



# Old Age Non-Contributory Pension

- Please read information booklet **SW16** before completing this application form.
- Please use **BLOCK LETTERS** and place a tick (✓) in the appropriate boxes.
- If you qualify for Old Age Non-Contributory Pension, you may apply for other allowances. See **Part 6**.
- You need a valid Personal Public Service Number (PPS No.) before you can apply. We **cannot** accept your application without this number. See **Part 9**.

## Part 1

## Your own details

Please state:

Mr.   
  Mrs.   
  Miss   
  Ms.   
  Other \_\_\_\_\_  
Please specify

1. What is your name?

'Maiden Name' is your name before you married if you are a woman.

	Last name
	First name(s)
	Maiden name (if applicable)
	Mother's maiden name

2. Where do you live?

	Address

3. What is your telephone number?

	Code		Local number
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4. What is your date of birth?

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

**Attach your Birth Certificate** (we do not accept photocopies).

5. What is your Personal Public Service Number (PPS No.)? (same as RSI or tax number)

Figures							Letter(s)	

6. What is your old Social Insurance number, if any?

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This number was used before 1979 - if you have no number write 'none'.

7. Are you?

Single    
 Married    
 Separated    
 Remarried   
 Widowed    
 Cohabiting    
 Divorced

8. When did you get married?

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

**Attach your Marriage Certificate** (we do not accept photocopies).

9. Did you claim a pension from this Department before?

 Yes

 No

If 'Yes', please state:

Claim or reference number

Your address when you claimed

  
  


10. Are you getting a payment from this Department or the Health Service Executive at present?

 Yes

 No

Since January 2005, the Health Boards were replaced by the Health Service Executive (HSE). You should contact your local office of the HSE for more information.

If 'Yes', please state:

Claim or reference number

If claiming Unemployment Benefit or Assistance, give name and address of your local Social Welfare office.

Name

Address

  


11. Is anyone claiming for you as a dependant on their social welfare or Health Service Executive payment?

 Yes

 No

If 'Yes', please state:

Name of payment

Person's name

Weekly amount

€

Claim or reference number

12. Are you getting a social security payment from another country?

 Yes

 No

If 'Yes', please state:

Name of payment

Weekly amount

€

Name of country that pays you

**13. Are you getting any other pension, for example an occupational pension?**

Yes  No

**If 'Yes', please state:**

Weekly amount

€
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Who pays this pension

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**14. Are you employed or self-employed at present?**

Yes  No

**If 'Yes', please state:**

Type of work you do

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Where you work

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Name, address and phone number of employer

Name	
Address	
Code	Local number
€	

Weekly earnings

**15. Have you ever been employed or self-employed in this country or ever paid PRSI contributions?**

Yes  No

**If 'Yes', please give details:**

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Have you ever claimed a refund of PRSI contributions?

Yes  No

**16. Have you ever lived or worked outside the State?**

Yes  No

**If 'Yes', please state:**

Country or countries where you worked or lived


How long have you lived or worked in each country?

From:	To:
From:	To:
From:	To:

17. Do you have any money in the following places?

	If 'yes' (✓)	Name of institution	Account number(s)
a. Bank			
b. Building society			
c. Post office			
d. Credit union			

If 'Yes' to any of the above, attach a statement showing the balance for the last 12 months.

e. Investments			
f. Shares			

If 'Yes' to either of the above attach a statement to show current market value.

18. Do you have property apart from your home?

Yes  No

If 'Yes', please state:

Type of property

Address of property

'Property' would be an apartment, business property or another house that is rented to other people for example.

Current market value €

19. Do you own or work a farm or land?

Yes  No

If 'Yes', please state:

Size of farm or land

	acres
--	-------

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 here:

Name of payment you were applying for
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Date farm was assessed   Month     Year

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

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

20. Please state if you want to get your payment

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

21. 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).

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

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

22. If you want your pension paid into An Post Pensions Savings Account, please give details. If you do not have an account number we will arrange one 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.

**23. 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 information booklet **SW108** for more information about habitual residence.

24. In what country were you born?

25. 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.

26. 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.

27. 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

28. When did you come to Ireland?

 |  Day

 |  Month

 |  |  |  Year

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

 Yes

 No

29. 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		

30. 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

31. Please state where you lived in the Common Travel Area.

 Ireland

 Great Britain

 Isle of Man

 Channel Islands

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

 Yes

 No

If 'No', please give details of previous addresses:

Last address
From
To

Previous address
From
To

**For Official Departmental use only**

HRC satisfied

HRC not satisfied

HRC 1 issued



**Please complete this section in respect of your spouse or partner.**

Your 'spouse' is your husband or wife, including a spouse separated or divorced from you.

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

**Please tick (✓) across if you wish to claim an increase for your spouse or partner.**

my spouse     
  my partner     
  my separated or divorced spouse

**Please state:**

Mr.   
  Mrs.   
  Miss   
  Ms.   
  Other \_\_\_\_\_  
 Please specify

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

'Maiden Name' is their name before they married if they are a woman.

Last name
First name(s)
Maiden name (if applicable)
Mother's maiden name

**34. Where do they live?**

Only answer this question if you are married and do not live together

Address

**35. What is their telephone number?**

Code	Local number
------	--------------

**36. What is their date of birth?**

Day   
   Month   
     Year

**Attach Birth Certificate** (we do not accept photocopies).

**37. What is their PPS No.?**

(Personal Public Service Number, same as RSI or tax number).

Figures						Letter(s)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**38. What is their old Social Insurance Number, if any?**

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This number was used prior to 1979 - if you have no number write 'none'.

**39. What country were they born in?**

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**40. Are you financially supporting them?**

Yes     
  No

**41. If you live apart, please state amount of maintenance you give them.**

€		a week or month
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**42. Has your spouse or partner ever claimed a pension from this Department before?**

 Yes

 No

**If 'Yes', please state:**

Claim or reference number

Address when they claimed

  
  


**43. Are they getting a payment from this Department or the Health Service Executive at present?**

 Yes

 No

**If 'Yes', please state:**

Claim or reference number

If they are claiming Unemployment Benefit or Assistance, give name and address of the local Social Welfare Office

Name

Address

  


**44. Is anyone claiming for them as a dependant on their social welfare or Health Service Executive payment?**

 Yes

 No

**If 'Yes', please state:**

Name of payment

Person's name

Weekly amount

€

Claim or reference number

**45. Are they getting a social security payment from another country?**

 Yes

 No

**If 'Yes', please state:**

Name of pension or benefit

Weekly amount

€

Name of country that pays him or her

**46. Are they getting any other pension, for example an occupational pension?**

 Yes

 No

**If 'Yes', please state:**

Weekly amount

€

Who pays this pension

**47. Is your spouse or partner employed or self-employed at present?**

 Yes

 No

**If 'Yes', please state:**

Type of work they do

Where they work

Name, address and phone number of their employer

Name

Address

Code

Local Number

Weekly earnings

€

**Please attach their most recent payslip.**

**48. Have they ever been employed or self-employed in this country or ever paid PRSI contributions?**

 Yes

 No

**If 'Yes', please give details:**

Have they ever claimed a refund of these PRSI contributions?

 Yes

 No

**49. Have they ever lived or worked outside the State?**

 Yes

 No

**If 'Yes', please state:**

Country or countries where they worked or lived




How long they lived or worked in each country

From: To:

From: To:

From: To:

**50. Does your spouse or partner have any money in the following places?**

	If yes (✓)	Name of institution	Account number(s)
a. Bank			
b. Building society			
c. Post office			
d. Credit union			

If 'Yes' to any of the above, attach a statement showing the balance over the last 12 months.

e. Investments			
f. Shares			

If 'Yes' to either of the above, attach a statement to show current market value.

**51. Do they have property apart from their own home?**

Yes  No

If 'Yes', please state:

'Property' would be an apartment, business property or another house that is rented to other people for example.

Type of property
Current market value €

**52. Do they own or work a farm or land?**

Yes  No

If 'Yes', please state:

Size of farm or land	acres
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**Has the farm been assessed for any other social welfare scheme?**

Yes  No

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

If 'Yes', please give details here:

Name of payment they were applying for

--

Date farm was assessed   Month     Year

If he or she cannot remember the exact date tell us roughly when it was assessed.

53. Do you have any children under age 18, or between 18 and 22 in full-time education?

 Yes

 No

If 'Yes', please give details here:

Include any child you are maintaining, whether or not they live with you. 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.

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

54. Please state Child Benefit Number

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Attach Birth Certificates for each child if you are **not** getting Child Benefit for them.

55. Are you or is anyone else getting any other payment(s) for the child(ren) listed above?

 Yes

 No

If 'Yes', please give details below:

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

## Living Alone Allowance

**Living Alone Allowance is a weekly payment for people who are getting certain payments from this Department and who live either entirely alone or mainly alone. See information booklet SW36 for more information.**

56. Do you live alone?

 Yes

 No

Do you wish to claim a Living Alone Allowance?

 Yes

 No

Please state date you started living alone

Day

Month

Year

## Fuel Allowance

**Fuel Allowance is a payment made to households who depend on a long-term social welfare or Health Service Executive payment to help with their heating needs. Only one Fuel Allowance is payable per household. See information booklet SW17 for more information.**

57. Do you wish to claim Fuel Allowance?

 Yes

 No

Are there any other people living with you that you have not already mentioned?

 Yes

 No

If 'Yes', please give details here:


## Household Benefits Package

**You may qualify for the Household Benefits Package. This is made up of 3 allowances:**

- the Electricity or Gas Allowance,
- the Telephone Allowance and
- the Free Television Licence.

**See information booklet SW107 for more information.**

## Part 7

## Late application

**If you are applying for Old Age Non-Contributory Pension after reaching pension age (66), please explain why.**

## Part 8

## Declaration

**I apply for an Old Age (Non-Contributory) Pension and declare that the details given by me are true and complete. I will notify you if there is any change in my details while I am getting this pension.**

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

**Have you enclosed the following certificates with your application?**

- **Your Birth Certificate**  Yes  No
- **Your Marriage Certificate**  Yes  No  
if applying for an increase for your spouse
- **Your spouse's or partner's Birth Certificate**  Yes  No  
if applying for an increase for your spouse or partner
- **Your dependent child(ren's) Birth Certificates**  Yes  No  
if applying for Child Dependant Increase(s) and not getting Child Benefit for the child(ren)

**All certificates will be returned.**

**Note:** We cannot accept photocopies. If you do not have all the certificates at the moment, send in your application anyway and have the certificate(s) ready when the Social Welfare Inspector interviews you.

### **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 usual address.**

**Please see information leaflet SW100 for more information.**



Send this completed application form to:

**Old Age Non-Contributory Pension Section**

Pension Services Office

Department of Social and Family Affairs

College Road

Sligo

Tel: LoCall 1890 500 000

Dublin (01) 704 3000

If you need help filling in this form, please contact your local Social Welfare Office.

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

Part 10

To be completed when a Social Welfare Inspector interviews you

**I declare that all the information I have given is true and complete. I have given 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 application to be processed, contact your local Health Centre about Supplementary Welfare Allowance.**

**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.