



Jersey

## **SOCIAL SECURITY (MISCELLANEOUS PROVISIONS No. 4) (JERSEY) ORDER 2014**

### **Arrangement**

---

#### **Article**

1	Social Security (Claims and Payments) (Jersey) Order 1974 amended .....	3
2	Social Security (Medical Certification) (Jersey) Order 1974 amended .....	4
3	Social Security (Maternity Benefit) (Jersey) Order 1975 amended .....	5
4	Citation and commencement .....	6

#### **SCHEDULE**

---

SUBSTITUTED MATERNITY BENEFIT – ALLOWANCE AND GRANT CLAIM FORM	7
---	---





Jersey

## **SOCIAL SECURITY (MISCELLANEOUS PROVISIONS No. 4) (JERSEY) ORDER 2014**

*Made*

*Coming into force*

**THE MINISTER FOR SOCIAL SECURITY**, in pursuance of Articles 21, 22, 29 and 51 of the Social Security (Jersey) Law 1974, orders as follows –

### **1 Social Security (Claims and Payments) (Jersey) Order 1974 amended**

In the Social Security (Claims and Payments) (Jersey) Order 1974 –

- (a) in Article 13 –
  - (i) for paragraphs (2) and (3) there shall be substituted the following paragraphs –
    - “(2) Subject to paragraph (4), if in any case the claimant proves that there was good cause for the failure to make the claim before the date on which it was made, the prescribed time for making that claim shall be extended to the date on which the claim is made.
    - (3) Subject to paragraph (4), if in any case the claimant proves that –
      - (a) on a date earlier than the date on which the claim was made, apart from satisfying the condition of making a claim, he or she was entitled to the benefit; and
      - (b) throughout the period between the earlier date and the date on which the claim was made there was good cause for delay in making such claim,the claimant shall not be disqualified under Part 1 of Schedule 2 for receiving any benefit to which he or she would have been entitled if the claim had been made on the earlier date.”
  - (ii) in paragraph (4)(a) –
    - (A) after the words “maternity grant” there shall be inserted the words “or maternity allowance”;
    - (B) after the words “the grant” there shall be inserted the words “or allowance”;
- (b) in Part 1 of Schedule 2 –

- (i) for item 1 (relating to short term incapacity allowance) and item 2 (relating to maternity benefit) of the table there shall be substituted the following items –

“1.	Short term incapacity allowance (including any increase in respect of a dependant).	The period of 30 days from the earliest day in respect of which the claim is made.	The benefit claimed.
2.	Maternity benefit –		
	(a) Maternity grant.	The period beginning with the 13th week before the expected date of confinement and ending 6 months after the date of birth.	The benefit claimed.
	(b) Maternity allowance.	The period beginning with the 13th week before the expected date of confinement and ending 6 months after the date of birth.	The benefit claimed.
	(c) Increase of Maternity allowances in respect of a dependant.	The period beginning with the 13th week before the expected date of confinement and ending 6 months after the date of birth.	The benefit claimed.”,

- (ii) for item 5 (relating to long term incapacity allowance) there shall be substituted the following item –

“5.	Long term incapacity allowance (including any increase in respect of a dependant).	The period of 3 months from the first day on which the conditions for the receipt of that benefit are satisfied.	The benefit claimed.”,
-----	--	--	------------------------

- (iii) item 9 of the table (relating to increase, in respect of a dependant, of short term incapacity allowance or long term incapacity allowance) shall be deleted;

- (c) in Part 2 of Schedule 2, paragraph 3 shall be deleted.

**2 Social Security (Medical Certification) (Jersey) Order 1974 amended**

In the Social Security (Medical Certification) (Jersey) Order 1974, for the form in Part B of Schedule 2 there shall be substituted the form in the Schedule to this Order.

**3 Social Security (Maternity Benefit) (Jersey) Order 1975 amended**

In the Social Security (Maternity Benefit) (Jersey) Order 1975 –

- (a) in the preamble after the number “21,” there shall be inserted the word “22,”;
- (b) in Article 2 for the words “9 weeks before that in which” there shall be substituted the words “13 weeks before the date on which”;
- (c) in Article 4(1) for the number “14” there shall be substituted the number “13”;
- (d) Article 5(1) shall be deleted;
- (e) For Article 5(2) there shall be substituted the following paragraphs –

“(2) Where a woman has become entitled to a maternity allowance in respect of expectation of her confinement and the date of the confinement has not occurred by the beginning of the 8th day after the expected date of confinement, the period referred to in Article 22(2) of the Law shall be extended by one day for every day during which the pregnancy continues after the expected date of confinement.

(3) Where a woman has made a claim for a maternity allowance in respect of expectation of her confinement and intended the maternity allowance period to commence on the expected date of confinement but confinement has not occurred by that date, if she continues to work until the actual date of confinement –

- (a) the maternity allowance period shall commence from the actual date of confinement, provided that the woman has not worked in employment or as a self-employed person on that date; and
- (b) there shall be no reduction in the period during which the maternity allowance is payable.

(4) No maternity allowance period shall be extended under paragraph (2) or commenced under paragraph (3) unless the claimant gives to the Minister written notice, in such form as may be approved by the Minister, that she has been confined and the notice is so given within 6 weeks, or such longer period not exceeding 3 months as the determining authority may allow, of the date of confinement.”;

- (f) For Article 6 there shall be substituted the following Article –

**“6 Confinement occurring before claim for maternity allowance made**

In relation to a case where a woman has been confined without having previously made a claim for a maternity allowance in respect of expectation of the confinement (other than any claim which has been disallowed), Article 22(1) of the Law shall have effect as if for the condition for entitlement to a maternity allowance contained in sub-paragraph (a) of that paragraph, there were substituted the condition that the woman has been confined.”;

- 
- (g) After Article 8(2) there shall be added the following paragraph –
- “(3) For the purposes of paragraph (1)(a), work means any work undertaken on more than 10 days, whether consecutive or not, and includes training or any activity undertaken for the purposes of keeping in touch with the workplace but excludes –
- (a) any work carried out in the 2 weeks immediately following the date of childbirth; and
  - (b) reasonable contact from time to time between the woman and her employer during the maternity allowance period.”.

**4 Citation and commencement**

This Order may be cited as the Social Security (Miscellaneous Provisions No. 4) (Jersey) Order 2014 and shall come into force on 1st January 2015.

*Signed*.....

*Date*.....

*Minister for Social Security*

**SCHEDULE**

(Article 2)

**SUBSTITUTED MATERNITY BENEFIT – ALLOWANCE AND GRANT  
CLAIM FORM**



7066



Social Security Department

**MATERNITY BENEFIT - ALLOWANCE AND GRANT CLAIM FORM**

Claim Number   
*(For official use only)*

**1. CERTIFICATE OF PREGNANCY**

**For Doctor's or Midwife's use only:** This section should be completed by a Registered Medical Practitioner or Certified Midwife no earlier than 13 weeks before the date the baby is due.

	Title	Surname	Forename(s)
I certify that I have examined	<input type="text"/>	<input type="text"/>	<input type="text"/>
and that in my opinion the due date is			<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>
Date of Examination	<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>		Actual date of birth <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>
Signature of Doctor or Midwife	<input type="text"/>		Number of babies expected <input type="text"/>
Name of Doctor or Midwife	<input type="text"/>		Today's date <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>

**2. NOTES TO THE CLAIMANT:-**

WHEN TO COMPLETE THIS FORM.

**Maternity Allowance**

This allowance is paid to make it easier for you to give up work to have your baby. The amount you receive will depend on the Social Security Contributions you have paid.

The allowance may be paid for a total of 18 weeks but you cannot receive the allowance whilst you are working. You may attend work for 'keeping in touch' days. Please see the "Maternity Benefits" leaflet (SSD8) for details.

**Maternity Grant** is a lump sum which is paid to help you with the general expense of having your baby and is paid on either your own, your husband's or your civil partner's contribution record.

If you are claiming on your husband's/civil partner's contribution record, please remember to send your marriage certificate/Civil Partnership Registration with this claim form.

You should submit your claim form to us no earlier than 13 weeks before the baby is due (claims can be considered up to 6 months after the birth).



**MATERNITY BENEFIT - ALLOWANCE AND GRANT CLAIM FORM**

7066

**3. YOUR PERSONAL DETAILS**

If you wish to claim benefit, please complete this form and send it to the Social Security Department, PO Box 55, La Motte Street, St Helier, Jersey JE4 8PE. It is important that you write in BLOCK CAPITALS keeping within the boxes provided, using black or blue ink. Please read the leaflet entitled "Maternity Benefits" (SSD8) before you complete this form. It explains the benefits available and the conditions you have to satisfy, and is available from the Department of Social Security.

Surname	Title	Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Forename(s)	Date of Birth	
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	
Previous Surname (if applicable)		
<input type="text"/>		
Address		
<input type="text"/>		
<input type="text"/>		
<input type="text"/>		
Postcode	Daytime phone number	
<input type="text"/>	<input type="text"/>	

What is your current marital or civil partnership status

single	<input type="checkbox"/>
married or civil partner	<input type="checkbox"/>
separated	<input type="checkbox"/>
widowed or surviving civil partner	<input type="checkbox"/>
divorced or civil partnership dissolved	<input type="checkbox"/>

The date of your marriage or registration of civil partnership (if applicable)  /  /

Husband's/Civil Partner's/Partner's Surname	Title	Their Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Their Forename(s)	Their Date of Birth	
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	

If your partner is claiming Home Responsibility Protection do you wish to claim an increase of benefit in respect of them? Yes  No





**MATERNITY BENEFIT - ALLOWANCE AND GRANT CLAIM FORM**

**4. FURTHER INFORMATION RELEVANT TO THE CLAIM**

Are you claiming or receiving any other benefits Yes  No

If Yes, please tell us:-

Which benefit?

Grid for benefit name

From which country?

Grid for country

The amount per week

£ [ ] [ ] [ ] . [ ] [ ] (In sterling)

Is anyone else claiming or receiving benefits in respect of you? Yes  No

If Yes, please tell us:-

Their Surname

Grid for surname

Their Social Security Number (If known)

Grid for SSN

Their Forename(s)

Grid for forename

Their Date of Birth

Grid for date of birth

Which benefit?

Grid for benefit name

From which country?

Grid for country

The amount per week

£ [ ] [ ] [ ] . [ ] [ ] (In sterling)

Have you paid contributions in any country other than Jersey? Yes  No

If Yes, please tell us which country?

Grid for country

Are you working now? Yes  No

If No, what was the date on which you last worked?

Grid for date

Will your confinement take place in Jersey? Yes  No

If No, please tell us the address and country where you expect to have your baby?

Address

Grid for address

Postcode

Grid for postcode

Country

Grid for country



**MATERNITY BENEFIT - ALLOWANCE AND GRANT CLAIM FORM**

**5. TO BE COMPLETED ONLY IF YOU ARE CLAIMING BEFORE YOUR BABY IS BORN**

Article 22(2) of the Social Security (Jersey) Law, 1974 provides that the Maternity Allowance period may not start earlier than 11 weeks and not later than the date your baby is due. In order that we may know at which point you wish your own Allowance to begin, please complete the statement below. Before deciding please remember that the Allowance cannot be paid for any period while you are working, although you may attend work for 'keeping in touch' days. Please see "Maternity Benefits" leaflet (SSD8) for details.

I wish my Maternity Allowance period to begin on  /  /

**6. PAYMENT DETAILS**

We would like to pay your Maternity Benefit direct to your bank account. Please tell us the:-

Name of your Bank

Bank Address

Branch Sort Code

 -  - 

Bank Account Number

Name(s) under which the account is held

(For official use only)

**7. DECLARATION AND SIGNATURE.**

If you are submitting an application for payment to an Agent or Authority please tick this box

**I declare to the best of my knowledge and belief all the statements on this form are true and complete and I claim Maternity Benefit.**

Your Signature

Today's Date

 /  / 

**WARNING: This information may be cross checked and any person who knowingly makes any false statement or false representation for the purpose of obtaining benefit for themselves or for someone else commits a criminal offence for which they may be prosecuted. They may also be required to repay the amount fraudulently obtained. The Department must be notified of any change in circumstances, including temporary absences from the Island.**

**Privacy Statement**

The Social Security Department collects information for the purpose of dealing with all matters relating to the benefits and services it administers. We may check information about you with other information we have. We will not give information about you to anyone outside the Department unless the law allows us to or we have your consent. The Social Security Department is the Data Controller for the purposes of the Data Protection (Jersey) Law 2005.

