

Application For Maternity Benefits

THIS FORM SHOULD BE COMPLETED AND RETURNED TO HRpayroll@blaenau-gwent.gov.uk
WITH THE MAT B1 FORM

SECTION 1 – PERSONAL DETAILS

Full Name:	<input type="text"/>		
Home Address:	<input type="text"/>		
Telephone Number:	Home: <input type="text"/>	Work: <input type="text"/>	
Designation:	<input type="text"/>		
Place Of Work:	<input type="text"/>		
Staff Number:	<input type="text"/>		
N.I. Number:	<input type="text"/>		

SECTION 2 – DECLARATION

Having read the Maternity Policy, I hereby notify you that I am pregnant and of the date that I wish to start my maternity leave. I confirm my manager has been informed of the following dates:

Expected date of Childbirth:	Date Maternity Leave Commences:
<input type="text"/>	<input type="text"/>

Do you intend returning to work at the end of your Maternity Leave Period?
(*for a period of at least 3 months) Yes* No

If eligible for the 12 weeks occupational half pay what is your preferred payment option? (please tick as appropriate)

<input type="checkbox"/> 12 weeks in equal payments	<input type="checkbox"/> 33 weeks in equal payments
<input type="checkbox"/> 20 weeks in equal payments	<input type="checkbox"/> Lump sum payment at the end of your Maternity Leave

If you are taking unpaid Maternity Leave, would you want to pay back Additional Pension Contributions (APC's) on the unpaid leave? (LGPS only) deducted at 1/3 employee; 2/3 employer Yes No

Do you currently use Computershare Childcare Vouchers?
If yes, please contact Payroll immediately for advice on when to withdraw from the Scheme. Yes No

Signed: Date:

ORGANISATIONAL DEVELOPMENT ONLY

Start of Maternity Leave: Date Of Return: