



Claim form for Death Benefits under the Occupational Injuries Scheme

Please place a tick (✓) at type of assistance you are applying for:

- Widow's/Widower's Pension under the Occupational Injuries Scheme Complete ALL PARTS of this form.
- Orphan's Pension under the Occupational Injuries Scheme Complete PARTS 1 to 5 and PARTS 8 to 10
- Dependent Parents Pension under the Occupational Injuries Scheme Complete PARTS 1 to 5 and PARTS 7 to 10
- Funeral Grant under the Occupational Injuries Scheme Complete PARTS 1 to 5 and PARTS 9 to 10

- Please read Information Booklet - **SW 32** before completing this claim 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 require any further information in completing this form, please contact your local Social Welfare Office or Disablement Benefit Section.

Telephone: Longford (043) 45211 Ext. 8823/8749 or Dublin (01) 704 3000

PART 1

Your Own Details

Please state:

- Mr. Mrs. Miss Ms. Other _____
Please specify

1. Your Full Name

'Birth Surname' is your name before you married if you are a woman.

Last Name
First Name(s)
Birth Surname (if any)

2. Where do you live?

Address

3. Telephone Number if any

Code	Local Number
------	--------------

4. If you lived at another address before the one given above please give details here

Address

5. Your Personal Public Service Number (PPS No.) (same as RSI/Tax Number)

FIGURES						LETTER(S)	

6. Your Old Social Insurance Number if you have one

--

7. What country were you born in?

--

8. Your Date of Birth

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

Attach your Birth Certificate (PHOTOCOPIES are NOT acceptable).

9. If you are Married when did you get Married?

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

Attach your Marriage Certificate (PHOTOCOPIES are NOT acceptable).

10. Please state how you were related to the deceased:

Husband/Wife

Dependent Parent

Other relative e.g. son, daughter, brother, sister, aunt, uncle, in-law etc.

Type of relation

11. Were you living with the deceased at the time of his/her death?

Yes

No

If NO were you being maintained by him/her?

Yes

No

'Maintained' means you were getting money for your care from him/her.

PART 2

Your Income Details

12. Have you claimed a Widow's or Widower's Pension or any other Benefit/Pension/Allowance from this Department or from a country covered by EC Regulations?

Yes

No

If 'Yes' please state:

Type of Payment

Amount of Payment

€

Claim/Reference Number

Your Address at that time

13. Are you getting any other payment from this Department or from a Health Board?

Yes

No

If 'Yes' please state:

Type of Payment

Amount you get paid

€

weekly/monthly

Claim/Reference Number

Name of Office which pays you

Please state:

14. Full Name of Deceased Person

'Birth Surname' is her name before she married.

Last Name

First Name(s)

Birth Surname (if any)

15. Where did s/he live?

This question applies only if you and the deceased person did not live at the same address.

Address

16. What country was s/he born in?

17. His/Her Date of Birth

--	--

Day

--	--

Month

--	--	--	--

Year

Attach his/her Death Certificate. (PHOTOCOPIES are NOT acceptable).

18. His/Her PPS No. (same as RSI/Tax number) if you know it

FIGURES						LETTER(S)	

19. His/Her Old Social Insurance if you know it

20. What date did s/he die?

--	--

Day

--	--

Month

--	--	--	--

Year

Attach his/her Death Certificate.

If you do not have his/her Death Certificate you should send it in as soon as you get it.

21. At the time of his/her death was s/he in employment?

Yes

No

'Employment' means s/he was working for another person or company and getting paid for that work.

If 'Yes' please state:

Employer's Name

Whom did s/he work for?

Employer's Address

What was his/her job?

22. Did s/he die as a result of a work-related accident?

 Yes

 No

If 'Yes' please state:

When did the accident happen?

Day

Month

Year

If you cannot remember the exact date tell us roughly when the accident happened.

 Time accident happened

 am/pm

Where did the accident happen?

What was s/he doing at the time of the accident?

How did the accident happen?

23. Did s/he die as a result of work-related disease?

 Yes

 No

If 'Yes', please state:

 Name of disease

What do you think caused the disease?

 Cause of disease

24. Was s/he getting Disablement Pension at the time of his/her death?

 Yes

 No

PART 4

Details of Funeral Expenses

25. Do you wish to claim Funeral Expenses?

 Yes

 No

If 'Yes', please state how much the funeral cost:

 €

26. Did you pay the funeral costs?

 Yes

 No

If you did not pay the funeral costs please state name and address of person who did:

If 'Yes' please attach Funeral Receipts.

 His/Her Name

 Address

PART 5

Late Claim Details

27. If you have not claimed within 3 months of the deceased person's death give reason(s) why you did not claim before now.

 Reason(s) for not claiming earlier:

28. Have you ever been Divorced?

Yes No

If 'Yes' please attach copy of the Decree Absolute.

29. If you are Divorced was the Divorce granted in this State?
If 'No' please answer the following questions:

Yes No

(If you cannot remember exact dates tell us roughly these dates.)

Your First Spouse's name

What country was s/he born in?

When did you marry him/her?

<input type="text"/>	Day	<input type="text"/>	Month	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Year
----------------------	-----	----------------------	-------	----------------------	----------------------	----------------------	----------------------	------

Country where you married him/her

When were divorce proceedings started?

<input type="text"/>	Day	<input type="text"/>	Month	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Year
----------------------	-----	----------------------	-------	----------------------	----------------------	----------------------	----------------------	------

Country where you lived when Divorce proceedings started

Country where your first spouse lived when Divorce proceedings started

Have you remarried since your Divorce?

Yes No

30. Has your late spouse ever been Divorced?

Yes No

If 'Yes' please attach a copy of his/her Decree Absolute.

31. If your late spouse was Divorced was the Divorce granted in this State?

Yes No

If 'No' please answer the following questions:

(If you cannot remember exact dates tell us roughly these dates.)

His/Her First Spouse's name

What country was s/he born in?

When did s/he marry him/her?

<input type="text"/>	Day	<input type="text"/>	Month	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Year
----------------------	-----	----------------------	-------	----------------------	----------------------	----------------------	----------------------	------

Country where they married

When were divorce proceedings started?

<input type="text"/>	Day	<input type="text"/>	Month	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Year
----------------------	-----	----------------------	-------	----------------------	----------------------	----------------------	----------------------	------

Country where your late spouse lived when his/her Divorce proceedings started

Country where his/her first spouse lived when Divorce proceedings started

Did your late spouse remarry since his/her Divorce?

Yes No

32. Have you or your late spouse ever had a marriage annulled by this State?

Yes No

If 'Yes' please attach a copy of the Order granting Annulment.

PART 7

Household Details

33. Do you wish to claim a Living Alone Allowance?

Yes No

A 'Living Alone Allowance' is paid if you are aged 66 or over and you live on your own.

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

34. Do you have a child or children under age 18, or/and aged between 18 and 22 in full-time education by day at a recognised school or college?

Yes No

If 'Yes' please give details here starting with your eldest child:

For children between age 18 and 22 who are in full-time education please get a letter from the school/college to confirm that s/he or they are at college on a full-time basis.

CHILD'S FULL NAME (START WITH YOUR ELDEST CHILD)	DATE OF BIRTH			HOW IS S/HE RELATED TO YOU?	IS S/HE LIVING WITH YOU?
	DAY	MONTH	YEAR		

Attach Birth Certificates for each child (LONG VERSION only)

ONLY needed if you are not getting Child Benefit for him/her/them.

If any of the above named children are NOT living with you where do the children live?

CHILD'S NAME	WHO DOES THIS CHILD LIVE WITH?	AMOUNT OF MAINTENANCE PAID BY YOU (IF ANY)?
		€
		€
		€

35. If you are getting Child Benefit, what is your Child Benefit Number?

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

36. Are you getting any other payment(s) apart from Child Benefit for these children?

Yes No

If 'Yes' please give details here

TYPE OF PAYMENT	CLAIM REFERENCE NUMBER	AMOUNT OF PAYMENT
		€
		€
		€

37. Did all the children live with you and your late spouse at the time of his/her death?

Yes No

PART 8

Payment Details

If your payment is awarded you must tell us how you wish to be paid. Details of payment methods available are given in information booklet SW 32. You should read the information given and then choose the ONE which suits you best, as follows:

1. Directly into a Bank Account or Building Society Account (NOT a mortgage account) – give details at 1 across
2. Directly into an An Post Special Savings Account - give details at 2 across.
3. At your local Post Office each week using a Book of Payable Orders – give details at 3 across.

1. Direct to a Bank Account or Building Society Account

Where do you want your payment lodged?

into a Bank Account into a Building Society Account

Bank/Building Society Name

Bank/Building Society Address

Whose name is the Account?

Type of Account

Type of Account: You can use a Current or Deposit Account but you CANNOT use a Mortgage Account to lodge your payment

Account Number

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

Sort Code

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

(available from branch)

Your payment is made every 4 weeks in arrears.

2. Direct to an An Post Special Savings Account

If you wish to have your payment paid direct to an An Post Special Savings Account tick (✓) box across →

- Your payment is made every 4 weeks in arrears. Withdrawals from this type of account will need 7 days notice.

FOR DEPARTMENTAL OFFICIAL USE ONLY

SORT CODE	90	89	40						
Account Number									

We will arrange an Account Number for you.

3. For payment at a Post Office using a book of Payable Orders

If you want to cash your payable orders at a Post Office state Post Office you want to use:

Post Office Name

Address

If you are not able to cash or collect your payment do you want to have somebody (an Agent*) to do so for you?

Yes

No

If 'Yes', please state:

Name of Agent

*An 'Agent' is a person that you choose and give permission to cash and collect your pension for you.

Agent's Address

I agree to act as an Agent for the claimant as named at PART 1 of this form and agree to collect the pension at the Post Office named above for him/her.

You must get the Agent to sign here:

Agent's Signature
(NOT block letters)

Date

Failure to get the Agent to sign the form may result in delay in payment.

Your claim will be delayed if you do not send ALL the necessary certificates and documents that are needed in this form. If you are not sending in a certain one please enclose a note stating that the certificate or document will follow later.

If sending certificates/documents at a later date, please remember to state your full name, present address and your PPS No. or Claim Number. (Your claim number will be sent to you shortly after you make your claim.)

38. Are you sending in the following certificates/documents with your claim?

- | | | |
|---|------------------------------|-----------------------------|
| - Your Birth Certificate | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - Your Marriage Certificate | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - Deceased Person's Birth Certificate | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - Deceased Person's Death Certificate | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - Your dependent children's Birth Certificate | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

needed if you are not getting Child Benefit for them

ALL Certificates WILL be returned.

PART 10

Declaration to be completed by YOU

I wish to claim Death Benefit/Funeral Expenses under the Occupational Injuries Scheme. I declare that the information I have given is true and complete to the best of my knowledge. I will tell the Department if there is any change in the details given.

Your Signature/Mark
(NOT block letters)

Date

If the applicant 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

WARNING

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

This completed claim form should be sent to:

Disablement Benefit Section
Social Welfare Services Office
Government Buildings
Ballinalee Road
Longford

Telephone: Longford (043) 45211 Ext. 8823/8749
Dublin (01) 704 3000

If you have any difficulty filling in this form, please phone us in Disablement Benefit Section at the telephone numbers listed above or call to your local Social Welfare Office.

IMPORTANT: If you do not claim within 3 MONTHS of becoming eligible you could lose some benefit.

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.