

Maternity Benefit Claim Form Sample

The **maternity benefit claim form sample** provides a clear template to help eligible employees claim their entitled maternity benefits efficiently. This form ensures accurate submission of necessary information for timely processing by employers or relevant authorities. Utilizing this sample can simplify the claim process and safeguard employee rights during maternity leave.

Personal Information

Employee Name:

Employee ID/Number:

Designation:

Department:

Date of Joining:

Maternity Details

Expected Date of Delivery:

Proposed Start Date of Maternity Leave:

Proposed End Date of Maternity Leave:

Number of Children (including expected):

Declaration

I hereby declare that the above information is true to the best of my knowledge. I request the sanctioned maternity benefits as per company policy and governing laws.

Applicant's Signature:

Date:

Submit Claim