

Application form for Retirement or Old Age Contributory Pension



- Please read information booklet **SW18** before completing this application form.
- Please complete the form fully using **BLOCK LETTERS** and place a tick (✓) in the boxes provided. Please make sure you **sign the form at Part 13**.
- If you are unable to answer any question or provide any information requested, please write 'not known' or 'don't know' in the answer box.

Part 1

Your own details

Please state:

Mr. Mrs. Ms. Other _____

Please specify

1. What is your full name?

Last name

First name(s)

2. What is your birth surname, if different?

3. What is your mother's birth surname?

4. Where do you live?

5. What is your telephone number?

Code

Local number

6. What is your date of birth?

Day Month Year

Attach your Birth Certificate (We do not accept photocopies).

7. Are you...?

Married Single Divorced Remarried

Separated Widowed Cohabiting

8. If you are married, when did you marry?

Day Month Year

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

Day Month Year

10. Have you ever been divorced?

Yes No

11. What is your Personal Public Service Number (PPS No.) (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"/>	<input type="text"/>

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

This number was used before to 1979. If you have no number, write 'none'.

13. What country were you born in?

14. Do you have a Free Travel pass?

Yes No

You can get Retirement Pension or Old Age Contributory Pension by direct payment to your bank or building society account.

This must be an active 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.

Direct to a Bank Account or Building Society Account

Please state if you want to get your payment (tick (✓) one box)

into a Bank Account into a Building Society Account

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

Name

Address

Name on the account:

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

Type of account:

Current Account Deposit Account

Account Number

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Bank Sort Code (you can get this from your branch)

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If you do not have a Bank or Building Society Account please contact one of the main financial institutions before completing this form.

Post office payment

If you don't want to get your payment by direct payment, please give details of the Post Office where you would like to collect it.

Name

Address

15. You may get Retirement Pension at age 65 as long as you are retired. You do not need to be retired to claim Old Age Contributory Pension at age 66. Please tick (✓) whichever of the following applies to you and give dates as appropriate:

I am still in employment or self-employment Yes No

Date of retirement or date I intend to retire from employment or self-employment Day Month Year

16. Please give details of all your employments in Ireland, starting with your last employer:

- 'Employment' is where you work for another person or company and you get paid for this work.
- Only give details here of employment in Ireland - give details of any employment outside Ireland in Part 4.

Employer's name and address	Date(s) you worked there:		What is or was your job?
	From	To	

Social Insurance Numbers were used in Ireland before 1979. If you worked before 1979 and you do not know your Social Insurance Number, please state all the address(es) you lived at while insurably employed in Ireland:

Address(es) (if different to Part 1)

Address

Address

Address

If you were known by any other first name while working, give details here:

17. Dates you were self-employed: 'Self-employed' is where you had your own business or you worked for yourself.

From:
To:

From:
To:

18. Have you ever been covered by social insurance in an EU country or a country with which Ireland has a Bilateral Social Security Agreement?

 Yes

 No

If 'Yes', please give details:

In some countries **residence** alone can provide cover for social insurance. Details of the countries are in information booklet **SW18**.

Country 1

Country 2

Country or countries where you worked or lived:

Your address while there:

Your social insurance number in that country:

How long you were covered by social insurance:

From:

From:

To:

To:

If you worked in the UK, please give additional details below:

Employers' name(s) in the UK

Period(s) with each employer

From:

From:

To:

To:

From:

From:

To:

To:

Your occupation(s) there

19. Are you getting or have you applied for any payment(s) from this Department or from the Health Service Executive?

 Yes No

* From January 2005 the health boards were replaced by the Health Service Executive (HSE)

If 'Yes', please state:

Name of payment:

Your claim or reference number:

Amount:

€

a week

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

 Yes No

If 'Yes', please state:

Name of country that pays you:

Type of payment:

Your claim or reference number:

Amount

€

a week

21. Is your spouse or partner getting an allowance for you included in their social welfare or Health Service Executive payment?

 Yes No

If 'Yes', please state:

Your spouse or partner's name:

Name of payment:

Their claim or reference number:

Amount

€

a week

COMPLETE THIS SECTION ONLY IF YOU HAVE A SPOUSE OR PARTNER

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

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

Please state:

Mr.
 Mrs.
 Ms.
 Other _____
Please specify

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

Last name

First name(s)

23. What is her birth surname, (her surname before she married) if relevant?

24. If you do not live together, where does your spouse or partner live?

25. What is their date of birth?

Day
 Month
 Year

Please attach their Birth Certificate if you are claiming an increase for them. We do not accept photocopies.

26. Was your spouse ever divorced?

Yes
 No

27. What is their PPS No. (same as RSI/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"/>

If you wish to claim an increase for your spouse or partner, please tick (✓) across and complete questions 28 to 36.

my spouse
 my partner
 my divorced spouse

Note: An Increase for a Qualified Adult is a means-tested payment based on the means of your spouse or partner.

28. What country were they born in?

29. Are you supporting them?

Yes
 No

30. If you live apart, please state amount of maintenance you give them?

€ _____ a week or month

31. Are they in employment (either full-time or part-time)?

Yes
 No

If 'Yes', please state:

Their employer's name:

Their employer's address:

Their gross pay:

(Please enclose recent payslips and their P60 to confirm their earnings).

€ _____ a week

'Gross pay' is pay **before** before tax, PRSI, union dues or other deductions.

32. Is your spouse or partner self-employed?

 Yes

 No

If 'Yes', please state:

Their gross earnings:

€ per year

'Gross earnings' are earnings before tax, PRSI or other deductions.

33. Are they getting or have they applied for any payment(s) from this Department or from the Health Service Executive or from another country?

 Yes

 No

If 'Yes', please state:

Name of payment:

Their claim or reference number:

Amount

€ a week

34. Do they have any savings or investments?

 Yes

 No

If 'Yes', please state:

Current value of savings and investments:

€

Where they are lodged (for example in a joint account or one in their name only):

35. Do they own a business or property apart from the family home?

 Yes

 No

If 'Yes', please state:

Type of property or business:

Current market value:

€

Amount of income they obtain from this property:

€

36. Do they have income from any other source, such as an occupational pension or private pension?

 Yes

 No

If 'Yes', please state:

Source of other income:

Amount:

€

If you and your spouse or partner wish to have the increase for a qualified adult paid directly to them, they should sign here otherwise you will get the payment if you qualify for this increase.

Your spouse's or partner's signature
(not block letters)

Date

Please complete the section below if your spouse or partner wishes to get the increase for a qualified adult directly into their bank or building society account or at their chosen post office.

Direct to a Bank Account or Building Society Account

This account must be an **active current** or **deposit savings** account **not** a mortgage account.

Direct payment has a number of advantages:

- the increase is lodged direct to the account on the day of payment,
- it is available at a time and place that suits your spouse or partner, and
- your spouse or partner is less likely to deal with delays and queuing.

Your spouse or partner's dealings with financial institution remain confidential. The Department does not have access to his or her Bank or Building Society Account.

Please state if your spouse or partner wants to get their increase (tick (✓) one box)

into a bank account into a building society

If they want to get their increase by direct payment into an account please give details of their bank or building society.

Name

Address

Name on the account

The account must be in your spouse or partner's name or jointly held by them.

Account Number

Bank sort code (they can get this from their branch):

If your spouse or partner does not want to get the increase into a bank or building society please give details of the Post Office where they would like to collect it.

Post Office Name

Address

37. Do you have a child or children under age 18, or 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:

For children aged between 18 and 22 in full-time education please get a letter from the school or college to confirm that they attend college on a full-time basis.

child's full name	date of birth			Their PPS No.	relationship to you	Is this child living with you?
	day	month	year			

38. If you are getting Child Benefit, what is your Child Benefit number?

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Please attach Birth Certificates for each child for whom you are **not** getting Child Benefit.

39. Are you or anyone else getting any other payment(s) for the child(ren) listed above? If "Yes", please give details below:

Yes

No

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

If you wish to apply for a Living Alone Increase, please complete question 40. If you wish to apply for Fuel Allowance, please complete questions 41-49.

If you are living alone

You may get a Living Alone Increase if you are getting certain payments from this Department and you live entirely alone or mainly alone. See Information Booklet SW 36 for more information.

40. Do you live alone? Yes No

When did you start living alone? Day Month Year

Fuel Allowance

You may get this allowance if you live alone or live with certain other people. It is a means-tested payment. You cannot get Fuel Allowance when the household income is more than €51 a week above the maximum rate of Retirement or Old Age Contributory Pension. See information booklet SW17 for more information.

Note : You cannot get Fuel Allowance if you go to live outside the state

41. Do you wish to apply for Fuel Allowance? Yes No

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

Name	PPS No.	Social Welfare or Health Board payments			Other income		Total savings (cash, money in a Bank, Building Society, Post Office and investments)
		Type	Claim or Reference Number	Amount	Sources	Amount	Amount
				€		€	€
				€		€	€
				€		€	€
				€		€	€

43. Do you have any other income (for example income from employment or from an occupational pension)?

 Yes

 No

If "Yes", please state amount

€	a week or month
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44. Do you have any savings or investments?

 Yes

 No

If "Yes", please state amount or current value:

€

45. Do you or anyone living with you own a business or property apart from the family home?

 Yes

 No

If "Yes", please state

Type of property :

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Current market value :

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46. Do you live in local authority accommodation where central heating is provided?

 Yes

 No

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

 Yes

 No

48. Has any other person living with you applied for a Fuel Allowance? If YES, please state their

 Yes

 No

Name :

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PPS Number :

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49. Have you or any other member of your household ever been refused a Fuel Allowance?

 Yes

 No

If YES, please state why they were refused

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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.

50. Since 6 April 1994, have you spent any time living with and caring for a child or children under age 12 or for an incapacitated person on a full-time basis?

 Yes

 No

If "Yes", please state

Person 1

Person's name :

Dates you were caring :

From	<input type="text"/>	Day	<input type="text"/>	Month	<input type="text"/>	Year
To	<input type="text"/>	Day	<input type="text"/>	Month	<input type="text"/>	Year

Person 2

Person's name :

Dates you were caring :

From	<input type="text"/>	Day	<input type="text"/>	Month	<input type="text"/>	Year
To	<input type="text"/>	Day	<input type="text"/>	Month	<input type="text"/>	Year

If you have provided such care, we may disregard the years spent caring when calculating how much Old Age Contributory Pension you may get. This may benefit you.

51. If you do not qualify for an Old Age Contributory Pension, do you wish to apply for Old Age Non-Contributory Pension?

Yes

No

Old Age Non-Contributory Pension is a means-tested payment (not payable until age 66). See information booklet SW 16 for more information.

To avoid delay, please send **all** the necessary certificates and documents that are needed with this form. If you cannot send in one right away, 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, address and your PPS No. or claim number. You will get your claim number shortly after you make your application.

52. Have you enclosed the following certificates and documents with your application?

- Your P60 for the last full tax year before you reach(ed) age 65 or 66 (if you were employed for that year) Yes No
- Your Birth Certificate Yes No
- Your Marriage Certificate (If applying for an increase for your spouse) Yes No
- Your Spouse or Partner's Birth Certificate (If applying for an increase for your spouse or partner) Yes No
- Your dependent child(ren's) Birth Certificates (If you are applying for Child Dependant Allowance(s) and you are **not** getting Child Benefit for the child(ren)) Yes No
- Please ensure that you have signed the declaration at the end of this application form Yes No

Note: If you have had a pension forecast carried out or if you have a copy of your social insurance record please include it with your application.

Personal Public Service Numbers (PPS No.)

This was also known as RSI or Tax Number

You must supply your own PPS No. and also the PPS Numbers of a spouse or partner or children for whom you are applying for an allowance. 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 residence.

Please see information leaflet SW 100 for more information.

I wish to apply for a **Retirement Pension or Old Age (Contributory) Pension** (delete pension that does not apply).
The information I have given is true.

I will tell the Department of Social and Family Affairs if there is any change in my circumstances.

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

A Social Welfare Inspector may call to verify any of the information on this form.

WARNING: If you make a false statement or withhold information you could face a fine or prison term, or both.

Send this completed application form to :

CP/RP Section
Pension Services Office
Department of Social and Family Affairs
College Road
Sligo

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

IMPORTANT: If you do not claim within 12 months of becoming eligible, you could lose some payment.

You should apply **3 months** before reaching age 65 for Retirement Pension.

You should apply **3 months** before reaching age 66 for Old Age Contributory Pension.

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DATA PROTECTION AND FREEDOM OF INFORMATION

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