



MB.2

**Social Security Board
P.O. Box 698
Road Town, Tortola
British Virgin Islands**

**CLAIM FOR MATERNITY BENEFIT
(CONFINEMENT)**

Mrs./Miss.....Social Security #

Physical Address.....

Mailing Address

Telephone Number(s) Home Date of Birth/...../.....
Work..... dd mm yy

Spouse's Name.....Social Security #

Current Employer.....

Occupation.....

Last Date Worked...../...../..... Date expected to return to work/...../.....
dd mm yy dd mm yy

.....
(Signature)

.....
(Date)

If unable to write, mark X and have it witnessed	
Name	Sign:.....
(Witness to mark)	(Witness to Mark)
Occupation.....	Date:.....

Please tick the appropriate box:

will pick up cheque

Please mail

By Whom:
(ID Required)

- Note: 1. Maternity Benefit cannot be paid for any period earlier than six weeks before expected confinement as certified by a Medical Doctor
2. Maternity Benefit will not be paid for any period during which you are engaged in gainful employment.

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Medical Certificate of Confinement

To be given by a Medical Practitioner of Midwife. This certificate along with the filled in claim form. Overleaf, must be sent or delivered to the Social Security Office immediately after confinement. Late submission can result in the loss of benefit.

I certify that I attended toresiding at
..... in connection with her confinement, which took place at
.....and that she delivered a child/children on the
.....day of20.....

(Where the Medical Practitioner or Midwife consider that the confinement took place before or after a week in which it was expected, the following paragraph shall be completed. In any other case, it shall be struck through.)

I certify that in my opinion, it was expected that she would be confined in the week containing theday of20.....

Doctor's Name: Doctor's Signature:
(Please Print)

Address: Telephone #

Date of Examination: Date of Signing:

Notes:

- (a) Confinement is so defined in the Social Security (Benefits Regulations) that this certificate can only be given:-
- i. where labour results in the birth of a living child, or
 - ii. where labour, after not less than twenty six weeks of pregnancy results in the birth of a child, whether alive or dead.

This certificate must not be given in other circumstances.

- (b) Insert number of children, if more than one.
- (c) The week referred to is a contribution week, i.e. one which begins on a Monday.