



SALARIES RECORD FORM – Maternity Benefit

(To be completed in full by the Employer/Representative)

Business Name: _____

Business Address: _____

Business Registration No.: _____ Business Phone Number _____

Business Email Address: _____

Name of Insured Person: _____

Name as per Social Security Registration Card

Social Security Registration Number

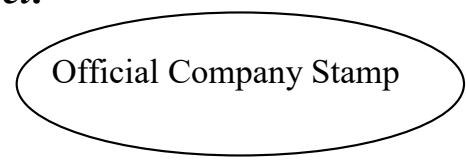
1. State **last date worked** prior to period of benefit being claimed. _____ / _____ / _____
DD MM YY

2. Kindly insert the Employee's **GROSS** salaries for the period listed below. (This information is important to accurately process the employee's benefit claim):

Week	Week Commencing	Gross Salary	Week	Week Commencing	Gross Salary
1			26		
2			27		
3			28		
4			29		
5			30		
6			31		
7			32		
8			33		
9			34		
10			35		
11			36		
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I certify that the above information is true and correct:

Signature of Employer/Representative



Name of Employer/Representative (In Block Letters)

_____ / _____ / _____
DD MM YY