

10. What is your old Social Insurance Number, if any?

11. Are you...?

Married

Single

Separated

Widowed

Divorced

Cohabiting

'Cohabiting' means you live with a man or woman as husband and wife and you are not married to them.

12. If you are married, when did you get married?

Day

Month

Year

13. If you are widowed, when did your late spouse die?

Day

Month

Year

14. Have you ever been divorced?

Yes

No

You can get Invalidation Pension paid weekly direct to your account in a financial institution or weekly at your post office.

This account must be a 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.

Direct Payment to your account in a financial institution

15. If you want to get your pension paid by direct payment, please give details of your financial institution

Name of financial institution:

Address:

Name on the account:

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

Type of account:

Sort code: (you can get this from your branch)

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

Account number (8 digits).

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

16. If you want to be paid by a book of payable orders that you can cash at a post office please state:

Name of post office:

Address:

17. 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 state:

Why you are unable to collect your payment:

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 as an agent for and agree to collect the pension at the post office named above for them.

Agent's signature:

Date:

Electronic Information Transfer

If you are awarded Invalidity Pension, you may apply to An Post for Electronic Information Transfer (EIT) using a Social Services Card each week at a chosen post office (if you wish to avail of the Household Budget Service).

18. Where did you last work?

Employer's name

Address

When did you work for this employer?

From

To

What type of work did you do?

Occupation

What date did you leave the job?

Day

Month

Year

If you left employment within the last 2 years you must send in a P45.

19. Are you currently involved in any work or courses?

 Yes No

If 'Yes', please tick the relevant box across.

'Employment' is where you work for another person or company and you get paid for this work.

 Employment Rehabilitative or training course Voluntary work Rehabilitative or therapeutic employment Educational course (VTOS for example) Other _____

Please specify

What date did you start the employment, scheme or course?

Day

Month

Year

Who do you work for or what course are you doing?

Employer's name
or
Course name

Address

What is the employer's or course centre's telephone number (if any)?

Code

Local number

How many hours a week do you work or attend course?

hours a week

How much per week are you paid for this work, scheme or course?

Gross pay €

a week

Please attach a recent payslip or P60.

'Gross pay' is your pay before deductions such as tax, PRSI or union dues.

20. Have you permission to do this work or course?

 Yes No

If 'Yes', please attach documents to confirm this.

21. Do you own a farm or land?

Yes No

22. Do you work a farm or land?

Yes No

If 'Yes' to Q(21) or Q(22) please state:

Size of farm or land acres

Income from farm or land € a year

Has the farm been assessed for any other social welfare scheme?

Yes No

'Assessed' means you gave us details about the farm when you were applying for another payment.

If 'Yes', please give details of payment you applied for:

When was the farm assessed?

Month Year

If you cannot remember the exact date, you can tell us roughly when it was assessed.

23. If you own a farm or land but do not work it, who works the farm?

Name
Address

24. Are you or have you ever been self-employed?

Yes No

'Self-employed' is where you work for yourself.

If 'Yes', please state:

Type of business you have or you had

Registered name of business

Date you started your self-employment

Day Month Year

Date you finished being self-employed (if applicable)

Day Month Year

25. Have you ever worked in another country?

Yes No

If 'Yes', please state:

Country you worked in

Date(s) you worked there

From To

Your social security number

If you have further details, please give them on a **separate** sheet of paper.

26. Are you getting a social welfare payment?

 Yes

 No

If 'Yes', please complete the following:

Type of payment	If 'Yes' (✓)	Claim or reference number (PPS No or RSI No)	Amount you get
Disability Benefit			€ a week
Disablement Benefit			€ a week
Disability Allowance			€ a week
Unemployment Assistance			€ a week
Unemployment Benefit			€ a week
Pre-Retirement Allowance			€ a week
Carer's Allowance or Benefit			€ a week
One Parent Family Payment			€ a week
Widow's or Widower's Pension			€ a week
Other social welfare payment (give name of payment here) →			

27. Are you getting Supplementary Welfare Allowance from the Health Service Executive (HSE)?

 Yes

 No

From January 2005 the Health Boards were replaced by the Health Service Executive (HSE).

Are you getting any other payment from the Health Service Executive?

 Yes

 No

If 'Yes', please state:

Name of payment

Name of the local office of the Health Service Executive

Amount you get

 a week

Your claim or reference number (PPS No.)

28. If you are not getting any of these payments, are you signing for 'credits' or are you sending in medical certificates for 'credits'?
- Yes No

'Credits' are special contributions, similar to PRSI contributions, that we may give to people claiming certain social welfare payments. These 'credits' help to protect entitlements to benefits and pensions in the future.

If 'Yes', please continue to do so until you receive further notice.

29. Are you getting a social security payment from another country?
- Yes No

If 'Yes', please state:

Type of payment you are getting

Claim or reference number

Date you started getting this payment

<input type="text"/>	<input type="text"/>	Day	<input type="text"/>	<input type="text"/>	Month	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Year
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Name of country that pays you

Name and address of office that pays you

Please attach a recent payslip or advice slip from this office to confirm that you are getting this payment.

30. Are you getting a private pension?
- Yes No

A 'private pension' could be a pension you receive from your employment (other than a pension from this Department) or a scheme you joined with a private company.

If 'Yes', please state:

Gross amount of your pension

€ <input type="text"/>	weekly or monthly
------------------------	-------------------

If applying for Fuel Allowance, please attach a payslip to confirm the amount of pension you receive.

If you are married or have a partner, you must complete questions 31 to 43.

Your 'spouse' is your husband or wife.
Your 'partner' is a man or woman who is not married to you but lives with you as husband and wife.

Please state:

Mr.
 Mrs.
 Miss
 Ms.
 Other _____
Please specify

31. What is your spouse's or partner's full name?

Last name
First name(s)

32. What is your spouse's or partner's birth surname (their name before they married)?

--

33. What is their mother's birth surname?

--

34. Where does your spouse or partner live?

This question applies only if you and your spouse or partner no longer live at the same address.

Address

35. What is their telephone number, (if any)?

Code	Local number
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36. What country were they born in?

--

37. What is their date of birth?

		Day			Month					Year
--	--	-----	--	--	-------	--	--	--	--	------

Only if you are applying for an Increase for a Qualified Adult, please attach their long Birth Certificate (we do not accept photocopies).

38. What is your spouse or partner's Personal Public Service Number (PPS No.) (same as RSI or tax number), if you know it?

Figures							Letter(s)	

39. What is their old Social Insurance Number, if you know it?

--

40. Is your spouse or partner getting a social welfare payment?

 Yes

 No

If 'Yes', please complete the following:

Type of payment	If Yes (✓)	Claim or reference number (PPS No or RSI No)	Amount they get
Invalidity Pension			€ a week
Disability Benefit			€ a week
Disablement Benefit			€ a week
Disability Allowance			€ a week
Unemployment Assistance or Benefit			€ a week
Pre-Retirement Allowance			€ a week
Carer's Allowance or Benefit			€ a week
Other social welfare payment (give name of payment here) →			€ a week

41. Is your spouse or partner getting a payment from the Health Service Executive (HSE)?

 Yes

 No

From January 2005 the Health Boards were replaced by the Health Service Executive (HSE).

If 'Yes', please state:

Type of payment they get

Name of the local office of the Health Service Executive

Amount they get

 a week

Claim or reference number (PPS No or RSI No)

42. Is your spouse or partner signing for 'credits' or are they sending in medical certificates for 'credits'?

 Yes

 No

If 'Yes' they should continue to do so to protect their entitlements to benefits and pensions in the future.

Increase for a Qualified Adult

A 'qualified adult' can be your spouse or partner who is:

- wholly or mainly maintained by you as long as they are **not** getting a social welfare payment (except for Disablement Benefit or Orphan's Pension) in their own right
- or
- employed or self-employed and **not** getting income of more than €250.00 a week.

43. Do you wish to apply for your spouse or partner as a qualified adult?

 Yes

 No

If 'Yes', please attach a Marriage Certificate (if married).

If 'Yes', you must answer Questions 44 to 55.

44. Does your spouse or partner work?

 Yes

 No

If 'Yes', please state:

Type of their employment

 Full-time

 Part-time

Who they work for

Employer's name

Address

Their gross weekly pay

€ _____ a week

'Gross pay' is their pay **before** deductions such as tax or PRSI.

Please attach payslips for the last 6 weeks of their employment and their P60.

45. Are they self-employed?

 Yes

 No

'Self-employed' is where your spouse or partner works for themselves.

If 'Yes' what is their gross weekly income?

€ _____ a week

'Gross income' is money that they make **before** they pay tax or PRSI.

Please attach statement from accountant to confirm this figure.

46. If your spouse or partner has left employment or self-employment, when did they leave work?

Day

Month

Year

Please enclose P45, if this is within the last 2 years.

47. Is your spouse or partner getting a social security pension or benefit from another country?

Yes No

If 'Yes', please state:

Type of payment they are getting

Claim or reference number

Date they started getting this payment

Day Month Year

Name of country that pays them

Name and address of office that pays their pension or benefit

Please attach a recent payslip from this office to confirm that they are getting this payment.

48. Is your spouse or partner getting a private pension?

Yes No

A 'private pension' could be a pension they receive from their employment (other than a pension from this Department) or a scheme they joined with a private company.

If 'Yes', please state:

Gross amount of their pension

€ weekly or monthly

Please attach a statement to confirm this figure.

49. Does your spouse or partner have any savings or investments?

Yes No

If 'Yes', please complete the following:

Location of savings	If 'Yes' (✓)	Name of place	Account number
Bank			
Building society			
Post office			
Credit Union			
Other			

If 'Yes', please attach statement showing the balance for the last 12 months.

Investments			
Shares			

If 'Yes', please attach statement showing the current market value.

50. Does your spouse or partner own a farm or land?

 Yes

 No

51. Does your spouse or partner work a farm or land?

 Yes

 No

If 'Yes', to Q(50 or Q(51), please state:

Size of farm or land

 acres

Income from farm or land

 € a year

Please attach statement from an accountant to confirm this figure.

Was this farm ever assessed for any other social welfare payment?

 Yes

 No

If 'Yes', please state:

Name of payment they applied for:

When was the farm assessed?

Month

Year

If you cannot remember the exact date, you can tell us roughly when it was assessed.

52. Does your spouse or partner have property apart from your home?

 Yes

 No

If 'Yes', please state:

Type of property

'Type of property' might include an apartment, business property, another house or land, etc.

Address of property

Current value

 €

53. Has your spouse or partner sold or transferred any property recently including a farm or land?

 Yes

 No

If your spouse or partner sold the property, when did they sell it?

 Month

 Year

If you cannot remember the exact date, you can give us a rough date of sale.

Selling price

 €

If your spouse or partner transferred the property, who received the property?

When did they transfer the property?

 Month

 Year

If you cannot remember the exact date, you can give a rough date of transfer.

Please attach a copy of Deed of Transfer.

54. Does your spouse or partner have income from any other source?

 Yes

 No

If 'Yes', give details of the source here:

What is the amount of other income?

 €

Please attach confirmation of same.

55. Is your spouse or partner getting maintenance?

 Yes

 No

'Maintenance' is where a person gets money from their husband or wife or other parent of their children for their care or the care of their child(ren).

If 'Yes', how much do they get?

 €

Please attach a copy of the Maintenance Order or Separation Agreement if you have one. If there is no formal agreement, please attach a note describing the circumstances under which payment is made.

56. Do you wish to apply for qualified children allowance for any children under age 18, or between 18 and 22 in full-time education? Yes No

If 'Yes', please give details here: Start with your eldest child.

Child's full name	Date of birth			PPS No.	Relationship to you	Is this child living with you?
	Day	Month	Year			

Attach a letter from the school or college for any child aged between 18 and 22 to confirm that they are in full-time education, what year of study they are in and duration of course.

If any of the above children are not living with you, where do they live?

Child's Name	Who does this child live with?	Amount of maintenance paid by you if any
		€
		€
		€

If maintenance is being paid please attach a copy of the Maintenance Order.

57. Are you getting Child Benefit? Yes No

Please attach Birth Certificates for each child if you are not getting Child Benefit for them.

58. Are you or anyone else getting any other payment(s) for the child(ren) listed above? Yes No

If 'Yes', please give details here:

Type of payment(s)	Claim or reference number(s)	Weekly amount(s)
		€
		€

59. Are any of the child(ren) listed getting any payment(s) from this Department or from a Health Service Executive? Yes No

If 'Yes', please state:

Name of child	Type of payment	Claim or reference	Amount of payment
			€
			€

Living Alone Increase

60. Do you live alone?

 Yes No

Do you wish to claim a Living Alone Increase?

 Yes No

If 'Yes' a Social Welfare Inspector may call to check that you live alone.

How long have you been living alone?

Island Increase

61. Do you wish to claim an Island Increase?

 Yes No

You can get an Island Increase if you normally live on an island off the coast of Ireland.

Fuel Allowance

Please complete Part 8 if you wish to claim Fuel Allowance and sign declaration at Part 9.

Other Allowance

62. Do you wish to claim an increase for a qualified adult other than your spouse or partner?

 Yes No

A 'qualified adult' in this case can be a person over age 16 who has the full-time care of your children, lives with you and is wholly or mainly maintained by you.

If 'Yes' we will send you a form to complete.

If you have already completed the questions for your spouse or partner as your qualified adult you cannot claim for this person.

Extra benefits

Please see information booklet **SW10**, which gives details of extra benefits available to pensioners. You can get this at any local Social Welfare Office or from the Department's LoCall Leaflet Request line at 1890 20 23 25.

This is paid to people who live alone or live with certain other people. It is a means-tested payment. More detailed information about Fuel Allowance is available in information booklet SW17.

Note: Fuel Allowance is only payable for 29 weeks and is not payable outside the State.

Please complete this section fully if you wish to claim Fuel Allowance.

63. Do you wish to claim Fuel Allowance? Yes No **If 'Yes', please complete questions 63 to 71 and the free fuel declaration.**

64. Do you live alone? Yes No

65. If you do not live alone, please list all people living with you and give the following information for each. If there is no income under a heading write 'none'. Do not leave blank.

Name	PPS No.	Social welfare or Health Service Executive payments			Other income		Total savings (cash, money in a Bank/Building Society/Post Office and investments)
		Type	Pension number or other ref. no.	Amount	Sources	Amount	Amount
				€		€	€
				€		€	€
				€		€	€
				€		€	€

66. Do you have any other income apart from your Irish social welfare payment? Yes No

'Other income' includes earnings, a pension from previous employment, Occupational Injuries Benefit, maintenance or a payment from another country.

If 'Yes', please state amount:

€ weekly or monthly

Please attach statements or payslips to confirm payment.

67. Do you have any savings or investments? Yes No

If 'Yes', please state amount:

€

Please attach bank statements to confirm amount.

68. Do you or does anyone living with you own a business or property apart from the family home? Yes No

If 'Yes', please give details:

Part 8 continued

Fuel Allowance

69. Have you or anyone living with you transferred property, land or business in the last few years?

 Yes No

If 'Yes', please attach a copy of the Deed of Transfer.

70. Are your heating needs covered under a Deed of Transfer?

 Yes No

If 'Yes', please attach a Deed of Transfer.

71. Has any other person living with you applied for a Fuel Allowance?

 Yes No

If 'Yes', please give details:

Part 9

Declaration

I apply for a **Fuel Allowance** and declare that the information given in this form is correct and complete. I will notify you if there is any change in my details.

YOUR signature
or mark

(not block letters)

If you cannot sign, make your mark and have it witnessed. The witness should sign below:

Signature of witness

(not block letters)

Address of witness

A social welfare inspector may call on you to examine your application and may ask to see documents about the means of your household.

For official use only

Claim Number

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

Applicant is entitled to NFS from:

Applicant is not entitled to NFS because:

Decision CODE

Signed

Date

Payment Started	Payable From:	Rate	Initials	Date	Notes
Y/N <input type="checkbox"/>		€			

Data Protection and Freedom of Information

We, the Department of Social and Family Affairs, will treat all information and personal data which you give as confidential. We will only disclose it to other bodies in accordance with law. We are responsible for your information under the Data Protection Act and Freedom of Information Act.

Explanations and terms used in this form are intended as a guide only and do not purport to be a legal interpretation.

Your application will be delayed if you do not send **all** the necessary certificates and documents with this form. If you are not sending in any of the certificates or documents, please enclose a note stating that the certificate or document will follow later.

If sending certificates or documents at a later date, please remember to state your full name, present address and your PPS No. or Invalidity Pension claim number. (We will send you your claim number shortly after you apply.)

72. Have you answered all relevant questions? Yes No

73. Are you sending in the following certificates or documents with your application?

Your Birth Certificate (long version only) Yes No

Your Marriage Certificate* Yes No

Your spouse's or partner's long Birth Certificate* Yes No

Your dependent children's long Birth Certificates** Yes No

Your P45 if you have stopped working within the last two years Yes No

Your P60 if you have worked last year Yes No

Statement from an accountant if your spouse or partner is self-employed Yes No

Your spouse's or partner's payslips (for the last 6 weeks) and P60 if you are claiming for an employed spouse as your qualified adult Yes No

Your spouse's or partner's P45 (proof that they have stopped working) if they have ceased working in the last 2 years Yes No

Statement(s) from your bank, building society, post office or other financial institution (if applying for an Increase for a Qualified Adult or Fuel Allowance) Yes No

Letter from school or college (for children aged between 18 and 22 years in full-time education) Yes No

*If claiming an increase in your payment for your spouse or partner as a qualified adult

**If you are not getting Child Benefit for the child(ren)

*If claiming an increase in your payment for your spouse or partner as a qualified adult

We will return all certificates. Don't forget to complete Part 11 over the page →

Personal Public Service Number (PPS No.) (same as RSI or tax number)

You must supply your own PPS No. and also the PPS No. of a spouse, partner or children for whom you are applying for a payment. If you do not know these numbers, please contact your local Social Welfare Office.

If you need to apply for a PPS No., you will need:

- the long form of your Birth Certificate,
- a form of photographic ID, and
- evidence of your address.

Please see information leaflet SW 100 for more information.

I wish to claim Invalidity Pension.

I declare that the details I have given are true and complete. I will tell you if there is any change in my details while I am getting Invalidity Pension, or if I am no longer permanently incapable of work.

Your signature or
mark

(not block letters)

Date

If you cannot sign, make your mark and have it witnessed. The witness should sign below.

Signature of
witness

(not block letters)

Date

Address of witness

If you make a false statement or you withhold information, you can get a fine, a prison sentence or both.

Send this completed form to:

Invalidity Pension Claims Section
Social Welfare Services Office
Government Buildings
Ballinalee Road
Longford

Telephone: Longford (043) 40028/45211 ext. 48728/49623/48914
Dublin (01) 704 3000 ext. 48728/48914

Remember to send in all certificates and documents with this claim.

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