



In the case of a couple living together, if one partner is staying at home to look after the child/ren they should make the claim. If this does not apply to you, either partner can make the claim.

A separate application is required for an adult applying for a Health Benefit card.

Please do not write in shaded areas.

A	Parent or Guardian's Details:		Social Security No.									
	Surname											
	First names											
	Address											
	Postcode											
	Telephone No.						Date of Birth					
	Are you already receiving Guernsey Family Allowance? Yes <input type="checkbox"/> No <input type="checkbox"/>											
If "Yes" ignore parts B and C and complete only D and E.												

B	State whether married, single, widowed or cohabiting.				If you and your spouse are permanently separated write "separated"				
	Husband/wife or partner's details:	Surname			Social Security No.				
		Forenames			Birth of Date				
	Residence			Claimant			Husband/Wife		
	Where were you born?								
	Have you lived in Guernsey for the last 12 months? Answer either "Yes", or please state in which country and date of arrival in Guernsey.								
Have you previously been resident in Guernsey? If "yes", when?									

C	Payment of Allowances														
	Family Allowances will be paid into your bank account weekly in advance.														
	(Please provide you bank details below)														
	Bank and Account Details														
	Bank														
Account number											Sort Code				
Branch															
Account name															

Details of children

D	Surname	Forenames	Date of Birth			Place of Birth	*For Office use (V).
			Day	Month	Year		
	*SSNo		Sex (✓)	Male	Female		
	*SSNo		Sex (✓)	Male	Female		
	*SSNo		Sex (✓)	Male	Female		
	*SSNo		Sex (✓)	Male	Female		
	*SSNo		Sex (✓)	Male	Female		

Declaration, Application and Claim

E	<p>I declare that to the best of my knowledge and belief the information I have given is true and complete, and that the child or children detailed above are living with me.</p> <p>I claim <input type="checkbox"/> Family Allowance <input type="checkbox"/> an increase of Family Allowance</p> <p>In respect of the child or children named in Part D above.</p> <p>I apply for a health benefit card for the child or children named above.</p>
	<p>Signature Date</p> <p>How we collect and use information</p> <p>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 alternatively you may call 01481 732500 and request a paper copy.</p> <p>Warning: to give false information may result in prosecution.</p>

Original birth certificates (or officially certified photocopies) will be required for children not born in Guernsey and should accompany the form, if possible, but do not delay in sending the form: **if a claim is received more than three months after the birth, or arrival in Guernsey, you may lose benefit.**

Take or send this form to Edward T Wheadon House, Le Truchot, St Peter Port or to the States Office, Alderney.

***For Official Use Only**

Claim No.					
*Date received	*Letters and Enclosures / Documents returned				*Date
	*Prepared	Approved			
Card(s)	Index	Prepared	Approved	HB Eligibility	Approved
No.	Initls				