

Maternity Claim Form Sample

Download our **maternity claim form sample** designed specifically for employee insurance to streamline your benefits process. This template ensures all necessary information is captured for a smooth and efficient claim submission. Use it as a guide to complete your official maternity insurance claims accurately.

1. Employee Information

Employee Full Name

Employee ID

Department

Contact Number

Email Address

2. Maternity Details

Expected Delivery Date

Actual Delivery Date

Hospital/Clinic Name

Attending Doctor

3. Claim Details

Expense Type	Date Incurred	Amount (in USD)	Remarks
--------------	---------------	-----------------	---------

Hospitalizati ▼			
-----------------	--	--	--

4. Attachments

Please attach scanned copies (or originals where required) of the following documents:

- Maternity leave approval letter
- Hospital bills & receipts
- Completed discharge summary
- Doctor's prescription(s)
- Birth certificate (if available)

5. Declaration by Employee

I hereby declare that the statements made above are true and complete to the best of my knowledge. I authorise the insurance company/TPA to seek any clarification regarding this claim if required.

Employee Signature

Date

Submit Claim