

Claim for Family Allowance and a Health Benefit Registration for a Child or Children

In the case of a couple living together, if one partner is not working or paying a social insurance contribution, but is looking after the child/ren, it may be better for that person to make the claim. If this does not apply to you, either partner can make the claim.

If a claim is received more than three months after the birth, or arrival in Guernsey, you may lose benefit.

Please visit www.gov.gg/familyallowance or contact the Pensions & Allowances team on 222506 or email pensionsallowances@gov.gg if you need help in completing this form.

A Parent or guardian's details		Always complete								
Last name	_____	First name(s) _____								
Date of birth	_____	Social Security no. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>								
Address	_____									
Postcode	_____	Telephone no. _____								
Email	_____									

B Circumstances		Only complete if this is a new claim								
Spouse or partner's details (if living together)										
Last name	_____	First name(s) _____								
Date of birth	_____	Social Security no. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>								
Residence	Claimant	Spouse/Partner								
Where were you born?										
Have you lived in Guernsey for the last 12 months?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>								
If "No", please state your previous country of residency and the date that you arrived in Guernsey.	Country _____ Date _____	Country _____ Date _____								

C Details of children (please don't write in the shaded area)						Always complete	
Last name	First name(s)	Date of birth	Sex	Place of birth	SS no.	(v)	

Original birth certificates will be required for children not born in Guernsey and should accompany this form.

D Payment of allowances (please provide your bank details)		Only complete if this is a new claim	
Family allowance will be paid into your account weekly in advance.			
Account name	_____		
Account number	<input type="text"/>	Sort code	<input type="text"/> - <input type="text"/> - <input type="text"/>
Bank	_____		
Branch	_____		

E Declaration, application and claim		Always complete	
In respect of the child or children named above:			
I claim	Family allowance <input type="checkbox"/>	An increase in family allowance	<input type="checkbox"/>
In making this claim, I confirm that my annual gross household income, comprised of my income and that of my spouse or any other person with whom I am living (as if married), does not exceed £120,000 a year;			
The information I have given is true and complete. I know that I am responsible for informing Social Security if my annual gross household income exceeds, or is expected to exceed, the annual income limit of £120,000 in any calendar year.			
Warning – To give false information may result in prosecution.			
Signature of applicant	_____	Date	_____

Please send this form to **Edward T. Wheadon House, Le Truchot, St Peter Port, GY1 3WH** or to the **States Office, Alderney**

How we collect and use information

The Committee for Employment and Social Security will process any personal data which you provide, via this form, in accordance with the Data Protection (Bailiwick of Guernsey) Law, 2017. Further information about how your personal data is processed can be found at www.gov.gg/dp or by calling 222500.

For Official Use Only

Card(s)		Index	Prepared	Approved	HB Eligibility	Approved
No	Initials					