

# What is One-Parent Family Payment?

One-Parent Family Payment (OFP) is a payment to men and women under 66 years of age who are bringing up children without the support of a partner.

## How do I qualify?

To qualify for One-Parent Family Payment you must meet these conditions:

- Be under 66 years of age. At 66 you become eligible for the State Pension;
- Be the parent, step-parent, adoptive parent or legal guardian of a relevant child. This means a child who normally lives with you, under the relevant age limit of seven; **and**
- Have the main care and charge of at least one relevant child. You cannot get OFP if you have joint equal custody of a child or children;
- Satisfy a means test; **and**
- Not be living with a spouse, civil partner or cohabiting.

If you are separated, divorced or your civil partnership has been dissolved, you must be living apart for at least three months before you apply for OFP.

### When should I apply?

#### Widowed or surviving civil partner

If you are widowed or a surviving civil partner, you should apply within three months of your spouse or civil partner's death.

#### Single

If you are single, you should apply within three months of the birth of your child.

#### Separated, divorced or no longer in a civil partnership

If you are separated, divorced or no longer in a civil partnership, you must be living apart for three months. You should apply within three to six months of the date you separated from your spouse or civil partner.

#### Prisoner's spouse or civil partner

If you are a prisoner's spouse or civil partner, you should apply when your spouse or civil partner:

- · has been in custody for at least six months without being sentenced; or
- starts their sentence, which must be for a term of at least six months.

Return your form and supporting documents to your local Intreo Centre or Social Welfare Branch Office.

**Important:** You should apply as soon as you become eligible. If you fail to apply within 3 months of becoming eligible, you may lose some payment.

#### How to complete this application form?

There are examples on the back of this page that can be used as a guide to fill in this form. Please:

- write with a **black** ballpoint pen, use capital letters and place an **X** in the relevant boxes;
- answer all questions that apply to you. Leave blank any that do not apply;
- fill in Parts 1 to 6 and Part 9A as they apply to you. Your employer, if any, should fill in Part 9B; and
- when completed, read the checklist in **Part 8** and sign the declaration in **Part 7**.

If you need any help to complete this form, please contact your local Intreo Centre, Social Wefare Branch Office or any Citizens Information Centre.

For more information visit www.gov.ie/OPF.

#### How to fill in this form

To help us process this form please write letters and numbers clearly and use one box for each. See examples below.

### Part 1

#### 1. PPS Number:

- 2. Title, insert an X or specify:
- 3. Surname:
- 4. First names:
- **5.** First names as they appear on your birth certificate:
- 6. Birth surname:
- 7. Date of birth:
- 8. Address:
- **J.** Autress.
- Coun
- 9. Telephone number:
- 10. Email address:

	1	2	3	4	5	6	7	Т												
	Mr			Mrs	X	<u> </u>	Ms	s. [			C	Othe	er							
	Μ	U	R	Ρ	Н	Y														
	Μ	A	U	R	Е	Е	Ν													
	М	A	R	Y																
										 	1									
	Μ	С	D	E	R	Μ	0	Т	Т											
	2	8		0	2		1	9	7	0										
	D	D		Μ	Μ		Y	Y	Y	Y										
	1		Ν	Е	W		S	Т	R	Е	E	Т								
	0	L	D		Т	0	W	Ν												
	D	0	Ν	Е	G	A	L		Т	0	W	Ν								
nty	D	0	Ν	Е	G	A	L				Eir	cod	le	С	1	5	Α	9	6	V
	0	8	8	1	2	3	4	5	6	7										
	0	0	0	•																
	M	M	U	R	Ρ	Н	Y	@	W	Е	L	F	A	R	Е	-	I	Е		

# SAMPLE

# Your details

# Application form for One-Parent Family Payment

Social Welfare Services OFP1 Data Classification R



Part 1	١	/ou	ır c	de	tai	ils														
1. PPS Number:																				
<b>2.</b> Title, insert an <b>X</b> or specify:	Mr		N	/Irs			Ms	5.			C	Othe	er							
<b>3.</b> Surname:																				
4. First names:																				
<b>5.</b> First names as they appear on your birth certificate:																				
6. Birth surname:																				
7. Date of birth:																				
	D	D		Μ	Μ		Y	Y	Y	Y										
8. Address:																				
County											Eir	cod	e							
9. Telephone number:																				
<b>10.</b> Email address:																				
<b>11.</b> What country were you born in?																				
		Sing	gle				Se	par	ate	d		In	a C	ivil	Par	tne	rshi	р		
<b>12.</b> Are you?		Mar						/orc							-			rtne	r	
		Wid	owe	ed			Co	hat	oitin	g		me Pa	ean artn	ing ersł	γοι	i we that		ier, in a s sir		il
<b>13.</b> If you are married, in a civil partnership or a civil union or																				

Please attach your marriage certificate or civil partnership or civil union registration certificate if you married or entered into a civil partnership or civil union outside of the State. We do not accept photocopies.

MM

YYYY

DD

cohabiting, from what date?

#### Part 1 continued

### Your details

**14.** If you are divorced, your civil partnership or civil union has been dissolved or you are no longer cohabiting, when did this happen?

Please attach your Decree Absolute Certificate or Decree of Dissolution. We do not accept photocopies.

<b>15.</b> How long have you lived at the add	dress f	illed i	n at q	uest	ion	8?				Ye	ears	5				Мо	onth	S
<b>16.</b> What address did you live at before the one given in question 8?																		
<b>17.</b> Did you apply for One-Parent Far	nily Pa	ymer	nt in tl	ne p	ast?	)						Yes					]	No
If <b>yes</b> , please state:																		
Date you applied:	D D		MM		Y	Y	Y	Y										
<b>18.</b> Are you employed at present inclu	uding p	art-ti	me o	r ten	npor	rary	wo	rk?				Yes					]	No
You are employed when you work	for an	othe	r pers	on o	or co	omp	any	/ an	id y	ou g	get	paic	l for	the	; WC	ork.		
lf <b>yes</b> , please state:																		
Your occupation:																		
Employer's name:																		
Employer's address:																		
																	$\perp$	
County									Eiro	cod	е							
Your gross weekly pay: $\in$	,			-		a	we	ek										
<b>19.</b> If you are self-employed, please s	Please state:	e atta	ch thi	ree r	ece	nt p	ays	slips	3.									
Your occupation:																		
Your gross weekly pay: €	,[					a	we	ek										

Please attach your most recent set of certified accounts.

Pa	rt 1	continued	Y	10	ur	de	eta	ils												
		e applying for One-Parent F ent, were you:	ami	ly			1	Get	chc ting	g? ool? a s pay			,			Yes Yes Yes	;			No No No
<b>21</b> .	f you	are getting any other payme	ents	fro	om t	his	dep	artr	ner	nt, p	leas	se s	tate	<b>e</b> :						
ſ	Name	e of payment:																		
I	Name	e of payment:																		
I	Name	e of payment:																		
5	social	yone claiming an increase fo protection payment? a, please state:	or yo	u a	s a	dep	pend	dan	t or	the	eir					Yes	;			No
-	Their	name:																		
-	Their	address:																		
		County											Eir	cod	e					
I	Name	e of payment they get:																		
	-	ou getting maintenance?												[		Yes				No
		enance is money from your	spo	use	e, ci	vil p	bartr	her	or c	othe	r pa	aren	it of	you	r c	hild	ren.	-		
	f yes	, please state:								_										
ł	low	much you get: $\in$		,						a	we	ek								
I	Pleas	e attach a copy of a Mainter	nano	ce (	Orde	ər o	r Se	epa	ratio	on A	Agre	em	ent	if y	ou l	have	e or	ne.		
<b>24</b> . [	Оо ус	ou own the property that you	cur	ren	tly li	ive	in?									Yes	5			No
I	f yes	, please submit proof of you	ır me	ortg	jage	e pa	ym	ents	s fo	r the	e cu	Irrer	nt y	ear.						
<b>25</b> . [	Do yo	ou rent the property you curr	ently	y liv	ve in	ı?										Yes	;			No

If **yes**, please submit a recent receipt from your landlord or a statement from your letting agency, and a copy of your lease or tenancy agreement.

Part 1 continued		Your	details	6				
<b>26.</b> Does the other parent of mortgage costs of your				ie rent or		Yes		No
If <b>yes</b> , please state:								
How much you get:	€	,		a w	eek			
27. Do you receive rental ir	ncome fror	m the prop	erty you a	are living in	?	Yes		No
If <b>yes</b> , is the property o	wned by y	vou?				Yes		No
If <b>no</b> , who is the owner	of the pro	operty?						
Surname:								
First names:								
Is the person an immed	liate family	y member	or employ	vee?		Yes		No
lf <b>yes</b> , please state you	r relations	hip to the	person:		Fami	ly Member	Employe	ee
From what date did the start renting a room in y home?	•	D D	M M	Y Y Y	Y Y			
How much do you rece in rent per week?	<sup>ive</sup> €	,						
28. Are you taking or have	you taken	part in an	y of the fo	llowing cou	irses or s	chemes?		
Type of course or scheme i	lf yes nsert X		ite you st urse or so				you get paid me or course	
Community Employment					€		a wee	эk
Rural Social Scheme					€		. a wee	ek
Back to Work Enterprise Allowance					€		a wee	ek
Back to Work Allowance Employees					€		. a wee	ek
Vocational Training Opportunities Scheme (VTOS)					€		. a wee	ək
Back to Education Allowance					€		. a wee	ek
Community Services Programme					€		. a wee	ek
Job Initiative		D D	MM	Y Y Y	∏ €		. a wee	эk

#### Part 1 continued

# Your details

29.	Do you have savings or accounts in a bank, post office, building society,
	credit union or any other financial institution in the State or another
	country?

Yes

No

If **yes**, please state:

		Fina	anc	ial	Ins	titu	tio	n 1								
Name of financial institution:																
Bank Identifier Code (BIC):																
International Bank Account Number (IBAN):																
Current balance:	€				, [											
Is this account a joint account?	?											Yes	5			No
Names of account holders:																
Name 1:																
Name 2, if any:																
		Fina	anc	ial	Ins	titu	tior	n 2								
Name of financial institution:																
Bank Identifier Code (BIC):																
International Bank Account																
Number (IBAN):																
Current balance:	€				,											
Is this account a joint account?	?											Yes				No
Names of account holders:																
Name 1:																
Name 2, if any:																

Please attach an original statement for each account, showing transactions for the last 3 months.

If you have any other accounts, you must give details of them to this department on a separate sheet of paper.

**30.** Do you have other accounts with financial institutions other than those accounts listed above?

No

Yes

If yes, a separate sheet of paper can be used to provide details.

Pa	art 1	continued		Y	οι	ır c	deta	ails														
31.		ou own stocks, shares ind ities bonds, funds, insura		<u> </u>							Сс	o-op	,			Yes						No
	lf yes	, please state:																				
	Their	value:	€			;																
				Plea	ase	atta	ch a	stat	eme	ent t	0 S	how	de	tails	s an	d cı	urre	nt n	nark	ket v	/alu	e.
32.	. Do yo	ou own, share in the own	ersl	hip d	of, w	/ork	or re	ent a	farr	n oi	<sup>-</sup> lar	nd?				Yes						No
	lf yes	, please state:																				
	Size	of farm or land:					acre	S														
		early income or rom farm or land:	€			,			•													
	-	rearly income is money y se return most recent farr												-	•		-	•		s.		
33.	-	ou own or share in the ov home?	vne	rshij	o of	any	othe	er pro	opei	ty a	ipai	rt fro	om			Yes				[		No
	lf yes	, please state:																				
	Туре	of property:																				
	Addre	ess of property:																				
	•	erty would be an																				
	•	ment, business property, e or land other than that																				
	ment	ioned in question 32.																				
	Curre	ent market value:	€		,			,			].[											
	Rent	from this property:	€		,					a	I We	eek										
	Pleas	se provide current docum	nent	ary	evid	lenc	e of	marl	ket v	/alu	e/re	enta	l in	com	e fr	om	pro	per	ty.			
	lf mo	rtgaged, please attach a	rec	ent	state	eme	nt fro	om le	endi	ng i	nst	itutio	on.									
34.	Have	you sold or transferred p	orop	perty	rec	entl	y, ind	cludi	ng a	a fai	m (	or la	ındʻ	? [		Yes				[		No

Please provide documentary evidence.

**35.** If you have any other income, please give details in this space provided:

**36.** If you have not applied within 3 months of becoming eligible, please give reasons why:

Warning: If you fail to apply within 3 months of becoming eligible, you may lose some payment.

Complete if you are widowed, are a surviving civil partner or if your cohabitant died.

**37.** When did your spouse, civil partner or cohabitant die?



Please attach their death certificate if they died outside the State. We do not accept photocopies.

If you do not have a death certificate, please attach a memoriam card or press cutting showing the date of death.

<b>38.</b> Did your spouse, civil partner or cohabitant die because of a	Yes	No
work-related accident or disease?	Tes	

Please give details about your late spouse, civil partner or cohabitant in Part 2.

# Part 1 continued

# Your details

Complete if you no longer live with your civil partner or if your civibeen dissolved.	vil pa	artn	ers	ship	or	civ	il u	nio	n ha	as
<b>39.</b> When did you and your civil partner start living apart?	D	D		M	M		Y	Y	Y	Y
If you cannot remember the exact date, tell us roughly when you sep	bara	ted.								
40. Was your civil partnership or civil union dissolved?			_ `	Yes						No
If <b>yes</b> , please attach a copy of the Decree of Dissolution. Please give details about your civil partner in <b>Part 2</b> .										
Complete if you are separated from your	spoi	ise	•							
<b>41.</b> When did you and your spouse separate?	D	D		M	M		Y	Y	Y	Y
<b>42.</b> Did you get a legal separation?			_ `	Yes						No
If <b>yes</b> , please attach a copy of the Separation Agreement. Please give details of your spouse in <b>Part 2</b> .										
Complete if your spouse, civil partner or cohabita	ant i	s in	n pr	iso	n.					
<b>43.</b> When was your spouse, civil partner or cohabitant sentenced to prison?	D	D		M	M	ľ	Y	Y	Y	Y
44. What prison are they in?										
45. How long is their sentence?										
46. What is their prison number?										
Please give details about your spouse, civil partner or cohabitant in	Part	2.								

# Part 2

# Details of your spouse, civil partner, former cohabitant or other parent of your child

<b>47.</b> PPS Number:					
<b>48.</b> Title, insert an <b>X</b> or specify:	Mr	Mrs	Ms.	Other	
<b>49.</b> Surname:					
<b>50.</b> First names:					
<b>51.</b> Birth surname:					

Part 2 continued		)etai oha					_						-					m	ər
<b>52.</b> Date of birth:	D	D	M	M	] [	Y	Y	Y	Y										
<b>53.</b> Address:																			
<b>54.</b> What country were they born in?																			
<b>55.</b> If you were married, in a civil par was your spouse, civil partner or was their civil partnership or civil	form	ner coł	nabi	itan	t eve	er d			· · ·			,	Yes				[		No
<b>56.</b> Is your spouse, civil partner, form of your child employed, on a Com Scheme, Employment Programm	nmur	nity Err	nplo	yme	ent		rent	t				<b>`</b>	Yes				[		No
If <b>yes</b> , please state:																			
Employer's name:																			
Employer's address:																			
Gross weekly pay: €		,					] a	we	ek										
<b>Note:</b> Gross weekly pay is your v	veek	ly pay	bef	ore	tax,	PF	RSI,	uni	ion	due	S OI	r otł	her	dec	luct	ion.			
<b>57.</b> If your spouse, civil partner, forme state:	er co	habita	int c	or of	ther	par	ent	of	you	r ch	ild i	s se	elf-e	emp	loye	əd,	plea	ase	
Occupation:																			
Gross weekly pay: €		,					] a	we	ek										
<b>Note:</b> Gross weekly pay is your v	week	ly pay	bef	ore	tax,	PF	RSI,	un	ion	due	S O	r otl	her	dec	luct	ion.			
<b>58.</b> If they are getting any payment fr	om t	his de	part	me	nt, pl	lea	se s	stat	e:										
Name of payment:																			
Their claim or reference number:																			
Amount: €		,					a	we	ek										

59. Do you wish to apply for qualified children?       Yes       N         If yes, how many children do you wish to claim for?       Under age 18.       Aged 18 to 22 in full-time education         Surname:       Child 1       Aged 18 to 22 in full-time education         First names:       PPS Number:       Aged 18 to 22 in full-time education         Date of birth:       M M Y Y Y Y         Child 2         Surname:       Child 2         First names:       Child 2         Surname:       M M Y Y Y Y	3				[	Det	tai	ls	of	yc	our	. c	hil	dre	en								
If yes, how many children do you wish to claim for?	ou wish to apply for qualified	า	u wish to apply	for qualified	l chi	ldre	n?										Yes	5			[		No
Surname:   First names:   PPS Number:   Date of birth:	<b>s,</b> how many children do you	I	, how many ch	ildren do you	u wis	sh to	o cla	aim	for	?				_				in fu	ull-ti	me	edı	ıcat	ion.
First names:   PPS Number:   Date of birth:   D D   M M   Y Y Y Y     Child 2					Ch	ild ′	1																
PPS Number:   Date of birth:   D D   M M   Y Y Y Y     Child 2	iame:		me:																				
Date of birth:     D D     M M     Y Y Y Y     Child 2     Surname:	names:	5	ames:																				
D       M       Y       Y       Y         D       M       M       Y       Y       Y         Surname:       Image: Im	Number:	е	lumber:											]									
Child 2       Surname:	of birth:	h	of birth:																				
Surname:					D	D		Μ	Μ		Y	Y	Y	Y									
					Ch	ild 2	2																
First names:	ame:		me:																				
	names:	5	ames:																				
PPS Number:	Number:	е	lumber:											]									
Date of birth:	of birth:	า	of birth:																				
D D M M Y Y Y Y					D	D		Μ	Μ		Y	Y	Y	Y									
Child 3					Ch	ild :	3																
Surname:	iame:		me:																				
First names:	names:	5	ames:																				
PPS Number:	Number:	е	lumber:											]									
Date of birth:	of birth:	h	of birth:							]													
D D M M Y Y Y					D	D		Μ	Μ		Y	Y	Y	Y									

You must attach written confirmation from the school or college for the children aged 18 to 22. **Note:** A separate sheet of paper can be used for details of other children you have.

Part 4

# Details of everyone living at your address

60. Does anyone else live with you apart from the children named in Part 3?

Yes

No

If **yes**, please give details of all other people living with you:

	Per	sor	า 1									
Surname:												
First names:												
PPS Number:												

#### Part 4 continued

# Details of everyone living at your address

	Person 2
Surname:	
First names:	
PPS Number:	
	Person 3
Surname:	
First names:	
PPS Number:	

Note: A separate sheet of paper can be used for more details if needed.

#### Part 5

# **Payment details**

You can get your payment at a post office of your choice or direct to your current, deposit or savings account in a financial institution. The account must be in your name or jointly held by you. Please complete one option below.

	Financial Institution
Name of financial institution: Bank Identifier Code (BIC):	
International Bank Account Number (IBAN): Names of account holders:	
Marties of account holders.	
Name 1:	
Name 2, if any:	
	Post Office
Name:	
Address:	
County	Eircode

### Part 6

The Habitual Residence Condition means that you have a proven close link to Ireland. The term also
conveys permanence - that a person has been here for some time and intends to stay here for the
foreseeable future.

Habitual Residence in Ireland is a condition that you must satisfy for certain social protection payments including One-Parent Family Payment. For more information, visit **www.gov.ie/HRC** or **www.gov.ie/OPF**.

This section must be completed by all applicants.

<b>61</b> . What country were you born in?																						
<b>62.</b> What is your nationality?																						
<b>63.</b> When did you come to live in the State?	D	D	[	M	Μ		Y	Y	Y	Y	,											
The <b>Common Travel Area</b> is Irelar spend brief periods on short holiday habitually resident here.																						e
If you lived in Northern Ireland, Gre of residence. Residency may be ve the following: bank statements; deta receipts for local authority charges.	rified ails o	by p	pro	duci	ng	a p	ass	spor	t or	. ide	enti	ty d	car	d a	and	on	e o	r m	ore	e of	f	
<b>64.</b> Have you lived in the Common T the last 2 years?					-					C		<b>c</b> /			Yes							No
If <b>no,</b> please complete questions		unt		-	s, p	iea	se (	give	e de	lan	50		ner	e	you		ea:					
Country:				•																		
Date from:																						
Date to:	D	D	[	Μ	M		Y	Y	Y	Y	7											
Why did you live there?																						
	Со	unt	ry	2																		
Country:																						
Date from:																						

Υ

Y Y

Υ

Date to:

Why did you live there?	

DD

ΜΜ

# Part 6 continued

# Habitual Residence Condition

	Country 3
Country:	
Date from:	
Date to:	
	D D M M Y Y Y Y
Why did you live there?	

Note: A separate sheet of paper can be used for more details if needed.

If <b>no</b> , please give deta	ils of where	e vo	u liv	ed:												
		_ <b>,</b> _				1				1			 	 	 1	 
Last address:																
	Country															
	From:						]									
Dates you lived there:	To:															
		D	D		Μ	Μ	-	Y	Y	Y	Y	-				
Previous address:																
	Country															
	From:															
Dates you lived there:	To:															
		D	D	I	Μ	M		V	Y	V	V					

#### Part 6 continued

# **Habitual Residence Condition**

**67.** Does any of your close family live in Ireland? For example, parent, brother, sister or child.

Yes

No

If **yes**, please give their details:

		Pe	rso	on '	1												
Surname:																	
First names:																	
Address:																	
	County										Eir	coc	le				
Date of birth:				]													
		D	D	-	Μ	Μ	Y	Y	Y	Y							
Relationship to you:																	
When they came to Ire	eland:																
		D	D	_	Μ	Μ	 Y	Υ	Y	Y							
		Ре	rsc	on 2	2												
Surname:		Pe	rsc	on 2	2												
Surname: First names:		Pe	rsc	on 2	2												
		Pe	rsc	on 2	2												
First names:		Pe	rsc	on 2	2												
First names:		Pe			2												
First names:	County	Pe									Eir						
First names:	County	Pe									Eir	coc	le				
First names: Address:	County	Pe			2		Y	Y	Y	Y	Eir		le				
First names: Address:	County						Y	Y	Y		Eir		le				
First names: Address: Date of birth:							Y	Y	Y		Eir		le				

Note: A separate sheet of paper can be used for more details if needed.

# Part 6 continued Habitual Residence Condition 68. Have you ever made an application for refugee status? Yes No If yes, please state: 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? Yes No

If **yes** to any of the above, please attach a verified copy of same. Your local Intreo Centre or local Social Welfare Branch Office can photocopy it for you and verify that they saw the original.

	For official department use o	only	
HRC satisfied	HRC not satisfied	HRC1 issued	
Part 7	Declaration		

I declare that the information given by me on this form is truthful and complete. I understand that if any of the information I provide is untrue or misleading or if I fail to disclose any relevant information, that I will be required to repay any payment I receive from the department and that I may be prosecuted. I undertake to immediately advise the department of any change in my circumstances which may affect my continued entitlement.

Date:						2	0		
	D	D	Μ	Μ	-	Y	Υ	Υ	Υ

Signature or mark if unable to sign, **not** capital letters.

If you are unable to sign, have your mark witnessed and have the witness sign below.

c) Do you have an Irish Residence Permit Card?



Yes

No

Signature of witness, **not** capital letters.

**Warning:** If you make a false statement or withhold information, you may be prosecuted leading to a fine, a prison term or both.

#### Checklist

#### Have you enclosed the following?

- Bank statements or statement from accountant if self-employed
- Tax deduction card or three recent payslips
- Proof of mortgage payments or rent receipts
- Letter from school or college if you have children aged between 18 and 22 who are in full-time education
- Maintenance summons or order
- Separation Agreement
- Decree Absolute certificate
- Decree of dissolution of civil partnership or civil union certificate

#### If you were born, married or entered into a civil partnership or a civil union outside of the State:

- Your birth certificate
- Your marriage certificate or civil partnership or civil union registration certificate
- Divorce decree or Decree Absolute.
- Your late spouse's, civil partner's or cohabitant's death certificate. If you do not yet have a death certificate for them, attach a press cutting showing their date of death. A coroner's report is also acceptable.
- Your children's birth certificates if applying for an increase for them
   Note: No birth certificate is needed if you are already getting Child Benefit.

#### Original certificates only.

# Please remember to sign the Declaration in Part 7, and have Part 9 completed by you and/or your employer.

If you have any difficulty in filling in this form, please contact your local Intreo Centre, Social Welfare Branch Office or any Citizens Information Centre.

#### Send this completed application form to:

Your local Intreo Centre or Social Welfare Branch Office. Contact details are available on **www.gov.ie/intreocentres** 

**Important:** If you do not apply within 3 months of becoming eligible, you may lose some payment.

#### **Data Protection Statement**

The Department of Social Protection administers Ireland's social protection system. Customers are required to provide personal data to determine eligibility for relevant payments and benefits. Personal data may be exchanged with other government departments and agencies where provided for by law. Our data protection policy is available at **www.gov.ie/dsp/privacystatement** or in hard copy.

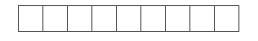
Explanations and terms used in this form are intended as a guide only and are not a legal interpretation.

# Part 9

Complete if you are getting Maternity Benefit, Illness Benefit, Adoptive Benefit, Health and Safety Benefit or Occupational Injury Benefit and are in employment

Give this to your employer so that they can complete Part B. You may first detach it if you do not wish them to see your details.

- You complete Part A.
- Your employer completes Part B.
- 1. What is your Personal Public Service (PPS) Number?



**2.** Are you getting any of the following social welfare payments? Please insert an **X** in the relevant box.

Maternity Benefit

Illness Benefit

- Adoptive Benefit
- Health and Safety Benefit
- Occupational Injury Benefit

#### Part A - Applicant declaration

Please insert an X in the relevant box:

I do not intend to return to work. Please give a statement from your employer that your employment has ended and have your employer complete Part B over the page.

I do not yet know if I will return to work and I will inform you as quickly as possible. We cannot process your application until you confirm whether or not you are returning to work.

I intend to return to work on:

					2	0		
D	D	-	Μ	Μ	 Υ	Υ	Υ	Υ

2 0

If you intend to resume work, have your employer complete Part B.

A Social Welfare Inspector may interview you about your application. You must give them any details or documents, for example, bank statements or wage slips, that they may need.

Date:

D D

Signature or mark if unable to sign, **not** capital letters.

If you are unable to sign, have your mark witnessed and have the witness sign below.



M M

Signature of witness, not capital letters.

**Warning:** If you make a false statement or withhold information, you may be prosecuted leading to a fine, a prison term or both.

Part 9 continued

#### **Complete if you are getting Maternity** Benefit, Illness Benefit, Adoptive Benefit, Health and Safety Benefit or Occupational Injury Benefit and are in employment

#### Part B - Employer declaration

1. I confirm that							is or was receiving gross												
	Employee's name																		
earnings of $\epsilon$	,		] a	wee	k wł	nile r	ecei	ving	Mate	ernit	ty B	lene	efit,	Ado	ptiv	e B	ene	əfit,	
Illness Benefit, O	ccupational Injury B	enefit	t or H	leal	th ar	nd S	afety	y Ber	nefit										
					OF	R													
I confirm that										wa	s n	ot c	or wi	ll no	ot be	e pa	id		
	Employee's name																		
earnings by this c Benefit.	company while they	are re	eceiv	ving	Mate	ernit	у Ве	enefit	, Illn	ess	Bei	nefi	t or	Hea	alth	and	l Sa	ıfety	y
2. They stopped v	working with this cor	npan	y on:	:								]							
	and									D	D		Μ	Μ		Υ	Υ	Υ	Y
They have retu	Irned/will return to w	ork w	vith tl	his c	comp	bany	v on:												
										D	D	_	Μ	Μ	-	Y	Y	Y	Y
Their gross earnings are or will be:					€		],[						a	a we	eek				
Employer's nar	me:																		
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Your signature, <b>not</b> ca	apital letters.				]														
Date:	2 0																		
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#### **Data Protection Statement**

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