

Application form for Blind Pension



- Please read Information Booklet - **SW 76** before completing this application form.
- Please use **BLOCK LETTERS** and place a tick (✓) in the appropriate boxes.
- Please answer **ALL** questions fully as incomplete information may delay processing your claim.

If you have any difficulty completing this form, please contact your local Social Welfare Office or Blind Pension Section.

Telephone: Sligo 1890 500 000 or Dublin (01) 704 3000

Part 1

Personal details in respect of you and your spouse or partner

	Self	Spouse/partner																												
Please state:																														
1. What is your full name and your spouse or partner full name?	<table border="1"> <tr><td>Last Name</td></tr> <tr><td>First Name(s)</td></tr> </table>	Last Name	First Name(s)	<table border="1"> <tr><td>Last Name</td></tr> <tr><td>First Name(s)</td></tr> </table>	Last Name	First Name(s)																								
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First Name(s)																														
2. Where do you live (if married and you and your spouse are not living together give both addresses)	<table border="1"> <tr><td> </td></tr> <tr><td> </td></tr> </table>			<table border="1"> <tr><td> </td></tr> <tr><td> </td></tr> </table>																										
3. What is your Telephone Number (if any)	<table border="1"> <tr><td> </td></tr> </table>		<table border="1"> <tr><td> </td></tr> </table>																											
4. What is your date of birth (attach Birth Certificates)	<table border="1"> <tr> <td>Day</td> <td>Month</td> <td>Year</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	Day	Month	Year				<table border="1"> <tr> <td>Day</td> <td>Month</td> <td>Year</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	Day	Month	Year																			
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6. What is your Personal Public Service Number (PPS No.) (same as RSI/Tax Number)	<table border="1"> <tr> <td colspan="6">FIGURES</td> <td>LETTER(S)</td> </tr> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> <td> </td> </tr> </table>	FIGURES						LETTER(S)								<table border="1"> <tr> <td colspan="6">FIGURES</td> <td>LETTER(S)</td> </tr> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> <td> </td> </tr> </table>	FIGURES						LETTER(S)							
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7. What is your old social insurance number (if any)	<table border="1"> <tr><td> </td></tr> </table>		<table border="1"> <tr><td> </td></tr> </table>																											
8. What is your Mother's birth surname	<table border="1"> <tr><td> </td></tr> </table>		<table border="1"> <tr><td> </td></tr> </table>																											
9. What country were you born in?	<table border="1"> <tr><td> </td></tr> </table>		<table border="1"> <tr><td> </td></tr> </table>																											
Are you normally resident in the state?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No																												
10. Are you? 'Cohabiting' means you live with a man or woman as husband or wife and you are not married to him/her.	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Cohabiting																													
What is your birth surname	<table border="1"> <tr><td> </td></tr> </table>		<table border="1"> <tr><td> </td></tr> </table>																											
	If married, attach your marriage certificate.																													
What is your date of marriage	<table border="1"> <tr> <td>Day</td> <td>Month</td> <td>Year</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	Day	Month	Year				<table border="1"> <tr> <td>Day</td> <td>Month</td> <td>Year</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	Day	Month	Year																			
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	Self	Spouse/partner
<p>11. Are you financially supporting your spouse/partner? If 'Yes' and you are living apart please state: Amount you are contributing to him or her?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>€ _____ weekly</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>€ _____ weekly</p>
<p>12. Have you or your spouse or partner ever claimed a Pension before? If 'Yes' please state: Claim/reference number Address when claimed</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>_____ _____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>_____ _____</p>
<p>13. Are you or your spouse or partner getting a payment from this Department or Health Board? If 'Yes' please state: Type of payment Amount Claim or reference number</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>_____ € _____ weekly _____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>_____ € _____ weekly _____</p>

You can get Old Age (Non-Contributory) Pension paid (every two weeks in arrears) direct to your bank or building society account or (every week in advance) at your post office.

* This account must be an current or deposit savings account (not a mortgage account)

Direct payment has a number of advantages:

- your pension is lodged directly to your account on the day of payment,
- your pension is available at a time and place that suits you, and
- you are less likely to deal with delays and queuing.

Dealings between you and your financial institution remain confidential. The Department does not have access to your bank or building society account.

14. Please state if you want to get your payment

- into a bank account into a building society account
 into a An Post Pension Savings Account Book of payable orders at a post office

15. If you want to get your pension by direct payment, please give details of your bank or building society

Name of bank or building society

Address

Name on the account

The account must be in your name or jointly held by you.

Type of account:

Account number (8 digits).

--	--	--	--	--	--	--	--

Bank sort code (you can get this from your branch)

--	--	--	--

If with First Active PLC you must use a deposit account.

16. If you choose to have your pension paid into an An Post Pensions Savings Account we will arrange an account number for you

For official use only			
Sort code	90	89	40
Pension savings account number			

Note: To withdraw money from an An Post Pensions Savings account, you will have to give your post office 7 days' notice.

17. If you would like to be paid by a book of payable orders that you can cash at a post office, please state:

Name of post office

Address

If you are unable to collect or cash your payment at the post office and you want someone else (known as an agent) to do so for you, please give:

Your agent's name

Your agent's address

Your signature

Date

Ask the person you have appointed as agent to sign below:

I agree to act to act as agent for

and agree to collect the

pension at the post office named above for them.

Agent's signature

Date

Habitual Residence is a condition that you must satisfy to qualify for Old Age Non-Contributory Pension. See SW 108 for more information about habitual residence.

18. In what country were you born?

19. What is your nationality?

Note

The Common Travel Area is Ireland, Great Britain, the Isle of Man and the Channel Islands. You can spend brief periods on short holidays, studying or travelling outside the Common Travel Area and still be habitually resident here.

20. Have you lived in the Common Travel Area all of your life?

 Yes

 No

If 'Yes', please complete questions 31 and 32.

If 'No', please complete questions 27 to 32.

21. Have you lived in the Common Travel Area for the last 2 years?

 Yes

 No

If 'No', please give details about each country outside the Common Travel Area where you have lived:

Country	From	To	Why you lived there

22. When did you come to Ireland?

 Day

 Month

 Year

Have you lived continuously in Ireland since the day you arrived?

 Yes

 No

23. Does any of your close family, for example parent, brother, sister or child, live in Ireland? Yes No

If 'Yes', please give their details here:

Name	Address	DATE OF BIRTH			Relationship to you	When they came to Ireland
		Day	Month	Year		

24. Have you ever made an application for Refugee Status? Yes No

If 'Yes', please answer both questions 30(a) and 30(b) and provide copies of all relevant documentation from the Department of Justice, Equality and Law Reform.

(a) Are you awaiting a decision on an application for Refugee Status? Yes No

(b) Have you been granted Refugee Status or leave to remain in the State on other grounds? Yes No

25. Please state where you lived in the Common Travel Area. Ireland Great Britain Isle of Man Channel Islands

26. Have you lived at the same address for the last 2 years?

Last address	Previous address
From	From
To	To

For Official Departmental use only

HRC satisfied HRC not satisfied HRC 1 issued

Part 4

Pension or employment details for you and your spouse or partner

Self

Spouse/partner

1. Are you or your spouse or partner getting a Social Security Pension or Benefit from another country?

Yes No

Yes No

If 'Yes' please state:

Amount weekly

Amount weekly

What country pays Benefit/Pension?

What country pays Benefit/Pension?

2. Are you or your spouse or partner getting any other pension?

Yes No

Yes No

If 'Yes' please state:

Amount weekly

Amount weekly

Who pays this pension?

Who pays this pension?

3. Are you or your spouse or partner employed or self-employed at present?

Yes No

Yes No

If 'Yes', please state:

Type of work you do

Type of work you do

Where you work

Where you work

Name and address of employer

Name and address of employer

Amount of earnings weekly

Amount of earnings weekly

4. Have you or your spouse or partner ever been employed or self-employed in this country and/or ever paid PRSI contributions?

Yes No

Yes No

If 'Yes', please state:

Have you or your spouse or partner ever claimed a refund of these PRSI contributions?

Yes No

Yes No

5. Have you or your spouse or partner ever been resident or employed outside the state?

Self

Yes

No

Spouse/partner

Yes

No

If 'Yes', please state:

Countries of residence or employment

Date(s) of residence or employment (approx.)

From	To
------	----

From	To
------	----

From	To
------	----

From	To
------	----

From	To
------	----

From	To
------	----

Part 5

Details of means in respect of you and your spouse or partner

1. Have you or your spouse or partner any money in a bank, post office, building society or any other financial institution?

Yes No

Yes No

If 'Yes', please state:

€

€

Amount(s)

€

€

Where are the savings held?

2. Have you or your spouse or partner any investments or shares?

Yes No

Yes No

If 'Yes', please give details:

3. Have you or your spouse or partner any property (apart from your own home)?

Yes No

Yes No

If 'Yes', please give details:

4. Have you or your spouse or partner sold or transferred any property or business recently?

Yes No

Yes No

If 'Yes', please give details:

5. a) Do you or your spouse or partner own a farm or land?

Yes No

Yes No

b) Do you or your spouse or partner occupy a farm which is owned by any other person?

Yes No

Yes No

If 'Yes' to either a) or b) please state:

Size of the farm

acres

acres

Has this farm ever been assessed for any Social Welfare Scheme?

Yes No

Yes No

If 'Yes' please state:

Which scheme

Date assessed (approx.)

Day Month Year

Day Month Year

Part 6

Household Details

1. Do you have children under age 18 or between 18 and 22 in full-time education.

If yes please give details here, starting with your eldest child:

A written statement from the school or college should be attached for any child aged between 18 and 22 in full-time education.

Note: If more than 6 children please give details on a separate sheet.

CHILD'S FIRST NAME	CHILD'S SURNAME	DATE OF BIRTH			RELATIONSHIP TO YOU
		DAY	MONTH	YEAR	

2. State your Child Benefit number

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3. Does each child normally live with you?

Yes No

If 'No', please state:

Name and address of the person(s) with whom the child(ren) reside:

Amount of maintenance paid by you or your spouse or partner (if any)

€ per week

€ per week

4. Apart from Child Benefit is there any other payment being made to you or anybody else by this Department or a Health Board in respect of the child(ren)?

Yes No

If 'Yes', please state:

Type of payment

--

--

Amount

€ per week

€ per week

Reference Number

--

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Part 7

If you are living alone

A Living Alone Allowance is payable if you are living entirely alone.

Do you wish to claim a Living Alone Allowance?

Yes No

Part 8

Other allowances

1. Do you wish to claim a Fuel Allowance? Yes No
2. Are there any other people not already mentioned living with you? Yes No
3. Do you need full-time care and attention because of incapacity or illness? Yes No

If Yes, someone could apply for a Carer's Allowance or Benefit for looking after you. (The carer must be caring for you on a full-time basis.)

Part 9

Additional information

List any additional information you may wish to give about your claim:

Part 10

Late claim

If you have not claimed within 6 months of becoming eligible for pension, state reason:

Part 11

Declaration to be completed by you

I claim a Blind Pension and declare that the details given are true and complete to the best of my knowledge. I will tell you as soon as possible. If there is any change in circumstances that may effect my entitlement to Blind Pension.

Signed
(NOT block letters)

Date

If the claimant is unable to sign, his/her mark should be made and witnessed. The witness should sign below:

Signature of witness
(NOT block letters)

Date

Address of witness

NOTE: If you withhold any information or fail to notify the Department of Social and Family Affairs of any increases in means, you or your personal representative may have to repay any money overpaid.

WARNING: Penalty for false statements or withholding information: Fine or Imprisonment or both.

Are you sending in the following certificates with your claim:

Your Birth Certificate

Yes

No

Your Marriage Certificate (if applicable)

Yes

No

Your Spouse or Partner's Birth Certificate

Yes

No

Your Child Dependant's Birth Certificate (if you are NOT getting Child Benefit in respect of them)

Yes

No

We do not accept photocopies. We will return all certificates

Blind Pension Section
Pension Services Office
Department of Social and Family Affairs
College Road
Sligo
Telephone: Sligo 1890 500 000 or
Dublin (01) 704 3000

A Social Welfare Inspector will interview you shortly and may ask to see documents about your means.

I declare that all the information I have given is true and complete to the best of my knowledge. I have given all the details of my means and other relevant information to the Social Welfare Inspector.

Your signature or mark

(NOT block letters)

Date

Witnessed by:

(NOT block letters)

Date

If you feel that your income is not enough while you are waiting for your claim to be processed, you should contact your local Health Centre about Supplementary Welfare Allowance.