



Jersey

**SOCIAL SECURITY (MEDICAL  
CERTIFICATION) (JERSEY)  
ORDER 1974**

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Jersey

## SOCIAL SECURITY (MEDICAL CERTIFICATION) (JERSEY) ORDER 1974

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Jersey

## **SOCIAL SECURITY (MEDICAL CERTIFICATION) (JERSEY) ORDER 1974**

**THE EMPLOYMENT AND SOCIAL SECURITY COMMITTEE**, in pursuance of 29 of the Social Security (Jersey) Law 1974,<sup>1</sup> orders as follows –

Commencement [[see endnotes](#)]

### **1 Interpretation**

- (1) In this Order, unless the context otherwise requires –
  - “determining authority” means, as the case may require, the determining officer or the Social Security Tribunal;
  - “incapacity” means incapacity by reason of which a person is rendered incapable of work;
  - “Law” means the Social Security (Jersey) Law 1974;<sup>2</sup>
  - “signature” means, in relation to any certificate, the name by which the person giving the certificate is usually known (any name other than the surname being either in full or otherwise indicated) written by that person in the person’s own handwriting; and the expression “signed” shall be construed accordingly.
- (2) For the purpose of any provision of this Order providing that any certificate shall be in a form set out in Schedule 1 or 2, any reference to such form shall include a reference to any such other form substantially to the like effect as the Committee may from time to time approve.

### **2 Evidence of incapacity and confinement<sup>3</sup>**

- (1) Every person claiming short term incapacity allowance shall furnish evidence of incapacity, in respect of the day or days for which the claim is made –
  - (a) in the form set out in Part B of Schedule 1; or

- (b) by such other means as the determining authority may accept as sufficient in the circumstances of any particular case or class of cases.
- (2) Where the evidence is in the form set out in Part B of Schedule 1, the certificate in that form (as defined in paragraph 1 of Part A of that Schedule) shall be completed in accordance with Part A of that Schedule.
- (3) Every woman by whom or on whose behalf a claim for maternity benefit is made shall furnish evidence –
  - (a) where the claim is made in respect of expectation of confinement, that she is pregnant and as to the stage which she has reached in her pregnancy; or
  - (b) where the claim is made by virtue of the fact of confinement, that she has been confined.
- (4) The evidence to which paragraph (3) refers shall be furnished –
  - (a) in the form set out in Part B of Schedule 2; or
  - (b) by such other means as the determining authority may accept as sufficient in the circumstances of any particular case or class of cases.
- (5) Where the evidence is in the form set out in Part B of Schedule 2, the certificate in that form shall be completed in accordance with Part A of that Schedule.

### **3 Citation**

This Order may be cited as the Social Security (Medical Certification) (Jersey) Order 1974.

**SCHEDULE 1**

(Article 2(1))

**INCAPACITY****PART A****RULES FOR MEDICAL CERTIFICATION**

1. In these rules, unless the context otherwise requires –  
“certificate” means that part of the form in Part B of this Schedule that is headed “FOR DOCTORS USE ONLY”;<sup>4</sup>  
“claimant” means the person in respect of whom a certificate is given;  
“practitioner” means a medical practitioner not being the claimant.
2. Every certificate shall be in writing in ink or other indelible substance, and shall contain the following particulars –
  - (a) the claimant’s name;
  - (b) <sup>5</sup>
  - (c) a concise statement of the disease, disablement or injury by which the claimant is, in the practitioner’s opinion, at the time rendered incapable of work;
  - (d) the date on which the certificate is given,and shall bear, under the words “Doctor’s signature”, the signature of the certifying practitioner written after there have been entered on the certificate the claimant’s name and a statement of the disease, disablement or injury.<sup>6</sup>
3. The statement of the incapacitating disease, disablement or injury in the certificate shall specify the cause of incapacity as precisely as the practitioner’s knowledge of the claimant’s condition at the time of the examination permits:  
Provided that, if in the practitioner’s opinion a disclosure to the claimant of the precise cause would be prejudicial to the claimant’s well-being, the certificate may contain a less precise statement.
4. Every certificate must have been given on a date not more than one day later than the date of the examination on which it is based, and no further certificate based on the same examination shall be furnished other than a certificate to replace an original certificate which has been lost or mislaid, but in that case the form shall be clearly marked “duplicate”.
5. In any case in which, in the opinion of the practitioner, the claimant will become fit to resume work on a day not later than the end of the seventh

day after the date of examination on which the certificate is based, the certificate shall specify the first-mentioned day.

6. In any other case, the certificate shall cover a specified number of days or weeks from and including the date of the examination on which the certificate is based, which period shall not exceed 28 days or, where at that date the certificate of incapacity has continued for not less than 28 days, 13 weeks.
7. Before resuming work, every claimant shall furnish a certificate in accordance with the provisions of rule 5 of these rules specifying the date on which, in the opinion of the practitioner, the claimant will become fit to resume work.
8. In computing any period of time in relation to any certificate given under rule 5 or 6 of these rules, Sunday shall not be disregarded.





**SCHEDULE 2**


(Article 2(2))


**CONFINEMENT****PART A****RULES FOR CERTIFICATION**

1. In these rules “midwife” means a person authorized to exercise the profession of midwife in Jersey under the Loi (1922) sur la Santé Publique (Sages-femmes).<sup>8</sup>
2. Certificates of confinement or expected confinement shall be in writing in ink or other indelible substance signed by the medical practitioner or midwife attending the woman.
3. Every certificate of confinement or expected confinement shall contain the following particulars –
  - (a) the woman’s name;
  - (b) as appropriate, the actual date of confinement or the week in which it is to be expected that the woman will be confined, and in either case the date of the examination on which the certificate is based; and
  - (c) the date on which the certificate is given,and the certificate shall be adjusted and completed accordingly.<sup>9</sup>
4. After a certificate based on an examination has been given, no further certificate based on the same examination shall be furnished other than a certificate to replace an original certificate which has been lost or mislaid, but in that case the form shall be clearly marked “duplicate”.

PART B<sup>10</sup>

EVIDENCE OF CONFINEMENT

  
 5930

Employment & Social Security 

**MATERNITY BENEFIT - ALLOWANCE AND GRANT CLAIM FORM**

**1. CERTIFICATE OF CONFINEMENT** Claim form number

*(For office use only)*

**For Doctor's or Midwife's use only:** This section should be completed by a Registered Medical Practitioner or Certified Midwife not earlier than the 14th week before the week containing the day of expected confinement.

	Title	Surname	Forename(s)
I certify that I have examined	<input type="text"/>	<input type="text"/>	<input type="text"/>
and that in my opinion she may expect to be confined in the week which will include the	<input type="text"/> / <input type="text"/> / <input type="text"/>		
Date of Examination	Actual Date of Confinement		
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>		
Signature of Doctor or Midwife	Number of babies expected		
<input type="text"/>	<input type="text"/>		
Name of Doctor or Midwife	Today's date		
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>		

**2. NOTES TO THE CLAIMANT:-**

WHEN TO COMPLETE THIS FORM.

**Maternity Allowance**  
 This allowance is paid to make it easier for you to give up work well before the baby arrives. The amount you receive will depend on the Social Security Contributions you have paid.

You must claim your allowance between the 14th and 7th week before the week in which the baby is due. The allowance may be paid for a total of 18 weeks but you cannot receive the allowance whilst you are working.

**Maternity Grant**  
 This grant is paid to help you with the general expense of having your baby and is paid on either your own or your husband's contribution record. It is a lump sum and can be claimed at any time from the beginning of the 9th week before the baby is due and up to 3 months after the birth.

If you are claiming on your husband's contribution record, please remember to send your marriage certificate with this claim form.

**Depending on the circumstances the above limits could be extended. If you feel that there is a good reason why you were unable to claim at that time, please discuss your situation with the Department.**

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**MATERNITY BENEFIT - ALLOWANCE AND GRANT CLAIM FORM**

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**3. YOUR PERSONAL DETAILS**

If you wish to claim benefit, please complete this form and send it to the Employment and Social Security Department, PO Box 55, La Motte Street, St Helier, Jersey JE4 8PE. It is important that you write in BLOCK CAPITALS keeping within the boxes provided, using black or blue ink. Please read the leaflet entitled "Maternity Benefits" (SSD8) before you complete this form. It explains the benefits available and the conditions you have to satisfy, and is available from the Department of Employment & Social Security.

Surname  Title  Social Security Number

Forename(s)  Date of Birth  /  /

Previous Surname (if applicable)

Address

Postcode  Daytime phone number

Are you: single  married  separated  widowed  divorced

The date of your marriage (If applicable)  /  /

Husband's/Partner's Surname  Title  Social Security Number

Forename(s)  Date of Birth  /  /

If your partner is claiming Home Responsibility Protection do you wish to claim an increase of benefit in respect of them? Yes  No

**4. FURTHER INFORMATION RELEVANT TO THE CLAIM**

Are you claiming or receiving any other benefits Yes  No

If Yes, please tell us:-

Which benefit?

From which country?  Amount per week  
 £  .   
 (In sterling)



**MATERNITY BENEFIT - ALLOWANCE AND GRANT CLAIM FORM**

**4. FURTHER INFORMATION RELEVANT TO THE CLAIM - continued**

Is anyone else claiming or receiving benefits in respect of you? Yes  No

If Yes, please tell us:-

Their Surname

Their Date of Birth  
 /  /

Their Forename(s)

Their Social Security Number  
  
*(if known)*

Which benefit?

From which country?

Amount per week  
 £  .   
*(In sterling)*

Have you paid contributions in any country other than Jersey?  
 If Yes, please tell us which country?

Yes  No

Are you working now? Yes  No

If No, what was the date on which you last worked?  
 /  /

Will your confinement take place in Jersey? Yes  No

If No, please tell us the address and country where you expect to have your baby?

Address

Postcode

Country

**5. TO BE COMPLETED ONLY IF YOU ARE CLAIMING BEFORE CONFINEMENT**

Article 22(2) of the Social Security (Jersey) Law, 1974 provides that the Maternity Allowance period may not begin earlier than eleven weeks and not later than six weeks before the expected week of confinement. In order that we may know at which point you wish your own Allowance to begin, please complete the statement below. **BEFORE DECIDING PLEASE REMEMBER THAT THE ALLOWANCE CANNOT BE PAID FOR ANY PERIOD WHILE YOU ARE WORKING.**

I wish my Maternity Allowance period to begin in the  th week before the expected week of my confinement.

F401

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MATERNITY BENEFIT - ALLOWANCE AND GRANT CLAIM FORM

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6. PAYMENT DETAILS

We would like to pay your Maternity Benefit direct to your bank account. Please tell us the:-

Name of your Bank

[Grid for Name of your Bank]

Bank Address

[Text box for Bank Address]

Branch Sort Code

[Grid for Branch Sort Code]

Bank Account Number

[Grid for Bank Account Number]

Official use only [ ]

Name(s) under which the account is held

[Grid for Name(s) under which the account is held]

7. DECLARATION AND SIGNATURE.

WARNING: This information may be cross checked and any person who knowingly makes any false statement or false representation for the purpose of obtaining benefit for themselves or for someone else commits a criminal offence for which they may be prosecuted. They may also be required to repay the amount fraudulently obtained. The Department must be notified of any change in circumstances, including temporary absences from the Island.

PRIVACY The information provided is covered by Jersey's Data Protection Law.

If you are submitting an application for payment to an Agent or Authority please tick this box [ ]

I declare to the best of my knowledge and belief all the statements on this form are true and complete and I claim Maternity Benefit.

Your Signature

[Text box for Your Signature]

Today's Date

[Grid for Today's Date]

**ENDNOTES****Table of Legislation History**

<b>Legislation</b>	<b>Year and No</b>	<b>Commencement</b>
Social Security (Medical Certification) (Jersey) Order 1974	R&O.6084	1 January 1975
Social Security (Medical Certification) (Amendment) (Jersey) Order 2004	R&O.82/2004	1 October 2004
Social Security (Medical Certification) (Amendment) (Jersey) Order 2004	R&O.109/2004	1 October 2004

**Table of Renumbered Provisions**

<b>Original</b>	<b>Current</b>
1(2)	spent, omitted from this revised edition
(3)	1(2)

**Table of Endnote References**

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- <sup>1</sup> *chapter 26.900*
- <sup>2</sup> *chapter 26.900*
- <sup>3</sup> *Article 2 substituted by R&O.109/2004; former Article 2(1) amended by R&O 82/2004*
- <sup>4</sup> *Schedule 1 Part A, paragraph 1: definition "certificate" substituted by R&O.109/2004*
- <sup>5</sup> *Schedule 1 Part A, paragraph 2(b) deleted by R&O.109/2004*
- <sup>6</sup> *Schedule 1 Part A, paragraph 2 amended by R&O.109/2004*
- <sup>7</sup> *Schedule 1 Part B substituted by R&O.109/2004*
- <sup>8</sup> *chapter 20.850*
- <sup>9</sup> *Schedule 2 Part A, paragraph 3 substituted by R&O.109/2004*
- <sup>10</sup> *Schedule 2 Part B substituted by R&O.109/2004*