

Employer-Certified Maternity Claim Form Sample

The **employer-certified maternity claim form** sample serves as a crucial document for verifying maternity leave eligibility and processing insurance claims. This form typically includes employer confirmation of employment status and maternity leave details to ensure accurate benefit disbursement. Using a standardized sample helps streamline the claim submission and approval process efficiently.

Employee Information

Employee Name:

Employee ID/No.:

Department:

Contact Number:

Maternity Leave Details

Leave Start Date:

Leave End Date:

Expected/Actual Delivery Date:

Employer Certification

Employer Representative Name:

Designation:

Contact Number:

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 I hereby certify that the above-named employee is currently employed with us and is entitled to maternity leave for the dates specified above.

Signature:

(Sign here)

Date:

Submit Claim