



## Application form for

# State Pension (Contributory)

**You need a Personal Public Service Number (PPS No.) before you apply.**

### **How to complete this application form.**

- Please tear off this page and use as a guide to filling in this form.
- Please answer **all questions**. Incomplete forms will be returned and this may delay your application.
- Please use **BLACK** ball point pen.
- Please use **BLOCK LETTERS** and place an **X** in the relevant boxes.

### **If you do not have a spouse, civil partner or cohabitant:**

Fill in **Parts 1 to 6** as they apply to you. When form is completed, read **Part 10** and sign declaration in **Part 1**.

### **If you have a spouse, civil partner or cohabitant:**

Fill in **Parts 1 to 7** as they apply to you. You must complete **Part 8** fully if you wish to claim an increase for your spouse, civil partner or cohabitant. Please note that this increase is based on a means assessment. If claiming this increase for your spouse, civil partner or cohabitant, you are legally obliged to declare all of their income (including foreign pensions), savings and property (other than your own home). **Part 9** must be filled in and signed by your spouse, civil partner or cohabitant. When form is completed, read **Part 10** and sign declaration in **Part 1**.

### **If you have lived or worked in another country:**

We will apply for a pension on your behalf to those countries covered by EU Regulations or Bilateral Agreements.

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

For more information, log on to **[www.gov.ie/dsp](http://www.gov.ie/dsp)**.

### **Important:**

You should apply **3 months** before reaching pension age. If you do not claim within **6 months** of becoming eligible, you could lose some payment.

## How to fill this form

To help us in processing your application:

- Print letters and numbers clearly.
- Use one box for each character (letter or number).

Please see example below.

1. Your PPS Number:	<table><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>T</td><td></td><td></td></tr></table>	1	2	3	4	5	6	7	T																														
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2. Title: (insert an <b>X</b> or specify)	Mr. <table><tr><td></td></tr></table> Mrs. <table><tr><td><b>X</b></td></tr></table> Ms. <table><tr><td></td></tr></table> Other <table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>		<b>X</b>																																				
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5. Your first name as it appears on your birth certificate:	<table><tr><td>M</td><td>A</td><td>R</td><td>Y</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	M	A	R	Y																																		
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## Contact Details

9. Your address:	<table><tr><td>1</td><td></td><td>N</td><td>E</td><td>W</td><td></td><td>S</td><td>T</td><td>R</td><td>E</td><td>E</td><td>T</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>O</td><td>L</td><td>D</td><td></td><td>T</td><td>O</td><td>W</td><td>N</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>D</td><td>O</td><td>N</td><td>E</td><td>G</td><td>A</td><td>L</td><td></td><td>T</td><td>O</td><td>W</td><td>N</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>County</td><td>D</td><td>O</td><td>N</td><td>E</td><td>G</td><td>A</td><td>L</td><td></td><td></td><td>Postcode</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	1		N	E	W		S	T	R	E	E	T								O	L	D		T	O	W	N												D	O	N	E	G	A	L		T	O	W	N								County	D	O	N	E	G	A	L			Postcode								
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# SAMPLE



12.Are you?

☐ Single

☐ Married

☐ Separated

☐ Divorced

☐ Widowed

☐ Cohabiting

☐ In a Civil Partnership

☐ A surviving Civil Partner

☐ A former Civil Partner

(you were in a Civil Partnership that has since been dissolved)

13.If you are married, in a civil partnership or cohabiting, please state from what date:

D

D

M

M

Y

Y

Y

Y

14.Your country of birth:

15.Are you?

☐ Employed

☐ Retired

☐ Other

If **Other**, please specify:

Your work details

16.Did you work in Ireland before 1979?

☐ Yes

☐ No

If **Yes**, state your Social Insurance number or addresses you lived at during this time:

Your Social Insurance number:

Address:

Address:

Address:



17.If you are or were a teacher, civil servant or in the Army, please state:

Name of department/  
school:

Address of department/  
school:

School roll number, if  
applicable:

Army number, if  
applicable:

Dates you  
worked there:

From:

To:

D D

M M

Y Y Y Y

Pension payroll number:

18.Please give details of all your employments in Ireland:

Employer 1

Employer's name:

Employer's address:

Job title:

Dates you  
worked there:

From:

To:

D D

M M

Y Y Y Y



## Employer 2

Employer's name:

Employer's address:

Job title:

Dates you worked there:

From:

To:

D D

M M

Y Y Y Y

**Note:** A separate sheet of paper can be used for details of any additional employments that you had.

**19.** If you are or have been self-employed in the Republic of Ireland, please state:

Dates of self-employment:

From:

To:

D D

M M

Y Y Y Y

**20.** If you ever lived or worked outside the Republic of Ireland, please state:

## Country 1

Country:

Employer's name:

Your address while living/  
working there:

Your social insurance  
number while there:

Dates you worked there:

From:

To:

D D

M M

Y Y Y Y

Type of work:



Country 2

Country:

Employer's name:

Your address while living/  
working there:

Your social insurance  
number while there:

Dates you  
worked there:

From:

To:

D D M M Y Y Y Y

Type of work:

Country 3

Country:

Employer's name:

Your address while living/  
working there:

Your social insurance  
number while there:

Dates you  
worked there:

From:

To:

D D M M Y Y Y Y

Type of work:

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



## Your claim details

21. If you are getting a social security payment from another country, please state:

Name of country:

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Your claim or reference number:

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Amount:

€ 

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 a week

22. Is your spouse, civil partner or cohabitant getting paid for you on their pension, benefit or allowance, from Ireland or any other country?

☐ Yes ☐ No

If **Yes**, please state:

Their claim or reference number:

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

## Part 3

## Your 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. An account must be in your name or jointly held by you. Please complete one option below.

## Financial Institution

You will find the following details printed on statements from your financial institution.

Name of financial institution:

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

Bank Identifier Code (BIC):

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

International Bank Account Number (IBAN):


Name(s) of account holder(s):

Name 1:

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

Name 2 (if any):

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## Post Office

Please enter below the name and address of the post office where you wish to collect your payment.

Post office name and address:






Part 4

Details of your children

23.How many children who normally live with you do you wish to claim for:

under age 18

age 18 - 22 in full-time education

24.Please state children's:

PPS Number:

PPS Number:

PPS Number:

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

Part 5

Homemaker's details

25.Since 6 April 1994, if you spent time caring for dependent children under age 12 or for an ill or disabled person, on a full-time basis, please state the person's / child's:

PPS Number:

Surname:

First name(s):

Dates you were caring this person/child:

From:

To:

D D

M M

Y Y Y Y



## Living Alone Increase

You may get a Living Alone Increase if you are getting a **State Pension (Contributory)** and live alone or mainly alone. For more information, log on to [www.gov.ie/dsp](http://www.gov.ie/dsp).

**26.** Do you wish to claim a Living Alone Increase?

☐

Yes

☐

No

If **Yes**, please state date you started living alone or mainly alone:

D D

M M

Y Y Y Y

## Household Benefits Package

You may qualify for the Household Benefits Package, which is made up of 2 allowances:

- Electricity or Gas Allowance
- Free Television Licence

For more information on extra benefits available to pensioners, log on to [www.gov.ie/dsp](http://www.gov.ie/dsp).

## Fuel Allowance

This allowance is subject to a means test of all the people living in your household (including yourself). Only one person in a household can get this allowance.

**27.** Do you wish to apply for a Fuel Allowance?

☐

Yes

☐

No

If **No**, please go to **Part 7**.

If **Yes**, please complete fully the remainder of this section. Do not leave any question blank. If no income, please enter 0 in each of the amount boxes.

**28.** Your details:

Gross weekly income: € , .  a week

Please provide documentary evidence from all sources of income.

Total savings/  
investments: € , .

Please provide documentary evidence of all of these savings and investments.

Value of property:  
(other than family home) € , , .

Please provide documentary evidence of all other properties you have including address and valuation.

Rent from all property:  
(other than family home) € , .  a week

Please provide documentary evidence of all rents from other property.

Profit from business: € , , .  a year

Please provide documentary evidence such as the last available copy of accounts.



You must also complete **Q.29** in respect of ALL the people living with you. If they have no income please put a **0** in the amount boxes.

**29.** The following people live with me:

**Person 1 living with me**

Name:

PPS Number:

Gross weekly income: €          a week

Total savings/  
investments/property  
value: (not family home) €

Profit from business: €          a year

**Person 2 living with me**

Name:

PPS Number:

Gross weekly income: €          a week

Total savings/  
investments/property  
value: (not family home) €

Profit from business: €          a year

**Person 3 living with me**

Name:

PPS Number:

Gross weekly income: €          a week

Total savings/  
investments/property  
value: (not family home) €

Profit from business: €          a year

**Note:** If more than three people live with you, a separate sheet of paper can be used.  
You may be asked to supply documentary evidence of all income.



## Part 7

### Your spouse's, civil partner's or cohabitant's details

30. Their PPS Number:

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31. Title: (insert an **X** or specify)

Mr. ☐ Mrs. ☐ Ms. ☐ Other 

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

32. Their surname:

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33. Their first name(s):

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34. Their birth surname:

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35. Their date of birth:

D	D	M	M	Y	Y	Y	Y

36. Their mother's birth surname:

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37. Their address:

Only answer this question if you are married or in a civil partnership and do not live together.


## Part 8

### Your spouse's, civil partner's or cohabitant's work and claim details

38. Do you wish to claim an increase for your spouse, civil partner or cohabitant? (You must select **Yes** or **No**).

☐ Yes ☐ No

If **No**, please go to **Part 10**.

If **Yes**, please complete fully the remainder of this section. If they have no income, please put a 0 in each of the amount boxes.

The increase for a qualified adult is a means tested payment. The means of your spouse, civil partner or cohabitant will be assessed.

Please supply documentary evidence (such as bank statements) for the last **6 months** for all savings, investments and income.

39. If they are getting any other pension (private or occupational) from another country, please state:

Type of pension:

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Who pays this pension:

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Their claim or reference number:

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Amount:

€ 

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 . 

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 a week



[illegible][illegible][illegible]

Gross income: €   ,   .   year to date

Number of weeks worked: 

--	--

 year to date

[illegible]

Date self-employment started:

D	D	M	M	Y	Y	Y	Y

Net weekly earnings: €  ,    .   a week

This is the money they have made from self-employment after deducting operating expenses. Please provide documentary evidence such as the last available copy of accounts.

### Financial Institution 1

[illegible][illegible][illegible]

Current balance: €

				,			.		
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Is this account a joint account? ☐ Yes ☐ No

Name(s) of account holder(s):

Name 1:

[illegible]

[illegible][illegible][illegible]

€ 

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[illegible][illegible][illegible][illegible][illegible]

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[illegible][illegible][illegible][illegible][illegible]

€ 

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[illegible][illegible]

Name of company:

Number of shares held: 

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, 

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Value per share: €   ,    .

Please attach a statement to show details and current market value.

If **Yes**, please give details on a separate sheet of paper.

Size of farm or land: 

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 acres

Gross yearly income: € 

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--	--	--

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[illegible][illegible][illegible][illegible][illegible][illegible][illegible]

Mortgage outstanding: € , , .

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## Part 9

## Spouse's, civil partner's or cohabitant's payment details

Any increase for a qualified adult which you (the pension claimant) qualify for will be paid direct to your spouse, civil partner or cohabitant unless they state otherwise. You should show them this page to let them decide if they want to receive this increase for themselves or if they want you to receive this increase with your pension, on their behalf.

### Declaration of Spouse, Civil Partner or Cohabitant

#### Important Notice:

The remainder of this page should be filled out by the person named in **Part 7**.

(a) I, , wish to have any Increase for a Qualified Adult paid directly to me.

**OR**

(b) I, , wish to have any Increase for a Qualified Adult paid directly to the person named in **Part 1** with their pension.

If **part (a)** above has been signed, 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. An account must be in your name or jointly held by you.

**Please complete one option below.**

### Financial Institution

You will find the following details printed on statements from your financial institution.

Name of financial institution:

Bank Identifier Code (BIC):

International Bank Account Number (IBAN):

Name(s) of account holder(s):

Name 1:

Name 2 (if any):

### Post Office

**Please enter below the name and address of the post office where you wish to collect your payment.**

Post office name and address:



**Have you enclosed the following?****— Letter from school or college**

You must attach written confirmation from the school or college confirming that any children aged 18 - 22 listed in **Part 4** of this form are in full time education.

If you are claiming for Fuel Allowance, please make sure that you have fully completed **Questions 28** and **29**.

If you are claiming an increase for your spouse, civil partner or cohabitant, please enclose statements from all financial institutions in the name of or jointly held by them, showing the last **6 months** transactions.

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

- Your birth certificate
  - Your marriage certificate or civil partnership or civil union registration certificate
  - Your spouse's, civil partner's or cohabitant's birth certificate (if applying for an increase for them)
  - 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.**

If you are claiming an Increase for a Qualified Adult for your spouse, civil partner or cohabitant please provide **6 months** bank statements.

## **Please remember to sign the Declaration in Part 1.**

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



Send this completed application form to:

**State Pension (Contributory) Section**

Social Welfare Services

Department of Social Protection

College Road

Sligo



### 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/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](http://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.

