



**MONTSERRAT**  
**Social Security Act, 1985**  
**APPLICATION FOR MATERNITY BENEFIT**  
**(ALLOWANCE AND GRANT)**

Form MB\_1

**WARNING : Any person who knowingly makes a false representation for the purpose of obtaining a benefit commits a criminal offence punishable by fine or imprisonment or both.**

To be completed by Insured Woman

To : Director  
 Social Security

Social Security Reg. No.

Date of Birth   
*dd mm yy*

I, Mrs / Miss .....  
*Full name of Insured Woman*

Address ..... Tel. No.....

Claim (a) maternity allowance from  to  and

(b) maternity grant. I am /was last not employed as a / an .....

at the establishment of..... and

*Name and address of employer*  
 intend to cease / ceased work on  as a result of my pregnancy / confinement.  
*dd mm yy*

My other employers during the last 39 weeks were :

1. Name ..... Address.....

2. Name ..... Address.....

If there were more than 2 employers, give the name and addresses on a separate sheet of paper.

***I understand it is an offence to receive benefit in respect of any period while I am at work and therefore give the undertaking that I will be away from work for the period for which benefit is hereby claimed. Claim must be made NOT later than four (4) weeks after the date of confinement.***

Claimant's Signature ..... Date   
*dd mm yy*

FOR OFFICIAL USE ONLY	
CL No. <input type="text"/>	NIMS No. <input type="text"/>



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**EMPLOYEE’S AUTHORIZATION**

**Section B - To be completed by the Employee**

I, Mrs/ Miss .....  
*Full Name*

in keeping with the Labour Code 2012, hereby authorize the Montserrat Social Security Office to disclose to my Employer - .....  
the amount due / paid to me as Maternity Benefit.

Employee’s signature..... Date 

dd	mm	yy			

**EMPLOYER’S CERTIFICATE**

**Section C : To be completed by Employer**

I certify that Mrs. / Miss .....  
*Full Name*

is making a claim for Maternity Benefit to the Montserrat Social Security Fund for the period

dd	mm	yy			

 to 

dd	mm	yy			

and he / she ceased work on 

dd	mm	yy			

***I declare that the information given above is true an accurate to the best of my knowledge and belief.***

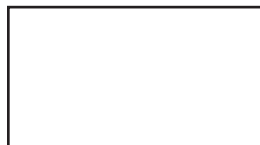
.....  
*Name of Business*

.....  
Authorized Person’s Name

..... Date 

dd	mm	yy			

.....  
Authorized Person’s Signature



*Official Stamp*

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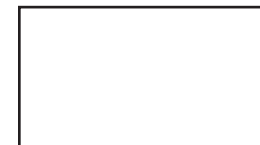
.....  
*Name of Business*

.....  
Authorized Person’s Name

..... Date 

dd	mm	yy			

.....  
Authorized Person’s Signature



*Official Stamp*