assume full responsibility as to their correctness.

Signature:…….

(Self-employed person)

Date:…….

FOR OFFICIAL USE

The receipt (s), nos. _____ dated _____ for _____ as

_____ _____ _____

_____ _____ _____

paid National Insurance contributions were examined by me and I hereby also certify the correctness of the information stated at item 9 above.

Signature:……
(N.I.Clerk)

Date:……..

FOR OFFICIAL USE

1. Document submitted with claims:

1. _____
2. _____
3. _____

2. Decision:

Allowed	
Disallowed	

(tick appropriate box)

3. IF ALLOWED

Calculation of rates:

MONTH **RELEVANT SALARY**

	Actual	Insurable
1.		
2.		
TOTAL		
AVG. MONTHLY		

WEEK ENDING **RELEVANT WAGE**

	Actual	Insurable
1.		
2.		
3.		
4.		
5.		
6.		
7.		
TOTAL		
AVG. WEEKLY		

RATE OF BENEFIT: $ …….. PER MONTH/WEEK
(70% avg. monthly/weekly insurable salary/wage)

4. PARTICULARS OF PAYMENT

Date of commencement | | | | Stop Date | | | | Review Date | | | |

Payments made:

From	To	Amt. Pd.	Prepared by	Date	Checked by	Date	B.P.V. No.	Date

5. IF DISALLOWED

5. Date Claim disallowed | | | |
6. Date claimant notified | | | |
7. Reason for disallowance ……

……

6. NOTIFICATION

Department/Section	Form No.	Date
1.		
2.		
3.		

Certified by:……

Date:……

Form MB1A
Research & Planning Dept (Revised June 2010)