

This is your

Maternity Certificate to claim Statutory Maternity Pay or Maternity Allowance

Full name

Catrin Hollings

Address

Briarfield, Brinsford
Wilsden, BD15 0AN

Date of birth

10 / 12 / 84

National Insurance number

JP 1781 82C

Statutory Maternity Pay (SMP)

You may be entitled to SMP from an employer if you have been employed by the same employer from the beginning of your pregnancy. You need to give your employer at least 28 days notice of the date you want your SMP to start. Ask your employer if you can get SMP. If you have more than one employer ask each of them. **Do this now.** Give this certificate to your employer to claim SMP. If you cannot get SMP, your employer must give you back this certificate with form **SMP1** so you can claim Maternity Allowance.

Maternity Allowance (MA)

You may be able to get MA if:

- your employer cannot pay you SMP, or
- you are self-employed or do not have an employer.

If you think you may be entitled to MA, get form **MA1** from the Jobcentre Plus claim-line on **0800 055 6688**. If you have speech or hearing difficulties you can contact the claim line using a textphone on **0800 023 4888**. You can also get an **MA1** from your antenatal clinic or you can download it from www.direct.gov.uk/benefits

More information

There are time limits for claiming SMP and Maternity Allowance. **You may lose money if your claim is late.**

Visit www.direct.gov.uk for more information about SMP and MA and other help for you and your family. For example:

- Health in Pregnancy Grant or Sure Start Maternity Grant
- Child Benefit
- Tax Credits
- Child Trust Fund.

There is more information in your bounty pack, or ask at your ante-natal clinic.

TO THE DOCTOR OR MIDWIFE – Please fill in this form in ink.

Name of patient **CATRIN HOLLINGS**

Part A

Fill in this part if you are giving the certificate **before** the confinement.

Do not fill this in more than 20 weeks before the week when the baby is expected.

I certify that I examined you on the date given below. In my opinion you can expect to have your baby in the week that includes **03/11/13**...

Week means a period of 7 days starting on a Sunday and ending on a Saturday.

Date of examination **17/07/13**...

Date of signing **17/07/13**...

Signature

Part B

Fill in this part if you are giving the certificate **after** the confinement.

I certify that I attended you in connection with the birth which took place on/...../..... when you were delivered of a child [] children.

In my opinion your baby was expected in the week that includes/...../.....

Registered midwives

Please give your UKCC Personal Identification Number and the expiry date of your registration with the UKCC. **0810112E**

Doctors

Please stamp your name and address here if the form has not been stamped by the Health Authority in whose medical list you are included.

**DR HASLAM
BINGLEY MEDICAL PRACTICE
CANALSIDE HIC
BINGLEY
BD16 4RP.**

TO THE PATIENT

Please read the notes on the back of this form ►

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