

Application for Premature and Hospitalised Babies Pay and Leave

Full Name :
Employee number :
Home address :
Email Address:
Contact telephone number :

Which scheme applies to you?

Please indicate the scheme which applies to you (eligibility is explained within our guidance):

1	Premature Baby Maternity, Adoption, Shared Parental, Maternity Support or Paternity Leave and Pay? My baby was born at or before 37	
2	Full term hospitalised baby leave and pay My baby was hospitalised immediately following full term birth due to illness	

Key information required with application

1. Expected date of confinement/MAT B1 certificate (if not already received)	
2. Birth Certificate of baby (premature birth)	
3. Dates of hospitalisation: from: _____ to: _____	
4. Preferred method of payment (monthly/lump sum*)	

Declaration and signature

I declare that the information provided above is correct.
Signed:
Dated:

