

Signed in as:

Form Ref:

Date:

Last Saved:



## Maternity Leave Trust Claim Form

### Section 1: Employer Details

P.E. Number

Name

Address  (Number/Name)

(Street)

(Locality)

(Postal Code)

Telephone

E-Mail

Bank

IBAN

*This number will take place any IBAN the employer might have currently registered with the Department*

#### Representative

ID Number	Name	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

### Section 2: Claim Details

**The employee** *on whom the claim is being made*

ID Number	Name	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

Child Date of Birth

**Amount claimed** *List the salary amounts for which you are making this claim, the period cannot exceed 14 weeks*

Weekly Salary € *	From	To	No. of Weeks	Total €
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

\* Gross basic amount, pro rata statutory bonuses and allowances plus the employer's portion of employee's Social Security contributions. Not to include any other emoluments.

## **Include the following Attachments**

### **Attachment A**

Copy of the 3 Contributions receipts issued by the IRD. One receipt from last quarter before employee went out on maternity leave, one receipt from previous quarter and another receipt for the first quarter of the pregnancy

### **Attachment B**

Copy of the Pay Slips for wage/salary paid during maternity leave

### **Attachment C**

Copy of the FS3

### **Attachment D**

ETC List of employees

## Signature

The Department of Social Security collects all relevant personal information to provide its services to individuals who qualify for assistance, allowance or non-contributory pensions in accordance with the Social Security Act (Cap 318). The Department may verify the information submitted by you in line with article 133 (b) of the Social Security Act to ensure its accuracy in relation to the claim. Personal data may be disclosed to departments / third parties, who may also have access to your data as authorised by law. Personal information may also be exchanged with benefits institutions of other countries to combat and deter fraud, as provided for in international treaties or bilateral agreements to which Malta is a party. You will be informed in due course of the result of your claim after it has been assessed.

The Department of Social Security treats your personal information in accordance with the Data Protection Act, (Cap 440) to protect your privacy. You may request in writing to access information held about you, and eventually to rectify, and where applicable to erase incorrect information, having regard to the claim for which you applied. Such request is to be addressed to: "The Data Controller" at the Department and appropriate action would be taken at the earliest possible time. In making such requests, kindly quote your identity card number, national insurance number, your name and address and other relevant documentation to identify your case.

Any requested documentation provided by the applicant is subject to verification by the lawful authorities.

Reimbursements are granted on the assumption that the applicant is the rightful beneficiary and that the amount claimed is correct and due. The Board of Trustees reserves the right to institute any and all legal proceedings available to it.

Applicant Signature



Signing the document does not automatically submit the form. Press the 'Next' button below to proceed to the submit page.

## Submission

Application Reference

Submission Reference

Date Received

File Reference

Use the white 'Save' button to save your progress in the form without submitting to the Competent Authority. This is useful if you do not have all the required information, or intend to finish the form at a later stage.

Use the green 'Submit' button when the form is complete and is ready to be submitted.

The 'Withdraw' button should be used only when you want to withdraw your application, thus terminating the application process.