

Overseas Healthcare Services

Giving birth abroad application form (S2)

Information for the applicant

This form should only be completed when the date you are leaving the UK is confirmed, as this dictates when your health care is valid from.

You must send us a copy of your MAT B1, which you can get from your doctor or midwife, with your application. If you are unable to get a MAT B1, you can send a letter from a medical professional confirming your due date. Please include the reason why the MAT B1 cannot be obtained.

Send your complete application form by email to nhsbsa.ohsapplications@nhs.net or by post to:

Overseas Healthcare Services, NHSBSA, 152 Pilgrim Street, Newcastle upon Tyne, NE1 6SN

If you need help or have any questions about filling in this form, please contact us on +44 (0)191 218 1999, Monday to Friday between 8am and 6pm. If English is not your first language, phone this number and we will provide an interpretation service over the phone.

Your data

We respect customer confidentiality at all times. The NHS Business Services Authority (NHSBSA) will use the information that you have given us to process and verify your applications to Overseas Healthcare Services and to plan and improve NHS services. This may include sharing your information with third parties to validate the information you provide. Further details on this, including your information rights, are available at www.nhsbsa.nhs.uk/yourinformation

If you are filling in this form for someone else, they are responsible for making sure the information is correct. They should tell you what to write for them and they should sign or make their mark in the relevant box. If you are filling in this form for someone with learning difficulties or a condition that prevents them from managing their own affairs you are responsible for making sure the information is correct. You should sign the form yourself and indicate this in the signature box.

Giving birth abroad application form (S2)

Reference number (for office use only)

Please write in **BLOCK CAPITALS**

Last name:

First name:

Date of birth:

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Nationality:

If you are not a European Union (EU), European Economic Area (EEA) or Swiss national please supply evidence of your right to reside in the UK, such as your visa or Indefinite Leave to Remain documentation.

National Insurance or NHS number:

Current UK address:

Postcode:

Alternative address for correspondence (if applicable):

Phone number (including dialling code):

Email address:

Country in which you will give birth:

This must be a country within the EU, EEA or Switzerland

Are you leaving the UK permanently? Yes No

If you are leaving the UK permanently please provide a letter from your employer confirming the date you are no longer employed from, or a letter from the Department for Work and Pensions confirming the date your Statutory Maternity Pay ends.

Expected date of delivery:

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Date you will leave the UK:

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Warning: False information may lead to civil or criminal action. If you are signing on behalf of somebody else, you will be responsible for the information provided.

I declare that the information given on this form and the supporting documents are correct and I understand that if I knowingly provide false information, I may be liable to prosecution and/or civil proceedings.

I will inform Overseas Healthcare Services immediately if there are any changes which could impact my claim.

I understand that my information may be disclosed to other public bodies and authorities in the country providing my treatment in order to process this claim and to provide verification.

I understand that my information may be disclosed to the NHS Counter Fraud Authority and the Department of Health and Social Care Anti Fraud Unit for the purpose of the prevention, detection, investigation and prosecution of fraud and any other unlawful activity affecting the NHS.

Signed:

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Date:

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