



**Solidariteit
Solidarity**

Application for Maternity Benefit

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Service office

This application must be completed in full and **all questions must be answered**. The completed application must be in the possession of a Solidarity Service Office **within 6 (six) months** after the date of the confinement. Only members **whose membership fees are paid up to date and who have had at least 12 months' uninterrupted membership before the confinement** are eligible for benefits in terms of this scheme. **A certified copy of the mother's ID and the baby's birth certificate MUST accompany the claim.**

EMPLOYEE'S REPORT: (To be completed by claimant)

Full name: _____ Membership no.: _____

Name of Employer: _____ Occupation: _____

Date of confinement:

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BANK DETAILS:

Account holder: _____ Bank: _____ Branch code: _____

Account no.: _____ Account type: _____

I hereby declare that the above information is in every detail true and correct.

Date: _____ Signature: _____

Member's ID no: _____ Tel no: _____

DOCTOR'S REPORT:

Date of confinement:

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D D M M Y Y Y Y

Name of hospital or nursing home at which confinement took place:

_____ Tel no: _____

Name of doctor / obstetrician: _____ Tel no: _____

Signature: _____ Qualifications: _____

FOR OFFICE USE:

Date received by service office: _____

Signature of organiser: _____ Date: _____

Bev 03/2005