

Dentists – Claim for Maternity/Paternity/Adoptive Leave Payments

Please read these notes before completing this form.

1. Full details of payment are set out in Determination VI of the Statement of Dental Remuneration. please read the Determination before you fill in this form.
 2. Please fill in this form as fully as possible to help us decide if you are entitled to payment.
 3. If you were employed in England, Scotland or Wales you are required to provide in writing, evidence of your period of employment and details of your gross earnings during the test period. The Employing Authority should verify this information.
 4. If you need more space to answer any of the questions, please use a separate sheet of paper and indicate which part of the form it relates to.
 5. Maternity - "Test period" means the period of 12 months beginning on the date which falls 21 months before the expected date of confinement.
 6. Paternity - "Test period" means the period of twelve months beginning on the date which falls 12 months before the date of the child's birth or adoption.
 7. Adoption Leave - "Test period" means the period of twelve months beginning on the date which falls 12 months before the date of adoption
 8. A dentist who is in receipt of: -payments in consequence of suspension under the Department's Determination; or payments in consequence of suspension under Part V of the Health and Personal Social Services general Dental Services Regulations (Northern Ireland) 1993, as amended **SHALL NOT BE ENTITLED** to payments under Determination VI.
 9. The Agency will consider the information you have given and decide if you are entitled to maternity / paternity / adoption leave payments. If you are entitled, the Agency will calculate the weekly amounts in accordance with Determination VI and payments will be paid monthly.
 10. The Business Services Organisation's Dental Finance Office will inform you accordingly as to whether or not you are entitled to a payment.
 11. You must complete an OP4 form on your return to GDS indicating the date you returned to work.
 12. Please contact the Dental Finance Office (02895 363741 or 02895 363744) if you have any queries regarding this application
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Part 1 – Personal Details.

1. Surname

2. Forename(s)

3. Address for correspondence

Postcode

4. All present Dental List numbers.

1st 2nd 3rd 4th

I wish to claim the following payment (please tick the appropriate box and indicate period of absence) :-

Maternity Paternity Adoption

5. **Maternity** - date the baby is due or the date of confinement
(Please send us your certificate of expected confinement which a doctor or certified midwife must sign For the HS this is form MAT B1. A copy will do).

6. **Paternity** - child's date of birth or date of adoption

7. **Adoption** – date of adoption or the actual date of notification of the adopter having been matched with the child.

Date of official notification or expected date of child entering the United Kingdom.

8. Date you last worked or intend to finish work
(No payment can be made for any time before this date).

9. Date from which you wish to claim payments
(This cannot be more than 5 weeks before
the date of this application in respect of maternity).

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Part 2 – Conditions for Payment.

Maternity Payments

You are required to meet the following conditions: -

Your name has been included in a dental list for a total of 2 years. This need not be a continuous period nor with the same Employing Authority. This may be for only one year if you have undergone one year's approved vocational training.

The last 26 weeks of the above period must be continuous with the same Employing Authority and end the week immediately proceeding the 15th week before the baby is/was expected.

Your gross earnings for the 12 months beginning on the date which falls 21 months before the baby is/was expected (the test Period) are not less than that set down in Determination VI, or, where your gross earnings were less than that set down in Determine VI, that at least 90% of your earnings from the practice of dentistry during the test period were attributable to gross earnings.

Paternity Payments.

Your name has been included in a dental list for a total of 2 years, the last 26 weeks of which period must be continuous and immediately precede the date of birth or adoption.

Your wife or partner has given birth or has adopted a child and will be the principal care provider and you are also an adoptive parent of that child.

Your gross earnings for the 12 months beginning on the date which falls 12 months before the date of birth or adoption (the test period) are not less than that set down in Determination VI, or, where your gross earnings were less than that set down in Determine VI, that at least 90% of your earnings from the practice of dentistry during the test period were attributable to gross earnings.

Adoption Leave Payment.

Your name has been included in a dental list for a total of 2 years, the last 26 weeks of which period must be continuous and immediately proceed the date of adoption.

You have become the adoptive parent of a child and are the main care provider for that child.

You have ceased to provide General Dental Services, wholly or partly because of that adoption, although your name remains in the dental list.

Your gross earnings for the 12 months beginning on the date which falls 12 months before the date of adoption (the test period) are not less than that set down in Determination VI, or, where your gross earnings were less than that set down in

Determination VI, that at least 90% of your earnings from the practice of dentistry during the test period were attributable to gross earnings.

Details of Earnings

Please provide all relevant details below of your gross GDS earnings

Maternity Payments - the 12 months starting 21 months before the baby is due. If you are not sure fill in the form anyway and the details can be checked.

Paternity Payments – the 12 months before the child’s date of birth or adoption

Adoption Leave Payments – the 12 months before the date of adoption.

Dates	Status:- on a list /trainee	Area Board	Gross GDS earnings while on list	Weekly hours while a Trainee

Part 3 – Other Information.

This is intended to reduce correspondence about practice arrangements during your absence.

10. Please tell us the name and address of the deputy or assistant, if any, who will be responsible for providing general dental services during your absence. _____

11. Do you wish to seek the consent of the Business Services Organisation to employ an assistant for more than 2 months while you are away from the practice? YES NO

4. Claim and Declaration (*delete where applicable)

I hereby claim *maternity / paternity / adoptive leave payments and declare that
(Please indicate by inserting Y, N or NA in each applicable box):-

Maternity

- a) I enclose a Certificate of Expected Confinement.
- b) I have not made, and will not make, a claim to any other Health Service Authority for maternity payments for my pregnancy
- c) I will notify the when I return to any paid work.
- d) It is my intention to return to work within 12 months of my date of confinement and I understand that if I do not return to providing general dental services as above, I may have to repay any maternity payments in accordance with Regulation 26 of the General Dental Services Regulations.

Paternity

- e) In respect of the birth of a child, I am the husband or partner of the mother, and will share responsibility for the child's upbringing and I am taking time off to support the mother.
- f) In respect of an adoptive child, I am the partner of the main care provider and will share responsibility for the child's upbringing and I am taking time off to support my partner or to care for the child.

Adoption Leave

- g) I enclose a certificate, showing the date on which the child is expected to be placed for adoption / the actual date of adoption, from the appropriate adoption agency.
- h) I enclose a copy of the official notification and evidence of the date of the child's arrival into the United Kingdom and that I will be the main care provider for that child.

Declaration

1) My gross earnings for the test period are more than the figures shown at Determination VI, Part 2(2) of the Statement of Dental Remuneration. **(If your response to this is no (N) please complete (2) below).**

2) 90% of my gross earnings from the practice of dentistry during the test period was attributable to Health Service gross earnings. **(Only complete if your response to (1) was no (N)).** My gross earnings for the test period were _____ % of my earnings.

I declare that the information given on this form is correct and complete and I understand that if it is not, action may be taken against me. For the purpose of verification of this claim and the prevention and detection of fraud I consent to the disclosure of relevant information, including accounts prepared by the accountant responsible for my audited accounts, to and by the HSC Counter Fraud Unit and the Health & Social Care Board.

Signature :- _____ **Date :-** _____

If for reasons of ill health the dentist is unable to fill in or sign this form, a spouse, partner or relative can do it for him/her. When someone else signs this form they **MUST** state their relationship here: - _____ .

For Business Services Organisation Use Only.

Date claim form received by the BSO _____