

Please fill in this form using *CAPITAL LETTERS* if you are a married woman and you:

- want to change from reduced liability to full liability, or
- need a certificate of election form CA4139 as evidence of your entitlement to pay reduced rate contributions.

Please ✓ the appropriate boxes and answer all the questions.

Married woman's application for a certificate of election of reduced liability or to change to full liability

Personal details

1 Surname

2 First forename

3 Other forenames

4 Mr/Mrs/Miss/Ms/Other (*please specify*)

5 Address

Postcode

Daytime telephone number (*including national dialling code*)

6 National Insurance number

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7 Date of birth

8 Surname before marriage

9 Date of marriage

10 Have you ever been divorced?

Yes No

If Yes, state date of divorce (*Nisi or Absolute*)

11 If you are working, or about to start work, give the name(s) and address(es) of any employer(s) from whom you earn a wage. Please also give your works/staff number.

Name and address of employer(s)

Postcode

Postcode

Date(s) of starting work

Works/staff number

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12 Are you self-employed? Yes No

What is your occupation?

When did your self-employment start?

13 When did you last pay National Insurance contributions?

14 Were you self-employed in either of the last two tax years before the current one? Yes No
 (tax years run from 6 April to the following 5 April)

What was the period of your self-employment? / / to / /

15 Please give the name(s) and address(es) of any employer(s) in the two tax years before the current one, the period of the employment(s) and the rate of contributions you paid.

Name and address of employer(s)	Period of employment	Rate of contribution
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	Reduced <input type="checkbox"/>
	to	
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	Standard rate <input type="checkbox"/>
Postcode <input type="text"/>		
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	Reduced <input type="checkbox"/>
	to	
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	Standard rate <input type="checkbox"/>
Postcode <input type="text"/>		

Declaration

I declare that I am a married woman and that the information on this form is correct and complete.

Now sign the correct section opposite.

When you have filled in this form, send it to

HM Revenue & Customs
 National Insurance Contributions Office
 Contributor Caseworker
 Benton Park View
 Newcastle upon Tyne NE98 1ZZ
 together with:

- if you have signed Part A, your certificate of election. If it is not available, please tell us why at item 3 opposite,
- if you have signed Part B, your marriage certificate if you are a widow who has remarried and your bereavement benefit order book, if you have not already returned it,
- if you have signed Part B, any expired certificate of election you hold.

Remember that if you are choosing full liability, you must send in this form before the beginning of the week when it is to take effect. If you are choosing full liability from a future date, the certificate of election will be returned to you showing the date on which your reduced liability ends. If you are employed you should give it to your employer so that they know when to make the correct deductions.

Part A Full Liability

1 I choose to pay at the standard rate any Class 1 contributions for which I may be liable, and when self-employed, to pay Class 2 contributions. I understand this choice will entitle me to pay Class 3 contributions if I wish to do so.

2 I wish full liability to start from

/ /

3 Have you enclosed your certificate of election of reduced liability?

Yes No

If not, please say why not

Signature

Date

/ /

Part B Reduced Liability

(A fresh choice for reduced liability cannot be made but you may confirm an existing choice).

1 I confirm my existing choice to pay at the reduced rate, any Class 1 contributions for which I may be liable, and, when self-employed, not to pay Class 2 contributions. I understand that I will not be entitled to pay Class 3 contributions for any year throughout which this choice is effective, nor will I be entitled to Home Responsibilities Protection.

2 I wish to have a new certificate of election

3 I require additional copies

Signature

Date

/ /

For official use only

✓ appropriate boxes

Initials Date / /

Caseworker Section Room

Declaration A

Certificate of election received

CA4139 issued: Box B not valid after

/ /

NIRS 2 updated

CA4091 sent to employer

/ /

Declaration B

CA4139 issued: Box A/B not valid after

/ /

NIRS 2 updated

/ /

Application refused:

- Failed 2 year test
- No current election
- Divorced
- Other

NIRS 2 updated

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